



## Office of the Chief Inspector

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

Name of designated centre:	CareChoice Trim
Name of provider:	CareChoice Trim Limited
Address of centre:	Knightsbridge, Longwood, Trim, Meath
Type of inspection:	Announced
Date of inspection:	12 and 13 March 2019
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0022731

## About the designated centre

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

CareChoice Trim is a purpose built modern nursing home registered to provide care to 117 residents. The centre provides care primarily for dependent older persons, both male and female, aged 65 years and over, including frail elderly care, dementia care, general palliative care as well as convalescent and respite care. It also provides care to young physical disabled and acquired brain injury residents, under 65 years and over 18 years of age. All dependency levels can be accommodated for in the centre, ranging from supported independent living to high dependency. The designated centre offers 117 single en-suite bedrooms spread over 3 floors. There are 2 large secured balconies on the first floor overlooking secure landscape gardens on the ground floor. There is a large car park at the front of the building. Carechoice Trim is located the town of Trim, close to local amenities, Trim castle and the river Boyne.

**The following information outlines some additional data on this centre.**

Current registration end date:	19/08/2019
Number of residents on the date of inspection:	109

## How we inspect

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
12 March 2019	09:00hrs to 18:00hrs	Sheila McKeivitt	Lead
12 March 2019	09:00hrs to 18:00hrs	Manuela Cristea	Support

## Views of people who use the service

Residents spoken with liked living in the centre. They said there was always lots of things to do. They said they took part in activities on a daily basis and they enjoyed those that they participated in.

They were facilitated to lead an independent life as much as possible. They were free to walk safely outside in the garden, use the coffee shop and they also could avail of the centres bus. However, one resident said it was never available for hospital appointments. Residents spoke positively about the new cinema, the coffee shop and the availability of the daily papers. They enjoyed the fact that they had such large open plan communal spaces available to them. They said the staff were kind to them and answered their request for assistance promptly. They enjoyed the wide choice and variety of food offered to them.

## Capacity and capability

The governance of this centre is strong. It was a well-managed centre with effective management structures in place to ensure the care delivered to residents was of the highest standards. The person in charge was well supported by the registered provider representative.

There was an audit schedule in place for 2019 and this was being adhered to by the management team. The audits conducted to date identified areas of good practise and where improvements needed to be made, where this was the case and action plan was evident. An annual review for 2018 had been completed it included residents input and views and an improvement plan for 2019.

There was a sufficient number of staff on duty with the adequate skill mix in place to meet the needs of the residents.

A calm atmosphere was noted in the units and inspectors observed good examples of positive staff engagement and interactions with residents. Staff respected residents' rights during the day, including their right to privacy, an ethos of person-centeredness was evident. Inspectors saw residents enjoying a variety of group and one to one activities taking place throughout the day in a number of communal rooms.

Safe recruitment practices were in place to protect residents. Satisfactory references and Garda Vetting were sought for all employees prior to commencing employment. The centre had a low number of vacant health care assistant posts

which ensured residents were provided with continuity of care from permanent staff. There was good supervision in place and the staff reported that they had regular appraisals at least on a yearly basis.

All staff had completed the mandatory training. Staff spoken with had a good knowledge of recognising and reporting alleged abuse, what to do in the event of fire and the inspectors observed good practice in manual handling. There were good learning and development opportunities for staff, with the centre running its own training programme for healthcare assistance at FETAC (Further Education and Training Awards Council) Level 5. The staff spoken with all stated they were happy to work there and felt supported by the management team, they had appraisals completed each year with the person in charge.

Inspectors were satisfied that the person in charge was confident and knowledgeable in addressing allegations of alleged abuse. She had put in place structures and action plans based on the outcome of safeguarding committee meetings and key performance indicators. The staffing levels had been reviewed and adjusted to address and respond to the identified needs of residents. The person in charge was notifying all incidents as per regulations these were trended and followed up in an effective and proactive manner.

#### Registration Regulation 4: Application for registration or renewal of registration

A complete application to renew registration of the centre was received in a timely manner.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing levels and skill mix was appropriate to meet the needs of residents on the three floors of the centre. There was a minimum of at least one staff nurse on duty on each of the three floors at all times. Residents were supervised by staff when in communal rooms.

Judgment: Compliant

#### Regulation 19: Directory of residents

There was a directory of residents established. It included most of the required details set out in schedule 3. The address of a next of kin and general practitioner

was not included for each of the 109 residents living in the centre.

Judgment: Not compliant

### Regulation 21: Records

General and resident records required for review were clear, concise and easily retrievable. Most of those outlined in schedule 2, 3, 4 and 5 were available for review. There was a list of personal property available for some residents, but not all residents as stated in the centres policy and required in accordance with schedule 3.

Judgment: Substantially compliant

### Regulation 22: Insurance

The centre had a contract of insurance in place which met the regulatory requirements. It included insurance against injury to residents and other risks including loss and damage to resident's property.

Judgment: Compliant

### Regulation 23: Governance and management

The governance of this centre remained good. However, the person in charge informed inspectors that she had resigned from her post. Inspectors were informed that a new person in charge had been interviewed, offered and had accepted the post. The well established system of monitoring and reviewing practises continued. The annual review was completed for 2018 and available for review.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The contracts of care were compliant with the regulatory requirements and they included the fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated in February 2019. It contained all the required information outlined in schedule 1.

Judgment: Compliant

### Regulation 30: Volunteers

There were a number of volunteers actively involved in the centre. A sample of their files were reviewed they included a copy of their roles and responsibilities outlined in writing and evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents had been reported as per regulatory requirements and they were submitted in a timely manner.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints policy was on display and met the regulatory requirements. A copy was included in the residents guide and in the statement of purpose. All complaints had been addressed as per the policy.

Judgment: Compliant

### Regulation 4: Written policies and procedures



Policies and procedures were available for review. They had been updated within the past three years and their content was reflected in practice. A copy was available to staff.

Judgment: Compliant

## Quality and safety

The premises were clean, warm and well lit. A refurbishment plan was in place which included the replacement of some flooring. All 117 single bedrooms were bright and spacious and contained plenty of storage space including a lockable area. 107 bedrooms had a shower, toilet and wash hand basin in the ensuite, 10 bedrooms on the second floor had no shower in the ensuite. The residents occupying these bedrooms had access to two communal showers, however both were outside the unit on a link corridor and the one closest to the residents was out of order. Therefore residents had to walk through two corridors in order to access a shower.

The residents guide was available for review. It contained all the required details and a copy was provided to residents on admission to the centre.

Medication management practises were reviewed and found to reflect policy. Administration was in accordance with best practise and residents received their medications in a timely manner. Medication audits were being completed and these were picking up on medication errors, however inspectors noted that dispensing errors were not being actioned.

Residents had their clothes laundered in the centre. They had plenty of personal storage space for their personal possessions. A record of each residents property brought into the centre was not recorded on admission.

Residents had assessments including risk assessments completed on admission and these were revised on either a monthly or three monthly basis. The care plans reviewed were resident focused and it was evident that the resident was involved in their four monthly reviews. The healthcare needs of residents were met. Residents had prompt access to members of the healthcare team. They were assessed on admission and had a full medical review every three months. They were being assessed by the physiotherapist post a fall and their falls risk assessment and care plan were updated. Residents had access to the National screening programmes, this was evident from reviewing a sample of resident files.

End of life care provided to residents was good. Residents had access to the local palliative care team. Residents were involved in their end of life care plan and the decision they made was recorded. The centre had implemented the decision-making documentation "let me decide".

Fire equipment was being serviced as per best practise. Fire drills were being practised every month with day and night staff, records of these drills were detailed. All staff had received fire training, they were clear on the procedure to follow in the event of a fire. All had received training on how to evacuate a resident on the newly installed ski sheets. A fire marshal was appointed each morning shift and lead the fire evacuation procedure.

Residents rights were respected. They had choices which enabled them to live a person centred life. They had access to a television in their bedroom and several of the communal bedrooms. A cinema area had been set up in one of the communal rooms of which there were several. There was a wide variety of activities available to meet the needs of all the residents. Residents' were being facilitated to go on outside day trips and there were external groups invited into the centre. On the day of inspection a number of young children from the local school were in performing for residents, they were singing and playing musical instruments for them. The residents appeared to really enjoy the performance. Several one to one activities such as reflexology were also available to residents.

Residents could receive visitors without any restrictions and many were seen taking their relatives into the coffee shop to chat. Mass was said in the centre each month. Residents meetings were held on a frequent basis. The residents were actively involved in these and one resident was responsible for writing, publishing and distributing the centres newsletter every second month. The residents had access to an advocate whose contact details were displayed in the centre. There was lots of information leaflets available for residents about their health, screening programmes and on staying healthy.

### Regulation 10: Communication difficulties

Residents were facilitated to communicate freely. A number of residents were using communication aids to enable them to communicate effectively. Staff were observed facilitating residents to use these aids during the inspection. Each resident with communication difficulties had an person centred care plan in place.

Judgment: Compliant

### Regulation 11: Visits

There were no restrictions on visitors. Residents visitors were welcomed into the centre. They had access to private space to speak in private. They had access to the coffee shop situated inside the front door, both residents and relatives told inspectors that this was a greatly valued facility.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate storage space for personal belongings in their bedroom. They had access to a lockable storage space in their bedroom. The laundry facility provided on site enabled residents to have their clothing laundered and residents described the service provided as good.

Judgment: Compliant

### Regulation 13: End of life

Residents' physical, emotional, social, psychological and spiritual needs relating to their end of life care were documented in dedicated care plans. These were regularly reviewed in consultation with residents, or/and their representative where appropriate.

Judgment: Compliant

### Regulation 17: Premises

The premises was clean tidy, well heated and bright. Residents had access to an external secure garden. Residents had access to a good spacious amount of personal space and a number of comfortable homely communal rooms. There were an adequate amount of communal toilets to meet the needs of residents. 10 of the single bedrooms on the second floor did not have a shower in the ensuite, the two communal showers available to them were outside of the unit and one of these was not in operation on the day of this inspection. The facilities provided did not meet the needs of the 10 residents occupying these bedrooms.

Judgment: Not compliant

### Regulation 20: Information for residents

Residents were provided with a copy of the residents guide on admission. It included details of the services and facilities provided to them, arrangements for

receiving visitors and the procedure to follow if they wanted to make a complaint.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Adequate precautions were taken against the risk of fires. The fire alarm and emergency lighting was serviced on a quarterly basis. Fire extinguishers were serviced on an annual basis. Fire drills and fire training had been completed on several occasions with all staff and staff were competent in what to do in the event of the fire alarm sounding.
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
Residents assessments and care plans were completed on admission and reviewed routinely every four months. A sample reviewed reflected the needs of the resident in question and were person centred. There was evidence that the residents were involved in their care plan review.
Judgment: Compliant
<b>Regulation 6: Health care</b>
The healthcare needs of residents were met. There was good access to allied healthcare services, and residents' needs were assessed regularly by members of the team to ensure their needs were met.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
There were opportunities for recreation and activities provided to meet the needs of all the residents. Residents had the choice to attend or not. They were offered choices in all aspects of their day to day life including how to spend their time. They had access to a television in their bedroom and communal rooms, access to radio, a

cinema room and several other activities of interest to them.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management practises were reviewed and found to reflect policy. Administration was in accordance with best practise. Administration errors were being recorded and addressed promptly, however dispensing errors were not being reported on or investigated. This was an area which required improvement.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

# Compliance Plan for CareChoice Trim OSV-0000145

Inspection ID: MON-0022731

Date of inspection: 12/03/2019 and 13/03/2019

## 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 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>All new Residents will have General Practitioner records from admission.            All new Residents will have accurate Next of Kin records from admission.            A review will be completed on the current Resident Directory and gaps filled.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Resident property lists will be reviewed and updated.            Review of policy on Residents Accounts, Property &amp; Pension completed.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>4 x new showers will be installed            1 x communal shower room will be renovated</p>	



Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Staff shall ensure that all medication errors are reported and recorded as per Care Choice Medication Management Policy.	

## 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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/07/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	31/05/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief	Substantially Compliant	Yellow	31/05/2019

	Inspector.			
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	23/04/2019