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:	CareChoice Trim
Name of provider:	CareChoice Trim Limited
Address of centre:	Knightsbridge Village, Longwood Road, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	21 August 2025
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0047264

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:	169

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
Thursday 21 August 2025	08:35hrs to 16:45hrs	Aislinn Kenny	Lead
Thursday 21 August 2025	08:35hrs to 16:45hrs	Maureen Kennedy	Support
Thursday 21 August 2025	08:35hrs to 16:45hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

Overall, residents in CareChoice Trim told inspectors they were very happy and content living in the centre. Inspectors spoke with twelve residents and four visitors throughout the day to gain an insight into the care provided. There was a friendly and welcoming atmosphere in the centre and residents spoke warmly about staff and told inspectors "they are brilliant" and "there is top marks for the care here". It was evident that staff were working towards improving the quality of life of residents living in the centre. Another resident said "You couldn't be in a better place, if they don't have what you'd like, they'll get it for you". Visitors spoken with told inspectors "staff are very good" and "the kindness shown is remarkable".

On entering the centre there was a relaxed atmosphere. The reception area was bright and inviting and was decorated to a high standard. There was a welcoming feel to this area with comfortable seating available to sit and relax. The inspectors observed this area was well used throughout the day by individual residents and families. There was a calm and friendly atmosphere in the centre throughout the inspection.

The centre provided accommodation for 174 residents. The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was visibly clean, tidy and well-maintained. While call-bells were available in all areas, inspectors observed some residents' call-bells were not always within reach from their bed. All communal areas were found to be appropriately decorated, suitably styled and furnished to create a homely environment for residents. Bedroom accommodation comprised of single en-suite bedrooms. Many bedrooms were personalised and residents had decorated their bedrooms with personal items of significance, such as ornaments, photographs and items of furniture brought in from home. Inspectors observed instances of insufficient storage in some bedrooms, where residents' belongings were being stored on top of wardrobes or in bags on the floor.

There were outdoor areas available for residents to use. These areas included manicured gardens and internal courtyards. While the internal courtyards were nicely paved and well-maintained, inspectors observed a pathway at the rear of the centre near the gazebo where the concrete was cracked and very uneven, which created a trip hazard. This was close to a fire assembly point also.

Residents were supported to enjoy a good quality life in the centre. Activities staff were on site to organize and encourage resident participation in events. The centre's hairdresser was in attendance on the day of inspection. The hairdressing room was well-equipped and residents were seen enjoying this as a social occasion. The spiritual needs of the residents were met by Mass every week in the centre. Other religions were also catered for. Residents had access to physiotherapy in the centre during weekdays and they praised this service.

Inspectors observed the mealtime experience for residents on all floors. Residents reported satisfaction with the quality and taste of the food provided. However, improvement was required in some units to ensure that residents were appropriately served and provided with access to condiments and cutlery to promote choice during mealtimes.

Inspectors spent time in communal areas and walked around the centre at various times throughout the day to observe and listen to interactions taking place. Residents' call-bells were observed to be answered and responded to in a timely manner throughout the day. Staff who spoke with the inspectors were knowledgeable about the residents they cared for and what their needs were. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. A resident who was being discharged from the centre was observed receiving well-wishes and words of encouragement from staff working there.

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, this inspection found that this was a well-managed centre, and that the quality and safety of the service provided to residents was of a high standard. The findings reflected a commitment from the provider to ongoing quality improvement in order to enhance the daily lives of residents. Residents, relatives and staff spoken with reported that the management team were approachable and responsive to requests.

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 and to inform the registration renewal of the centre. Inspectors followed up on the compliance plan from the previous inspection and found that all items had been completed. The registered provider of this designated centre is CareChoice Trim Limited. It is part of the wider CareChoice group who own and operate a number of designated centres in Ireland. There was a clearly defined management structure in place in the centre. The person in charge was supported in their role by a general manager, assistant directors of nursing (ADON) a wider team comprised of clinical nurse managers (CNM), nurses, health care assistants, catering, housekeeping, activity and maintenance staff. All staff were aware of the lines of authority and accountability within the organisational structure.

The person in charge had the necessary experience and qualifications as required by the regulations. On the day of the inspection there were sufficient numbers of staff on duty to meet the assessed needs of the residents. The inspectors reviewed a

sample of staff files. The files contained all of the information and documentation required by Schedule 2 of the regulations. Newly recruited staff had completed a comprehensive induction programme.

A programme of audits were completed by the person in charge and management team. Audit findings were analysed and informed the development of quality improvement plans, which were monitored to ensure all actions were completed in a timely manner. The person in charge had identified some areas for improvement in addition to these audits, through consultation with residents and management observations.

There was a training matrix in place in the centre and staff were facilitated and encouraged to attend both mandatory and other professional training offered in order to meet the needs of residents. All staff had up-to-date training in areas such as fire safety, manual handling, infection control and safeguarding.

Records of complaints were available for review and the inspectors reviewed a number of complaints received in 2025. Complaints were listened to, investigated and the complainant was informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements and an incident and accident log was maintained in the centre.

There were arrangements in place to ensure people working in the centre on a voluntary basis were supported in their roles and had completed Garda vetting.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner and were under review at the time of inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse and worked full-time in the centre. They were active in the governance and overall day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. There was a proactive management approach in the centre which was evident by the ongoing audits and subsequent action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers working in the centre on a voluntary basis had their roles and responsibilities were set out in writing and Garda vetting was in place.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social services of any accident or incident required under the Regulations within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspectors found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, however, further improvements were required in relation to care plans for restrictive

practice which is detailed more under Regulation 5: Individual assessment and care plan.

The designated centre was laid out over a large area and the premises was well-maintained and laid out to meet the needs of the residents. However, some improvement was required in relation to the placement of call-bells in residents' rooms and the external grounds required review to ensure they were suitable for, and safe for use by residents.

Residents' health and wellbeing were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as tissue viability nurse, physiotherapy, dietitian, and speech and language, as required. There was a physiotherapist on site who was seen attending to residents on the day of inspection.

Residents were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. There was an activities schedule on display in the centre and residents had access to various media.

Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

Storage of residents' personal belongings required attention to ensure that all residents had adequate space to store and maintain their clothes and other personal possessions.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. All staff had obtained Garda vetting prior to commencing employment in the centre.

Inspectors found that based on a review of the dining experience in all units, improvement was required in some areas of the centre to ensure residents were supported to maintain their independence and had access to appropriate cutlery items. This is further discussed under Regulation 18: Food and Nutrition.

The inspectors were assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration.

Regulation 12: Personal possessions

Improvement was required to ensure all residents had adequate space to store and maintain their clothes and other personal possessions. For example;

- Items such as blankets, boxes and Christmas decorations were seen stored on top of some residents' wardrobes.
- Items such as bed-bumpers were stored on the floor or under the chairs in some residents' bedrooms. This was not a hygienic practice.

Judgment: Substantially compliant

Regulation 17: Premises

While generally the premises was well-maintained there was some improvement required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which fully conform to the matters set out in Schedule 6 of the regulations. For example:

- Emergency call facilities were not accessible from each resident's bed.
- Areas of the external grounds were not suitable for or safe for use by residents, such as a part of the pathway near the gazebo. This area had cracked and uneven pavement creating a risk of tripping. This had already been identified by the registered provider and was on the centre's risk register however it required attention to mitigate the risk.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The dining experience for residents in the dementia friendly unit could be further improved. Inspectors observed that some tables in this area were not appropriately set. Notwithstanding the risk assessment which had been completed by the provider, this did not promote residents independence and provide a dignified meal experience for all residents.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had ensured that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.

The provider had completed all the required action following the previous inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors observed good practices in how medication was administered to the residents. Medicines were administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were not always completed following a comprehensive assessment. For example:

- One resident's restrictive practice care plan was not specific to this resident and did not guide staff on how to manage and support them. This resident was indicated to have no capacity to make decisions, however, the care plan indicated that having bed-rails in place was their personal choice.
- One resident's restrictive practice care plan indicated the call-bell should be within easy reach. On the day of the inspection there was no call-bell connected in their bedroom. Assurances were received following the inspection that the call bell had been removed for maintenance on the day and was fixed and addressed on the day.

Judgment: Substantially compliant

Regulation 6: Health care

The 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

The person in charge had ensured that all staff have the knowledge and skills appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. The provider was pension-agent for 34 residents. The management team understood their responsibilities in relation to the safeguarding and protection of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Residents' had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy services were on display in 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 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Trim OSV-0000145

Inspection ID: MON-0047264

Date of inspection: 21/08/2025

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • Residents will be supported to review all personal possessions in their individual rooms. Regular communications are sent to residents and their families regarding seasonal decluttering of rooms regarding clothing and personal items. • Arrangements will be made to provide appropriate storage facilities for personal items and resident equipment required for individual resident's care delivery. • Daily IPC spot checks will be carried out to identify any inappropriate storage in residents' bedrooms, and any issues will be addressed immediately.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A review of all call bell facilities has been completed, and all rooms have a call bell fitted. Residents who can use call bells have one accessible from their bed. For those who cannot physically use a call bell alternative arrangements are in place, for example, increased welfare safety checks and beds placed in clear view of door where appropriate. • Currently a landscaping and civil engineering contractor are being sourced to commence upgrade works of the external grounds. It is envisaged these works will take a number of months to complete with a completion timeline scheduled for September 2026.	

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

• To improve the mealtime experience, staff will ensure all dining tables are fully set with appropriate cutlery, napkins, and condiments to allow residents to access them freely.
• Refresher training will be provided to reinforce the importance of promoting dignity and independence during meals.
• Nursing and health care staff are present throughout meal service to provide support with residents' individual needs, physical assistance, and personal requests.
• Regular checks will be carried out by senior clinical staff and General Service Manager to monitor standards, and feedback from residents will be gathered to ensure the dining experience is dignified, person-centred, and consistent across all dining rooms.

Regulation 5: Individual assessment and care plan	Substantially Compliant

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

• All Care Plans will be reviewed to ensure they are completed following a comprehensive assessment and reflect resident-specific needs.
• Restrictive practice care plans will be updated to include residents' choices, rationale for use of restraint, alternatives provided and control measures to reduce any risks associated with use of restraints. The care plan will provide clear guidance for staff with best interest decisions documented where required.
• All care plans are commenced on admission and thereafter reviewed a minimum four monthly or more frequently as resident baseline changes.
• Staff will receive refresher training on care planning and restrictive practices, and monthly audits will be introduced to monitor accuracy and compliance. This will ensure all residents have safe, person-centred, and legally compliant care plans in place.
• All rooms have call bell facilities in place. For residents who cannot physically use a call bell, alternative arrangements are in place. For example, increased frequency in safety and welfare checks and beds located within view of bedroom door where appropriate.
• Staff will complete regular checks to ensure that call bells are in good working condition and accessible to all residents who are able to use them.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/10/2025
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	30/09/2026

Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/10/2025
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	31/10/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/10/2025