



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Trim
Name of provider:	CareChoice Trim Limited
Address of centre:	Knightsbridge Village, Longwood Road, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	28 September 2022
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0037739

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.

Number of residents on the date of inspection:	127
--	-----

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 28 September 2022	08:55hrs to 15:40hrs	Sinead Lynch	Lead
Wednesday 28 September 2022	08:55hrs to 15:40hrs	Arlene Ryan	Support
Wednesday 28 September 2022	09:20hrs to 15:40hrs	Sheila McKeivitt	Support

What residents told us and what inspectors observed

Inspectors met a number of residents and spoke with residents who were willing and able to converse. The feedback from residents was that they were well looked after by the staff and felt that the staff knew them well.

Residents spoken with said they had a choice of activities which they attended in different areas of the centre. Inspectors observed one of the activity staff playing music to a group of residents in the upstairs 'Snug'. The residents appeared to be enjoying the music. A group of residents spoken with said they enjoyed Mass which was said in the centre on Thursdays.

The inspectors were shown the sensory room that was in the process of being developed. Some sensory equipment had already been installed in this large room and once the room was complete it would have a number of areas to further enhance the care being delivered to residents living with dementia or other sensory or cognitive impairments.

Inspectors observed that two of the three floors were well maintained in relation to cleanliness and the storage of equipment. However, a number of issues were identified on the second floor where further improvements were required to ensure it reached the same standard as the ground and first floor.

Residents were observed being picked up from the centre and, inspectors were informed they were going to attend their respective day care facility. A number of residents were seen outside enjoying the garden and others were seen sitting chatting with relatives in the foyer.

A record of visitors was maintained in the centre to monitor the movement of persons in and out of the building to ensure the safety and security of the residents.

The inspectors saw that the residents' rooms were personalised with pictures, photographs and some with decorations. Family members were involved in decorating some of the residents' rooms and the residents were proud of their rooms and happy to show the inspectors their personal space. The residents had plenty of space to store their clothes and personal items. A locked cabinet was available to those residents who wished to have this facility.

The inspectors had the opportunity to observe residents at the lunch time meal. Residents said the food was of good quality and that they had access to choices at mealtimes. They said that they liked the food and that there was always plenty of food available. Staff were seen promoting residents' independence at mealtimes and providing assistance when required in line with best practice. Residents were offered a choice of meals and a menu was available on each table in the dining room. Meals were served hot to the residents and staff were offering drinks to the residents

during and following their lunch time meal.

Laundry facilities were available on site. Residents informed the inspector that they could send their laundry for washing and received it back clean and fresh every few days. Clothing was labelled with the resident's name to prevent loss.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects 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

Overall, this inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The provider was CareChoice Trim Limited and they had made an application to renew the registration of the centre for another three years. The person in charge of the designated centre was on leave at the time of inspection, but the registered provider had temporary arrangements in place and appropriately notified the Chief Inspector. The person in charge (PIC) was supported by a regional director of operations, two assistant director of nursing (ADON) and six clinical nurse managers (CNM).

The management team were proactive in responses to issues as they arose, and used regular audits of practice to improve services. Most of the issues identified on the last inspection of 15th February 2022 had been addressed, however, not all aspects of the compliance plan following the last inspection had been completed in full, such as a review of the clinical hand-wash basins.

Staff were provided with training relevant to their role. Staff spoken with were knowledgeable in relation to safeguarding of the residents and what to do in the case of an emergency, such as a fire. Staff training matrix was viewed and found to have all the mandatory training available to staff. There were appropriate staffing levels in the centre to meet the needs of the residents.

The person in charge notified all incidents and accidents to the Chief Inspector of Social Services.

The inspectors viewed residents contracts for the provision of service. These contracts specified the services to be provided to the resident, the fees to be paid and any additional fees for services as required.

There was a directory of residents' made available to the inspectors. This included the necessary information required such as their next of kin details or any person authorised to act on the residents behalf. However, the cause of death was not

detailed.

The registered provider had an insurance policy in place against injury to any resident in the centre and also to cover in the event or loss of a resident's property.

Records were made available to inspectors on the day of the inspection. These were stored in a safe and accessible manner.

The annual review completed included all the key performance indicators for 2021 and detailed quality improvement plans for 2022 some of which had already been completed. The residents' feedback on the service they received was also included.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration of the 174 bedded centre had been received together with the fee to be paid and all required documents to support the application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse and has the required experience and qualifications that are required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspectors for review and evidenced that all

staff had up-to-date mandatory training and other relevant training.
Judgment: Compliant
Regulation 19: Directory of residents
The residents directory was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. The date, time and cause of death was not in place for all those residents that had died in the designated centre.
Judgment: Substantially compliant
Regulation 21: Records
All the required documents outlined in schedule 2, 3 and 4 were available for review.
Judgment: Compliant
Regulation 22: Insurance
A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.
Judgment: Compliant
Regulation 23: Governance and management
The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.
Judgment: Compliant
Regulation 24: Contract for the provision of services

The contracts of care met the legislative requirements. The sample of contracts reviewed had been signed by the resident or their appointed representative and the registered provider representative. They also included the fees to be charged, the room occupied by the resident and, where relevant, the number of other occupants in the room.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, which was reviewed and updated by the registered provider. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Regulation 30: Volunteers

Those involved on a voluntary basis with the designated centre had their roles and responsibilities set out in writing and received the supervision and support outlined when in the designated centre. They had An Garda Siochana (police) vetting in place.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents that required notification to the Chief Inspector of Social Services had been notified in a timely manner.

Judgment: Compliant

Regulation 32: Notification of absence

The provider had given notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider had given notice of the absence of the person in charge from the designated centre and, within this notice, included details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Quality and safety

Overall, this was a good service and a well-managed centre, where a high quality of care was provided to the residents living there.

Although the premises was mainly found to be suitable to the needs of the residents, some areas required improvements which is discussed under Regulation 17: Premises.

The inspectors reviewed a sample of residents care plans and observed that their nutritional care plans reflected the requirements of the individual residents. Residents' weights were monitored and where a resident may have gained or lost weight, the frequency of monitoring increased. A system was in place whereby the clinical nurse managers audited the residents' nutritional plan to ensure each was followed up appropriately. Referrals to the speech and language therapist and dietitian were completed where necessary and their recommendations were seen in the residents' care plans. Residents were observed to have choices in relation to meals, drinks and snacks. The meals served appeared to be nutritious and presented in an appetising way.

Residents with communication difficulties were supported with assistive devices or, where possible, staff that could translate for them. Care plans viewed for these residents reflected the care that was being delivered.

There were an adequate number of staff available to assist residents at meal times and they assisted the residents in a respectful and non-rushed manner. The inspectors observed residents being offered drinks throughout the day and drinking water was available in the residents' rooms.

There was a residents guide available to all residents. A copy of this was issued to all residents on admission. This guide provided a summary of the services and facilities available in the designated centre. This also guided residents on how to

make a complaint and the visiting guidelines in the centre.

Residents were seen to have sufficient space for personal belongings in their bedrooms and locked storage for valuable items. The residents had access to televisions, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Resident meetings were held regularly, and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed.

The designated centre had a robust system in place for the safe-keeping of personal possessions. Residents' clothes were discreetly labelled to ensure the safe return of items to each resident.

Regulation 10: Communication difficulties

A sample of residents' assessments and care plans were reviewed in relation to communication difficulties. They had a thorough assessment of their communication needs and a detailed care plan specifying the individual requirements of the residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage for their clothes and personal possessions. A list of resident's personal property was maintained in their personal record. Clothing was labelled with the resident's name to ensure its safe return once laundered.

Judgment: Compliant

Regulation 17: Premises

The registered provider has ensured that the premises of the designated centre are appropriate to the number and needs of the residents. However, the following issues were identified, which did not meet the Schedule 6 requirements:

- Appropriate maintenance in all areas was not in place; For example damage to walls and door frames, caused by equipment and wheelchairs on one floor required repair.
- Some storage facilities within the centre required review to ensure they were safe. For example, one store room did not have a floor covering and items

were stored on the floor. There were both clean and dirty items in the store room and dust was seen on the floor.

- The carpets in some bedrooms were observed to be stained and appeared unclean.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents informed inspectors that there was a good choice of food available to them and that they can access food and snacks whenever they want. The food served to residents was hot and appeared appetising and nutritious. The consistency of the food served to residents was reflective of that referred to in their nutritional assessment and this information was available to the catering and healthcare staff in the dining room.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide was available to the inspectors and contained all the information as required under the regulations. The guide was printed in larger font and was well laid out for both residents and their family members to read.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. On return from the hospital a discharge letter and relevant documentation was received and filed in the residents individual record. Recommendations and treatment plans were incorporated into the resident's care plan and a reconciliation of medication was completed by the general practitioner (GP).

Judgment: Compliant

Regulation 27: Infection control

While good practices were observed, action was required in respect of the following issues:

- A process for identifying clean equipment was in place however was not consistently followed. For example some wheel chairs marked as clean were not clean.
- The bedpan washers were overdue their annual maintenance check. One bed pan washer was malfunctioning.
- Two urinals in one sluice rooms were dirty creating a risk of cross-contamination.
- Cleaning chemical spray bottles were not labelled in line with manufacturer's recommendations and some reusable bottles found in the sluice room were dirty.
- Clinical hand wash basins were not in line with the national standards. The seals behind some of the existing sinks were worn and rubber extenders were used on some taps to facilitate the direction of water, providing a medium for bacteria.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The residents' guide clearly laid out the arrangements in place for pharmacy services giving choice to the residents if they wished to remain with their own pharmacist. Medications and pharmacy records were stored securely in a locked medications room. Processes were in place to receive and check medications and unused medications were returned to the pharmacy in line with the centres own processes. Medication audits were undertaken by the pharmacy at regular intervals.

Judgment: Compliant

Regulation 8: Protection

Staff were facilitated to attend training in recognising and responding to a suspicion, an incident or disclosure of abuse. All staff were appropriately vetted prior to working in the designated centre.

Inspectors spoke with many residents that stated they felt safe and would have no problem approaching management or staff if they had any concerns.

The centre was a pension-agent for 16 residents, and adequate banking

arrangements were in place for these residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was a range of activities available to residents to ensure that all residents had access to participate in activities in accordance with their interests and capacities.

The individual rights of the residents were seen to be well-respected and promoted. They had access to advocacy services and were frequently consulted in the running of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	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 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Trim OSV-0000145

Inspection ID: MON-0037739

Date of inspection: 28/09/2022

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> • Date and time of death for deceased Residents will be documented in epic and audited by management to ensure accuracy of records • Cause of death for deceased Residents will be documented in epic for those Residents who pass away in the home and cause of death is known. This will be audited for accuracy of records • Cause of death for deceased Residents who pass away in hospital will be requested from the hospitals via the GP and when provided will be documented in epic for accuracy of records 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Painting of walls and door frames has commenced to rectify damage from equipment and wheelchairs • A painting schedule is ongoing and will be overseen by maintenance/hospitality • The room that was being used inappropriately as a storeroom is no longer in use for storage • Storage has been reviewed and inappropriate items removed with a schedule in place for ongoing supervision and oversight • Carpets in the remaining rooms without flooring upgrade have been cleaned • Carpets in the remaining rooms will be have upgrades completed by Q1 2023 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• Senior nurse managers will oversee the cleaning schedule for Resident equipment• Overdue inspection of bedpan washers was actioned on the day and has now been completed with an ongoing schedule in place• Dirty equipment in the sluice was removed on the day and replacement equipment has a robust cleaning schedule in place with oversight by senior nurse managers• Hospitality manager has reviewed all chemical management in the home with ongoing management and oversight in place• An external audit of all clinical hand washing sinks has been conducted and risk assessed and a replacement plan has commenced	

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	01/03/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/10/2022
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	01/03/2022

