



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Finglas
Name of provider:	CareChoice Finglas Limited
Address of centre:	Finglas Road, Tolka Valley, Finglas, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	05 December 2023
Centre ID:	OSV-0005307
Fieldwork ID:	MON-0042100

About the designated centre

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

The designated centre provides long term residential care, transitional/respite care and convalescent care for persons, male and female, aged 18 years or over. The premises can accommodate up to 89 residents in five units located over five floors; Tolka, Rivermount, Farnham, Claremont and Bellevue. There are two passenger lifts between floors. All bedrooms are en-suite with additional assisted shower and bathroom facilities on Rivermount and Claremont units. The majority of bedrooms are single occupancy. At least one twin room is available on each unit except on Bellevue. Each unit has its own lounge and dining area and there are additional quiet seating areas available for residents to meet with their visitors in private. Outside garden space is situated on the ground floor of the premises in a secure garden area to the rear of the building. Outside space is also available in a covered patio area which accommodates the resident smoking area and is accessed from the communal lounge on the ground floor. The centre is located in north Dublin close to local shops and amenities and is served by local transport routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	81
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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
Tuesday 5 December 2023	08:30hrs to 15:30hrs	Yvonne O'Loughlin	Lead
Tuesday 5 December 2023	08:30hrs to 15:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Inspectors spoke with ten residents living in the centre residents who were willing and able to converse. The overall feedback from the residents living in the centre was positive. Residents told the inspectors that they were well looked after and that staff were very kind to them. Many residents told the inspectors that the food was good quality and that they had access to choices at mealtimes. However, two residents said they were not happy with the food quality and menu choice provided. Despite this, they said that they were comfortable in their home and felt safe in their surroundings.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Inspectors observed many examples of kind, discreet, and person-centred interventions between staff and residents' during the course of the inspection. For example, staff knocked on residents' bedroom doors before entering and signage was displayed on doors to alert staff and visitors when personal care was in progress.

There was a varied programme of activities that was facilitated by activity co-ordinators, nursing and care staff and was tailored to suit the expressed preferences of residents. There was a calendar on display on each unit which showed the activities on offer including bingo, arts and crafts, Sonas therapy, baking, singing, movies and reminiscence therapy. One-to-one sessions were also provided for residents who could not or did not wish to take part in group activities. The activities co-ordinator said that popular one-to-one activities included singing and praying.

A christmas party was held on the day of the inspection and many staff members had brought their children into the party. Residents, staff and children gathered in the large sitting room in the Tolka suite where cheerful christmas music filled the air and the children visited santa. The joyous atmosphere brought a sense of festive cheer to the centre.

Interactions between the staff and residents were seen to be person-centred and residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were treated with dignity and respect whilst maintaining their safety. A dedicated dementia support liaison officer assisted and advocated for the rights of people affected by dementia to quality care and support. Residents who could not communicate their needs appeared comfortable and content.

The centre was located in the suburb of Glasnevin, with the Botanic Gardens, Glasnevin Cemetery and the Phoenix Park all situated within 5km. There were two enclosed gardens and a covered patio area which accommodated the resident

smoking area and was easily accessed from the communal sitting room on the ground floor.

The centre was bright, clean, welcoming and the décor was maintained to a high standard. Finishes, materials, and fittings in the communal areas and resident bedrooms struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. On the day of the inspection communal areas throughout the centre were adorned with christmas trees, lights and colorful decorations.

Visitors were observed attending the centre on the day of the inspection. Inspectors spoke with four family members who were visiting. All were very complementary of the staff and the care that their family members received. Visitors said that there was no booking system in place and that they could call to the centre anytime.

Bedroom accommodation was over five floors and comprised 71 single bedrooms and nine twin bedrooms. All bedrooms had access to en-suit shower and toilet facilities. There was adequate storage in the residents' rooms for storage of their clothes and belongings and a lockable unit was available to all residents who wished to use one. Residents were supported and encouraged to personalise their bedrooms with photographs, ornaments, personal possessions and memorabilia that were important to them. Many residents had decorated their bedrooms for christmas.

Residents on each unit had access to a large sitting room and dining area and there were additional quiet seating areas available on each unit for residents to meet with their visitors in private if they wished. Units were decorated in a manner that promoted interaction and memory stimulus. For example, old movie memorabilia were on display in Bellevue and the quiet room contained antique pieces of furniture, a vinyl record player and an antique sewing machine which provided trigger and focal points for reminiscence.

Conveniently located alcohol-based product dispensers along corridors and within resident bedrooms facilitated staff compliance with hand hygiene requirements. Hand hygiene sinks were also available within easy walking distance of all resident's bedrooms, in sluice rooms and treatment rooms.

The ancillary facilities including the laundry, treatment rooms, sluice rooms and housekeeping facilities generally supported effective infection prevention and control with few exceptions. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. Large trolleys with individual drawers dedicated to individual residents were in use to separate freshly laundered clothes prior to returning them to the residents' rooms. Residents told the inspectors that they were happy with the laundry service provided in the centre.

Each floor had a treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. However, the specimen fridge was stored within a treatment room on the ground floor. This increased the risk of environmental contamination and cross infection. Medications were also observed

within the specimen fridge which also posed a risk of cross contamination.

The housekeeping room was located within the sluice room on Bellevue unit. A door separating these rooms remained open during the course of the inspection. This increased the risk of cross contamination.

Equipment viewed was generally clean with some exceptions. For example, the underside of several shower chairs were visibly unclean. Findings in this regard are further discussed under regulation 27.

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

Capacity and capability

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

CareChoice Finglas is a designated centre for older people operated by CareChoice Finglas Ltd. Nationally, the organisational structure comprises a board of directors, a chief executive officer (CEO), and a regional director of operations. The provider is involved in operating 13 other designated centres in Ireland. The centre had access to and support from centralised departments such as human resources, quality, finance and human resources.

Inspectors found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing (DoN). The DoN was supported in their role by an Assistant Director of Nursing (ADON), two clinical nurse managers and a team of nursing staff, administration, care staff, housekeeping, catering and maintenance staff.

The provider had nominated a staff member to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. This staff member had been assigned appropriate designated protected time for this role. While this staff member had completed an infection prevention and control module in third level university, they had not completed the required link practitioner training course.

There were sufficient numbers of housekeeping staff to meet the needs of the

centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. Weekly quality of care indicators of infections were in collected to monitor the quality and safety of the service provided to residents.

Local infection prevention and control audits were undertaken four times a year and additional assurances were provided through annual oversight audits were undertaken by staff working in other CareChoice centres. Infection prevention and control audits tools covered a range of topics including laundry and waste management, sharps safety and environmental and equipment management. Audits were tracked and trended to monitor progress. Monthly hand hygiene assessments were also undertaken. The high level of compliance achieved in local audits was evident on the day of inspection.

The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month. This data was analysed and used to inform and target quality improvement initiatives. Antimicrobial stewardship information was also available on staff notice boards throughout the centre. Prophylactic prescriptions were audited and there was evidence that prophylactic prescriptions were reviewed after 3-6 months with a view to stopping them. This had resulted in a low level of prophylactic prescribing within the centre which is good practice.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required.

However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, there was an over reliance on the use of dipstick urinalysis for assessing evidence of urinary tract infection (UTI). Staff told inspectors that dipstick urinalysis was performed routinely after a resident fell and as part of the assessment to following an episode of responsive behaviour. Urine was also routinely tested after completing a course of antibiotics. This was contrary to national guidelines which advise that urine dipstick tests are not a useful marker to assess for evidence of UTI in older adults as they do not distinguish between asymptomatic bacteriuria and UTI. This can in turn lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

An accurate record of residents with previously identified multi- drug resistant organism (MDRO) colonization (surveillance) was not maintained. This meant that the provider was unable to effectively monitor the trends in burden of antimicrobial resistance within the centre. A review of documentation found that there was some ambiguity regarding the MDRO status of small number of residents colonised with

multi drug resistant bacteria. Details of issues identified are set out under Regulation 27.

The centre had a suite of infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

“Toolbox talks” were also used to increase awareness and share infection prevention and control information with staff working in the centre. Recent topics included antimicrobial stewardship, MDROs, urinary catheter care, nebuliser management, healthcare associated infections, environmental hygiene, sharps safety, linen and waste management. The goal was to ensure that all staff were well informed, vigilant and competent in preventing the spread of healthcare associated infections within the centre.

Quality and safety

Overall, the inspectors found that residents were generally well cared for and supported to live a good quality of life in the designated centre. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There were good positive interactions between staff and residents observed during the inspection.

There were no visiting restrictions in place on the day of the inspection. Visits and social outings were encouraged with practical precautions were in place to manage any associated risks.

A comprehensive infection prevention and control assessment formed part of the pre-admission assessment. These assessments were used to develop care plans that were seen to person-centred and reviewed regularly as required. Resident care plans were accessible on a computer based system. However, a review of care plans found that accurate infection prevention and control information was not recorded in a small number of care plans to effectively guide and direct the care residents that were colonised with an MDRO. Details of issues identified are set out under regulation 27.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care had been integrated into the electronic care management system. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Inspectors identified some examples of good practice in the prevention and control

of infection. For example, waste, used laundry and linen was segregated in line with local guidelines at point of care. Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). However, staff did not have access to safety engineered sharps devices which minimise the risk of needle-stick injury.

The premises was bright, clean, tidy and conformed with all matters set out in schedule 6 of the regulations. The overall environment was designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Cleaning carts were equipped with locked compartments for storage of chemicals.

Residents were routinely monitored for signs and symptoms of infection and this was documented at the end of each shift. There had been no outbreaks within the centre in 2023 to date. Staff reported that the layout of the building over five separately staffed floors lent itself to effective outbreak management. This meant that each area could effectively operate as a distinct cohort area with minimal movement of staff between zones to minimise the spread of infection should an outbreak develop in one area of the centre.

However a number of practices, including disposal of human waste, were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. The provider had introduced a tagging system to identify equipment and areas that had been cleaned. On the day of inspection this system had not been consistently implemented. For example, several shower chairs that had been tagged following cleaning were found to be visibly unclean. Several items of shared equipment had not been tagged after cleaning and the tag was not removed prior to using some equipment. There were no guidelines in the use of this system. Findings in this regard are further discussed under regulation 27.

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- There was some ambiguity among staff and management regarding which residents were colonised with MDROs. Accurate information was not recorded in resident care plans to effectively guide and direct the care of all residents colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for these residents.
- There was inappropriate use of dipstick urinalysis in the diagnosis of UTI. This can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including adverse effects, drug interactions and antimicrobial resistance.

- Staff in two units informed inspectors that commodes and urinals were manually emptied in en-suite bathrooms prior to disposal in the macerators. This practice increased the risk of environmental contamination and cross infection.
- The sluice room and housekeeping room on Bellevue unit were not appropriately separated. The door leading from the sluice to the housekeeping room remained open during the inspection. This posed a risk of cross contamination.
- Assurances were not provided that equipment was effectively cleaned after use. Green labels to alert staff to when equipment was last cleaned were not consistently and correctly used. For example, several shower chairs that were tagged as recently cleaned were visibly unclean.

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
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for CareChoice Finglas OSV-0005307

Inspection ID: MON-0042100

Date of inspection: 05/12/2023

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 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"> • All residents colonised with MDROs have been reviewed and Care plans have been updated as required. MDRO awareness week was held with staff and an additional education session was completed. MDRO Surveillance form was reviewed and updated by Quality team and accurate information recorded. Care plan Audits are conducted to identify any gaps and ongoing surveillance. • Educational session was completed with all clinical staff regarding "Skip the Dip " and staff have been advised to follow local IPC policy. Antibiotic stewardship is completed monthly and reviewed by CMT, all infections are logged in electronic system and reviewed on weekly bases by CMT. Dipstick usage will be reviewed as part of weekly infection KPI by CMT for effective governance. "Skip the dip" posters have been displayed in all nursing stations. • Educational session was completed with all clinical staff regarding the use of macerators and IPC protocols. The practice of decanting urinals into residents toilets prior to being placed in the macerator machine has now ceased. Staff have been reminded of the potential environmental contamination and cross infection risk the practice poses. Use of macerators will be monitored during PIC spot checks and weekly IPC walk. • Staff have been educated to keep the door closed to prevent cross contamination from sluice. A sign on the housekeeping door has been displayed and will continue to be monitored. • Spot checks on cleaning and decontamination of equipment will be conducted by CMT at regular intervals. IPC Walk checklist has been updated with mandatory inspection of residents equipment. Staff educated to follow cleaning schedule and to follow the 	

procedure when cleaning equipment. Toolbox talks have been discussed with staff on IPC Cleaning & Decontamination of Equipment .

- The centre has appointed one of the CNMs as an IPC link nurse after the CNM completed the University of Limerick, Infection Prevention and Control in Healthcare module (9 ECTS) in 2022. The module included the following topics: Principles of infection prevention and control e.g., standard infection control precautions and transmission-based precautions, Fundamentals of microbiology essential to infection prevention and control, Antibiotic Use, Antimicrobial Stewardship and Antimicrobial Resistance, Management of the Infectious Patient, Decontamination, including e.g., cleaning, disinfection, and sterilisation, Audit, Surveillance and Quality Improvement and Risk Management in infection prevention and control practice. CNM has completed all relevant IPC training on HSE Land and has protected time for IPC tasks only at regular intervals. CNM is supporting staff to implement effective infection prevention and control in the centre. IPC committee is held quarterly by the IPC link nurse. DON enrolled the CNM for IPC Link Practitioner Programme which will be provided by CH09 IPC Team between 19th and 23th February 2024.
- The location of the specimen fridge will be reviewed and medications have been removed. Reminder to all nurses to follow Carechoice Medication Management Policy and to store medication only in designated areas. Spot checks will be conducted by CMT at regular intervals. Safety needles have been provided to all units .

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 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	24/02/2024