



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

Issued by the Chief Inspector

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| Name of designated centre: | CareChoice Trim |
| Name of provider: | CareChoice Trim Limited |
| Address of centre: | Knightsbridge Village, Longwood Road, Trim, Meath |
| Type of inspection: | Announced |
| Date of inspection: | 30 August 2023 |
| Centre ID: | OSV-0000145 |
| Fieldwork ID: | MON-0039206 |

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 174 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 174 single en-suite bedrooms spread over 3 floors. There are two gardens on the ground floor. One is landscaped and secure and the other is partially landscaped and not secure. There is a large car park at the front of the building. CareChoice Trim is located outside the town of Trim, close to local amenities, Trim castle and the river Boyne.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 155 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|--------------------------|----------------------|--------------|---------|
| Wednesday 30 August 2023 | 10:00hrs to 18:00hrs | Sinead Lynch | Lead |
| Wednesday 30 August 2023 | 10:00hrs to 18:00hrs | Lisa Walsh | Support |

What residents told us and what inspectors observed

From the inspectors' observations and from speaking to residents, it was evident that residents were supported to enjoy a good quality of life and received a good standard of quality care from staff. Residents spoke very positively about the staff in the centre and how 'kind and caring' they were. Residents said they were 'very happy here' and 'settled and comfortable'.

Residents' bedrooms were found to be clean and tidy and well-organised. Some residents' rooms had personal items displayed, with other rooms left plain. Residents informed the inspectors that they were given the choice to make changes to their rooms and some residents said they were 'happy with the room they were given and did not want to bring anything in from home'.

There were secure courtyards available on the ground floor. These were beautifully decorated with flowers and shrubbery. There was an array of seating. The floor surface was safe for residents to walk with aides. Residents were seen in the garden throughout the day of the inspection.

The inspectors viewed the new sensory room which residents were availing of on the day of inspection. The sensory equipment was being utilised for residents who required a calming environment. The activity staff members informed the inspectors that this was being used to enhance the care being delivered to residents living with dementia or other sensory or cognitive impairments.

There was a varied schedule of activities displayed on the boards throughout the centre. Residents appeared to be enjoying activities on the day of the inspection. There was an appropriate number of staff nominated to carry out the roles of activities.

There was a varied menu available in the centre. Most days there were three options for lunch and, on the day of the inspection the inspectors observed that there were other requests accommodated. Residents had menus on display on their dining room table but their choice was also informed to them verbally in advance of the meal. The chef informed the inspectors that many residents change their mind so there is 'always plenty of each dish available'.

Visitors appeared to visit as they wished. Residents informed the inspectors that their visitors 'came and went' and there was 'never any hassle'. Visitors were seen walking around the gardens with the residents at their leisure. They spoke very positively about the centre. However, one visitor said that the centre felt too hot and the temperature of the heating was too high. Residents who spoke with the inspectors did not have any issues with the temperature, while one resident said they were 'very warm and comfortable in the centre'.

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

Capacity and capability

Overall, the inspectors found that the registered provider was striving to deliver a high quality service and there were effective management systems in the centre to ensure that residents were provided with good quality care.

The provider was CareChoice Trim Limited. The person in charge worked full-time in the centre. They were supported in their role by three assistant directors of nursing, clinical nurse managers and a team of health care assistants and ancillary staff.

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of comprehensive and ongoing schedule of audits in the centre, for example; falls, infection prevention and control and documentation audits. These audits were found to be objective and identified areas for improvements. However, the inspection found that action was required in relation to the premises and the infection prevention and control practices in the centre. These are discussed in more detail under their respective regulations.

This was an announced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013. Prior to the inspection the registered provider had submitted an application to vary condition 1 of the registration. This was in relation to changing the purpose of a maintenance room to a secure storage room for records. All the required documents were submitted with the application.

There was sufficient staff on duty on the day of the inspection to meet the needs of the residents. The registered provider had undertaken a large recruitment campaign early in 2023. This had resulted in many new staff commencing in the centre. The inspectors saw evidence of lengthy and comprehensive induction in place for the new staff. This induction process included a one-to-one with each new staff member working with an assistant director of nursing and then following on with a supervision stage.

There was an on-going training schedule in place which included all the required mandatory training. Management had nominated members of the team to oversee this training was made available to all staff as required by the regulations.

There was an annual review for 2022 made available to the inspectors. Evidence of residents' meetings and satisfaction surveys were also available for inspection.

There was a suite of policies available in the centre. These policies were up-to-date and reviewed whenever practices or guidance changed.

Each resident had a contract for the provision of services. This contract was very detailed and informed the residents or their representative of the service to be provided and any fees which may be charged. Each contract was signed by the resident, their representative and the registered provider.

There was a complaints procedure displayed around the centre. This detailed the process on how to make a complaint and who the complaints officer was. The inspectors viewed three open complaints in the centre on the day of the inspection. These were all found to have in-depth investigations and the procedure was followed as per the local policy.

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

An application to vary condition 1 of the centre's registration was received by the Chief Inspector. The application was complete and contained all of the required information.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff was appropriate having regard to the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training.

There was appropriate supervision of staff on the day of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a well-maintained directory of residents living in the centre. This included all the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place, further action was required in respect of oversight of infection control practices and the standard of nursing documentation and care planning arrangements. The registered provider had also failed to progress their action plan in respect of installing clinical hand washing facilities that met the required standards.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident, on admission to the centre, the terms on which that resident shall reside in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective complaints procedure which included a review process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures as required in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered good quality care to residents. Residents told the inspector that they felt safe living in the centre and were happy. The inspector observed staff to speak with residents in a kind and respectful manner, and to know their needs very well. However, inspectors found gaps and areas for improvement required in respect of care planning arrangements and infection prevention and control, as further detailed under their respective regulations.

A sample of care plans and assessments for residents was reviewed. Residents had comprehensive assessment forms completed, however, some of these were not dated so it is unclear when they were completed. There was variation in the level of detail included and quality and person-centredness in care planning records. Generally, care plans were individualised and clearly set out the details of how to care for the residents. However, some had not been updated following assessment to accurately reflect residents care needs.

Residents' health and well-being was promoted with reviews by general practitioner (GP) services that was on-site in the centre daily and as required. Residents also had the option to keep the GP of their choice.

There was no visiting restrictions in the nursing home and visitors were observed meeting with residents. Residents and visitors had access to a snug, quiet room and a coffee shop to meet in private.

Residents' spiritual and religious needs were respected. Residents who were approaching end of life received all the appropriate care. A detailed end-of-life care plan was in place for each resident and records showed that residents were involved in the care plan and supported by their representative. Suitable facilities were available to residents' families when residents were receiving end-of-life care.

Residents were offered refreshments throughout the day. A sample of menus were reviewed which showed a four-week menu rotation with a variety of food choices each day. The menu options were also available for residents on a modified diet, gluten-free or sugar-free diet, to ensure dietary requirements were being met. Residents expressed satisfaction with the choice of food.

Generally, inspectors observed that the centre was clean and tidy on the day of the inspection. However, while the centre provided a homely environment for residents, some actions were required in respect of ensuring that the premises and staff practices supported a high standard of Infection control.

There was a risk management policy which had been reviewed in April 2023. This policy met the requirement of the regulations. For example, it included the measures and actions in place to control the risk of abuse and the unexplained absence of any resident.

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

Regulation 13: End of life

Residents who were approaching the end of their 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 family and friends were informed of the resident's condition and permitted to be with the resident when they were at the end of their life.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre are appropriate to the number and needs of the residents of the centre and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked

on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. The centre maintained a risk register setting out hazards identified in the centre and control measures in place to minimise the associated risk.

Judgment: Compliant

Regulation 27: Infection control

There were repeated issues which had the potential to impact on infection prevention and control measures identified during the course of the inspection. For example:

- Not all areas were well-maintained internally. For example, inspectors saw loose wall tiles and damaged surfaces in the sluice room; this impacted on good infection control practices.
- Storage practices required review; One nurses station had inappropriate storage where clean dressing trolleys were stored
- Dirty linen skips were stored in clean bathrooms
- A linen room was found to have unclean items stored such as commodes and a blood pressure monitor
- Clinical hand wash sinks did not comply with required standards and HBN-10 specification; this was a previous finding which had not been addressed by the provider.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were required in the standard of nursing assessments completed on admission and care plans reviewed following assessment. For example:

- Some comprehensive assessments of residents were not dated and it was not clear if they were completed before or on the resident's admission to the centre.
- Some care plans did not accurately reflect the residents' care needs based on assessment and consultation with the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were seen to have appropriate and detailed supportive plans in place to ensure the safety of residents and staff.

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 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |

Compliance Plan for CareChoice Trim OSV-0000145

Inspection ID: MON-0039206

Date of inspection: 30/08/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Increased oversight of care planning and assessments has been implemented by CNMs/ADONs and DON and at monthly quality review with group quality team</p> <p>Weekly care plan audits ongoing in the home and identified gaps are actioned at the time</p> <p>Increased oversight of infection prevention and control practices has been implemented by CNMs/ADONs and DON</p> <p>An external clinical sink audit had been completed and planned expenditure is being assigned to commence installation on a phased basis</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Maintenance are recovering the wall where the tiles were missing in the sluice room</p> <p>Inappropriate items stored in one nurses' station has been removed</p> <p>Storage is being reviewed across the home on an ongoing basis</p> <p>Linen skips inappropriately stored have been removed</p> | |

Infection Prevention and Control training is ongoing with workshops on the management of linen emphasized

Linen rooms have been reviewed and only appropriate items are stored there

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Comprehensive assessments are completed prior to admission to the home

An audit of comprehensive assessments will be completed, and gaps actioned

Weekly care plan audits ongoing in the home, identified gaps are actioned

Increased oversight of care planning and assessments has been implemented by CNMs/ADONs and DON and at monthly quality review with group quality team

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 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 | 30/09/2024 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 30/09/2024 |
| Regulation 5(2) | The person in charge shall arrange a comprehensive assessment, by an | Substantially Compliant | Yellow | 30/09/2023 |

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| | 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. | | | |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 30/09/2023 |