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:	Longwood Road, Trim, Meath
Type of inspection:	Short Notice Announced
Date of inspection:	29 July 2020
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0030075

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 130 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 130 single en-suite bedrooms spread over 3 floors. There are 2 large secured balconies on the first floor overlooking secure landscape gardens on the ground floor. There is a large car park at the front of the building. Carechoice Trim is located the town of Trim, close to local amenities, Trim castle and the river Boyne.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	104

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
Wednesday 29 July 2020	10:00hrs to 18:45hrs	Ann Wallace	Lead
Wednesday 29 July 2020	10:00hrs to 18:45hrs	Gearoid Harrahill	Support
Wednesday 29 July 2020	10:00hrs to 18:45hrs	Noreen Flannelly-Kinsella	Support

What residents told us and what inspectors observed

The designated centre was currently registered for 130 beds in a modern purpose built premises arranged over three floors. However the Chief Inspector had received a number of concerns from families about building works that were happening in the designated centre and the impact that this was having on the residents. During the inspection inspectors were informed that the provider intended to extend and reorganise the current premises to create an additional 49 bedrooms. However the provider had not submitted the required application to vary the current conditions of the centre's registration to incorporate the planned changes.

Residents were aware of the changes to the building and told the inspectors how their routes had altered to communal areas such as the garden. Some residents congregated in the lobby area and told the inspectors that they were quite happy but that they missed their lounge. Not all residents were aware that the coffee dock on the ground floor was available to them if they wished to use it as an alternative. Residents who spoke with the inspectors were not clear about the changes that were happening to the premises but did confirm that the person in charge had organised a meeting to discuss the planned changes with them. The person-in-charge confirmed that a meeting had been organised for residents and their relatives in June 2020 but that there had been a low attendance.

Even though access to the garden was limited residents said that staff were willing to make themselves available to go outside with them whenever possible. Residents were observed going out into the garden with the activities staff during the afternoon on the day of the inspection. Other residents were observed meeting with their visitors on a seating area located at the entrance to the centre. The seating was organised to allow for adequate social distancing.

Overall staff interactions with the residents were respectful and empathetic. Staff who spoke with inspectors were knowledgeable about the residents they were caring for and how to meet their needs. Residents told the inspectors that staff were kind and that they could talk to a member of staff if they were worried about anything.

Residents who spoke with the inspectors at lunch time said that they enjoyed their meals and that they had plenty of food and drinks served throughout the day. Two residents said that they particularly enjoyed the evening meal as there was a range of choices on offer. The inspectors observed that residents were using the dining rooms with appropriate social distancing in place. Residents were chatting together at some tables and other residents sat quietly waiting for staff to help them back to their rooms.

Overall residents were very happy with their bedrooms and told the inspectors that they had enough space to keep their belongings. Residents said that the housekeeping team kept their rooms clean and tidy and they were proud of how

well their bedrooms looked.

Capacity and capability

This was a short term announced risk inspection carried out in response to a number of concerns that had been submitted to the Chief Inspector in relation to the care and welfare of residents in the designated centre and to review the centres COVID-19 contingency plan. The centre had an outbreak of COVID-19 in April 2020 during which 24 residents tested positive for COVID -19 and sadly 13 residents died.

Overall the service was well-organised and had sufficient resources to meet the needs of the residents.The designated centre benefits from being part of a large, well established group. There was an established management structure in place with clear lines of authority and responsibility. The person in charge was well known to residents and staff and was up to date with any incidents or outstanding issues that had occurred in the designated centre. She was supported in her role by the provider representative and the Group Quality and Compliance Manager who were both accessible to her. There were comprehensive management systems in place to monitor the quality of the care and services provided for residents.
However, inspectors found the resident's and relatives feedback were not adequately considered in these processes.

There sufficient staff and resources available to provide care and services for the residents. There had been a significant turnover of staff in recent months and inspectors found that the centre had robust selection and recruitment processes in place for new staff. All new staff received an induction and worked through a six months probationary period during which time, senior staff assessed their knowledge and performance. A review of the complaints and concerns records showed that poor performance was addressed through the centre's supervision and disciplinary processes. Staff were offered additional training where this was required however,the records in relation to one complaint did not record that the staff member had attended the recommended training and managers were unable to confirm that the training had been completed.

Overall staff demonstrated a clear knowledge of their roles and responsibilities in areas such as safeguarding, infection control and fire safety. Inspectors found that there was clear processes in place for staff supervision and support, however, some improvements were required in the day-to-day oversight of staff practices such as wearing of face masks and hand hygiene.

There was a complaints policy available in the centre and information was posted to advise people on the relevant procedures and contacts for making a complaint. The provider maintained a log of complaints received and these records contained details on the nature of the complaint and the investigation carried out. All complaints were addressed within the provider’s stated time frames however. the complainant's level

of satisfaction was not clearly recorded in all complaints and where a complainant was not satisfied there was no evidence of follow up by the provider.

Regulation 14: Persons in charge

The person in charge had the requisite qualifications and experience for the role and demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013. The person in charge worked full time in the designated centre and was responsible for the clinical oversight of the care and welfare of the residents and the day-to-day management of the service.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff with the appropriate knowledge and skills to meet the needs of the residents. Staff were deployed to specific units within the designated centre. This helped to ensure continuity of care for the residents on each unit and to reduce the movement of nursing and care staff between units.

Staff who spoke with the inspectors were knowledgeable about the residents that they cared for and were aware of their current needs and preferences for care and support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Training records showed that the majority of staff were up to date in key mandatory training such as moving and handling, fire safety, infection control, safeguarding vulnerable adults and responsive behaviours. There was clear process in place to identify those staff who needed updates in these areas and further training dates were scheduled. The person in charge had oversight of the staff training matrix and could identify staff who needed to attend update training.

The inspectors reviewed a sample of staff files and found that there were robust recruitment and selection processes in place to ensure that the required references

and Gardai vetting were in place for staff before they started working in the designated centre. The records showed that staff completed an induction programme when they commenced their role and that the induction was managed by their line manager or an appropriate senior. As a result staff were clear about what was expected of them in their work and the standards that were required.

Overall inspectors found that staff were well supported in their work and that there was adequate supervision in place. Some improvement was required to ensure that all staff implemented the required infection prevention and control policies at all times. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). Inspectors observed a small number of staff who were not wearing their face masks correctly and one member of ancillary staff did not perform hand hygiene when re-entering a resident area from the staff area.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure that care and services were delivered in accordance with the statement of purpose. However, the provider had not fully addressed a non compliance from the March 2019 inspection. This related to shower and bathing facilities for residents on Bective unit and is discussed under Regulation 17.

The Provider had commenced an extensive building programme in June 2020. The new build and refurbishment works would create an additional 40 bedrooms and make significant changes to all of the units with the exception of Dunsany unit. At the time of the inspection the provider had not submitted an application to vary the conditions of their current registration to the Chief Inspector in line with the requirements of the Heath Act 2007.

Inspectors found that the construction works had significantly reduced the residents' access to internal and external communal space and were impacting on their daily routines and their access to communal space and the garden. There was no clear evidence that the provider had implemented appropriate measures to ensure that the impact on the residents caused by the extension and refurbishment works was reduced to a minimum. In addition the inspectors found that more could have been done to ensure that the views of the residents and their families were used to inform the significant changes planned for the designated centre and the facilities.

There was a clear management structure in place that identified the lines of authority and accountability for all areas of the service and for individual resident's care. Managers and supervisors were well known to staff and residents and were

aware of issues and complaints that had occurred in their areas. The line management structure helped to ensure that all staff were aware of their roles and responsibilities and to whom they reported.

There were comprehensive quality and safety assurance systems in place which was used to monitor the quality and safety of the care and services provided for the residents. However improvements were required to ensure that significant incidents were followed up in line with the designated centre's policies and procedures. The inspectors found that the review of two significant events; one in relation to responsive behaviours and a second in relation to a safeguarding concern had not been followed in line with the centre's own policies and procedures.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a Statement of Purpose containing the information required in Schedule 1 of the regulations. However, the document dated 10th April 2020 did not reflect the changes in the communal accommodation available in the designated centre that were found on this inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedures was clearly available and informed residents and their families how to make a complaint. The person in charge maintained the complaints log and records showed that complaints were being recorded and investigated in a timely manner. However it was not clear in some records whether or not the complainant was satisfied with the outcome of the investigation and how the complaint had been managed.

In addition one complaint record did not identify how a number of separate issues arising from the complaint would be addressed by the provider in order to ensure that a similar incident did not occur again in the future.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Current written policies and procedures as set out in Schedule 5 of the regulations

were available to staff, both electronic and in hard copy. Policies and procedures were reviewed and updated in accordance with best practice.

Judgment: Compliant

Quality and safety

Overall the inspectors found that the residents received a safe service. However, significant improvements were required to ensure that care was person centred. In addition residents and their families were not adequately consulted about the running of the designated centre including the significant changes to the premises that were happening at the time of the inspection. This is discussed under Regulation 9.

There were comprehensive systems in place for the oversight of risks in the centre. The provider maintained a policy and procedure around the identification and analysis of risks in the designed centre. The processes included a risk register of environmental and operational risks in the centre. The risk register had been updated to reflect the ongoing hazards and safety precautions related to COVID-19. There were clear control measures in place to reduce the risk of contracting or spreading infection, including maintaining staffing levels, monitoring staff and residents for signs and symptoms, maintaining a supply of personal protective equipment (PPE) and ensuring that appropriate infection prevention and control precautions were implemented by all staff.

In line with the risk policy there was a risk register in place however inspectors found that the risk register had not been updated to reflect the potential hazards related to ongoing construction work on the site of the designed centre. The register did not identify and outline control measures in relation to aspects including but not limited to disruption, noise, dust, infection control risks, elimination or reduction of communal and outdoor space for residents, or risks related to residents entering the site.

The centre was sufficiently equipped to detect, contain and extinguish the spread of smoke and flame in the event of fire. All bedroom and compartment doors could effectively close to act as a containment feature, and the premises was clearly marked with emergency signage and maps to facilitate an efficient exit. Emergency equipment such as the fire alarm panel, fire extinguishers and emergency lighting were all certified and serviced regularly and subject to routine checks. There had recently been an incident in while a fire alarm was triggered at night in an area of the building shared with local primary care services. The alarm occurred at night and the nursing staff on duty did not have access to the primary care offices in order to confirm whether or not there was a fire. As a result and in line with the centre's fire emergency procedures staff evacuated the residents in the adjacent unit. This had caused a significant disruption to residents that night and this could have been

avoided if a clear system was in place for staff to check whether or not there was a fire in the adjacent offices. Following the incident there was no evidence that the provider had taken appropriate steps to ensure that residents were not disrupted if a similar event occurred in the future.

Regular simulated evacuations took place to ensure that staff knew what to do in the event of a fire, with staff members standing in for residents during the practical exercise. While the records of these practice scenarios provided the times taken for partial evacuation of each compartment there was no record of how long it would take to evacuate the full compartment.

Overall the premises was clean, in a good state of maintenance and designed to allow for safe navigation of residents. The layout of the floors were straightforward with colour-contrasted doors and rails and level floor coverings to assist residents to travel alone or with support. The centre was pleasantly decorated and there was adequate space along the corridors and in the unit dining rooms for residents and staff to observe social distancing.

At the time of inspection, there were construction works ongoing related to a future extension of the building. The areas of construction had been safely segregated from the active areas of the designed centre. The works involved the closure and removal of six large communal living rooms – two for each storey – as well a significant amount of external garden space for the duration of the works. No alternative space had been designated to replace the areas removed and reduce the impact on resident access to communal and external space as per the registered premises of the designed centre. In addition the provider planned to remove the quiet seating areas on two of the units to replace them with additional bedrooms. An application to vary the current conditions of the designated centre had not been submitted to the Chief Inspector at the time of the inspection. Following the inspection the provider was required to submit an application to vary to the Chief Inspector with the required information in relation to the changes that had already been carried out and the planned changes in the premises.

The provider had installed four additional en-suite showers on Bective Unit following the inspection in March 2019. However this inspection found that there were still seven bedrooms on this unit that did not have shower/bathing facilities close to their bedrooms. As a result these residents were required to use a shower located at a significant distance from some of the bedrooms. In addition the communal shower facility for use by these residents was not accessible from the unit as its entrance was along the main corridor. This did not ensure the residents' privacy and dignity.

Inspectors found that there was not sufficient storage in the centre for equipment including hoists, linen trolleys, chair scales and wheelchairs, As a result inspectors observed equipment stored in residents' bathrooms and shower areas when not in use.

Regulation 11: Visits

The centre had arrangements in place for residents to receive visitors whilst implementing appropriate measures to reduce the risk of accidental introduction of Covid 19 into the centre. in line with national guidance

Observations of visiting practices and a review of the records showed that the measures that were in place were in line with the current guidance for visiting in residential care facilities. All visitors had to sign-in, complete a visitor questionnaire (which included history relating to oversee travel, close contact and symptom history), and undergo a temperature check. Visitors were supervised whilst they carried out hand hygiene and donned a mask prior to visiting. Information posters, alcohol-gel hand hygiene points and a newly installed hand hygiene sink were clearly visible in the entrance. There was a room available to facilitate private visiting with appropriate social distancing.

Judgment: Compliant

Regulation 13: End of life

A review of resident's records showed that appropriate care and support were provided for those residents at end of life. Care plans addressed the physical emotional and spiritual needs of the residents and recorded each resident's preferences for end of life care.

Resident's had access to medical care for pain and symptom management and referrals to specialist palliative care services were made when required.

Families were involved in end of life care and were encouraged to be present with the resident as much as possible at this time.

Judgment: Compliant

Regulation 17: Premises

The ongoing construction work in the service had greatly impacted on residents' access to multiple large communal living rooms, as well as to external garden space, as per the registered layout of the building.

There was a lack of sufficient storage space in the designated centre for equipment such as hoists, linen trolleys, chairs scales and wheelchairs, necessitating this equipment to be stored in inappropriate locations such as bathrooms.

Residents with a toilet and wash hand basin in their en-suite bathrooms did not have suitable access to showers or bathing facilities.

Judgment: Not compliant

Regulation 26: Risk management

The provider maintained a risk register of operational and environmental risk associated with the designated centre, and had an appropriately detailed summary of control measures related to COVID-19. However, the risk register did not detail hazards and control measures related to the substantial construction project in progress to extend the building and renovate internal areas, including the environmental hazards as well as the impact on the lived experience of residents.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall inspectors found that a number of measures had been implemented to support effective infection prevention and control in the designated centre however, some improvements were required.

The person in charge had nominated an assistant director of nursing to lead on infection prevention and control. The centre had access to designated specialist staff with expertise in infection prevention and control. The centre had an up-to-date policy to support infection prevention and control however, the name of the person with overall accountability needed to be specified in the policy. A Covid-19 policy and emergency plan were available and both documents had been updated in line with national guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.)

Training records confirmed that 100% of staff were up to date with infection prevention and control training which included hand hygiene and standard precautions. Education in relation to antimicrobial stewardship was provided by a local pharmacy provider. Education and training in relation to Covid-19 was provided to staff and residents. However it was identified that the seasonal influenza vaccination uptake by staff at the centre was only 24% for 2018-2019 season which needs to be improved upon in line with national recommended targets.

The centre had experienced a Covid-19 outbreak in April 2020. A comprehensive outbreak report had been prepared and the record showed that control measures, learning and recommendations following the outbreak were identified. Isolation

precautions were observed during this inspection and signage to communicate isolation precautions were in place. The door was closed and PPE was available outside the room. Staff adherence to 'Bare Below Elbow'[1] initiatives were evident.

Infection prevention and control audits included hand hygiene compliance, personal protective equipment, and environmental and patient equipment had been completed and were ongoing. A mattress audit and replacement programme was underway. Performance monitoring and audits results were overseen at quarterly audit committees and there was clear evidence that the provider had oversight of these.

An external infection control audit was undertaken by the department of public health in May 2020. The centre implemented a compliance plan to address issues identified in the audit and repeated an audit in July 2020.

Inspectors found that improvements were required in relation to the overall management and maintenance of patient equipment. Inspectors observed that some items were either dusty, rusty or stained and/or stored inappropriately. In addition there was limited storage for larger pieces of equipment.

Overall the general environment appeared clean and well maintained. Resident's armchairs had been recently re-upholstered with vibrant coloured cleanable fabric. Inspectors were told that cleaning resources had increased and a review of hygiene service provision across the group was underway. A staff member confirmed that resident's rooms were cleaned daily and demonstrated a good knowledge of cleaning processes. Cleaning housekeeping checklist records reviewed were up to date.

All sluice facilities inspected appeared clean; however, ventilation in some facilities without windows needed review.While mechanical ventilation was in place in one of the facilities inspected it needed further review. Information received following the inspection stated that installation of mechanical ventilation in a second sluice facility inspected was being progressed.

Segregation and labelling of healthcare risk and non-risk waste was evident and foot operated bins were clean. Colour-coded linen skips and alginate bags were available. A laundry facility was inspected and showed clear separation of dirty and clean activities with unidirectional flow, and dedicated operatives for each activity.

Day-to-day delivery of household cleaning took place from a small central housekeeping room which required staff to clean trolleys after use in a lobby leading to a kitchen. Furthermore cleaning equipment was inappropriately stored in a corridor when not in use. These arrangements and facilities need review as cleaning equipment should be stored in a purpose-built area to prevent contamination.

Alcohol hand rub was readily accessible and advisory posters were appropriately displayed. Staff reported that they had sufficient personal protective equipment (PPE). Personal protection equipment such as, face masks were worn by staff however, some staff were observed with their face masks worn incorrectly. In addition disposable aprons and gloves were not readily available in sluice facilities

for staff dealing with blood or bodily fluids.

Through interview with the person in charge, it was confirmed that a risk assessment in relation to *Legionella* and invasive aspergillosis prevention and control had been *recently* completed at the centre.

[1] Bare Below Elbow is an initiative aiming to improve hand hygiene performed by health care workers as the effectiveness of hand hygiene is improved when: skin is intact, nails are natural, short and unvarnished; hands and forearms are free of jewellery (one plain finger band allowed); and sleeves are above the elbow.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The building was suitable equipped to detect, contain and extinguish fire and all equipment was certified and serviced regularly.

Simulation fire evacuation drills had taken place however the drills did not demonstrate that the compartment with the highest number of dependent residents could be evacuated safely with the night time staffing levels.

In addition the current fire alarm system did not facilitate staff to check for a fire if the fire panel indicated that there was a fire in the the adjacent primary care offices.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Records showed that each resident had a pre-admission assessment prior to their admission to the designated centre. This helped to ensure a good resident/home fit and facilitated the care team to organise any specialist equipment that may be required before the resident was admitted.

Following admission to the centre nursing staff carried out a comprehensive assessment of the resident's needs and self care abilities as well as their preferences for care and support. The information was used to develop a care plan with the resident and where appropriate their family. Nursing staff took responsibility for maintaining the resident's care plan and ensuring that care and support staff were aware of the care and services that were required for each resident. Care plans

were reviewed regularly and were found to reflect the residents' current needs. However, improvements were required to ensure that each resident's preferences for care and support were clearly documented and kept up to date and that this information was communicated to relevant staff in order to ensure that care was person centred and in line with the resident's choice and expressed wishes.

Some improvements were required to ensure that daily care records were kept up to date, so that records such as fluid balance charts were maintained and reported to nursing staff. For example, one fluid balance chart recorded that the resident's daily intake was less than 600 mls which was not in line with the resident's care plan. There was no evidence in the record that this had been reported to the nurse on duty.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) and specialist medical services to meet their needs. The GPs visited the designated centre regularly to review their residents and to respond to any changes in a resident's condition or well-being. Nursing staff reported that GPs were quick to respond if they had any concerns about a resident including out of hours services. Records showed that one GP had continued to visit their residents in the centre every day throughout the COVID-19 outbreak. This had helped to ensure that those resident's who contracted the virus had access to appropriate medical care.

Resident's care records showed that they had access to the wider health and social care team including physiotherapist, speech and language therapy and dietitian. Where specialist practitioners prescribed specific treatments these were incorporated into the resident's care plan.

Resident's medications were reviewed regularly by their GP and pharmacist. The pharmacy service carried out audits of medications as part of the designated centre's quality and safety procedures.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All staff had access to training in how to respond and support residents who might display responsive behaviours. (Residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with

their social or physical environment). Records showed that most staff had attended this training.

Overall staff demonstrated respect and empathy with residents who displayed responsive behaviours, however, inspectors found that the changes brought about by the recent building works had not been adequately considered in respect of the impact on these residents. For example the transfer of residents between the units to accommodate the planned works.

Records showed that the use of restraints had reduced in the centre since the last inspection. However,the restraints register was not clear as a number of residents were recorded as using "enablers" and the there was no clear record of the assessment and decision making processes that had occurred prior to equipment such as bed rails being installed as enablers. As a result the inspectors were not assured that where restraints were being used that their usage was in line with best practice guidance.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors found that all staff had access to training in the prevention of abuse of vulnerable adults and in safeguarding procedures. Staff were clear about the types of abuse that could occur and were aware of their responsibility to report any concerns to senior staff.

A review of a sample of staff files showed that all staff had appropriate Gardai vetting in place and two written references were sought, including one from the person's most recent employer. Staff files were audited as part of the centre's quality and safety assurance framework.These measures helped to ensure that suitable individuals were recruited to the staff team.

The centre's processes for investigating any allegations of concern had changed in 2020 and the person in charge was no longer informing the Health Service Executive (HSE) safeguarding team of any concerns that did occur but did not require external safeguarding measures. Although this is not required under the current legislation it is considered as best practice in safeguarding residents. In addition the inspectors found that a recent concern was not being followed up in line with the centre's own policies and procedures. This was addressed by the person in charge following the inspection.

The provider was a pension agent for 4 residents and the inspectors found that there were open and transparent processes in place that were in line with the Department of Social Protection (DSP) requirements. In addition where the designated centre was involved with the safekeeping of residents' monies there

were clear processes in place.The inspectors checked a sample of resident's accounts and found the records of any transactions were available and that the balances were correct.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors found that the residents' rights had been significantly impacted by the recent changes to the premises which had reduced the resident's access to communal space and the garden areas. For example the planned changes would remove the small quiet seating areas on two units in the designated centre as these were due to be converted into additional bedrooms. This was confirmed by the provider at the feedback meeting following this inspection. In addition, at the time of the inspection only one of the three garden areas was available for residents. Due to the unfinished layout of this garden residents needed to be supervised by staff when they were outside. As a result residents were required to wait for a member of staff to be available to escort them in the garden and, in spite of the best efforts of the staff, residents were only able to spend a short time outside in the fresh air.

Inspectors found that the residents and where appropriate their families had not been adequately consulted about the planned changes to the premises. The person in charge had sought to meet with residents and their families in relation to the changes but there had been a poor response and there was no evidence of alternative communications or consultation being organised. This was reflected in a concern that had been submitted to the Chief Inspector, where a family member reported that their loved one had been moved to another unit in the designated centre when their own unit was closed to facilitate the building works. This had not been discussed with the family and had caused distress for the resident and an increase in their responsive behaviours.

In addition the inspectors reviewed a sample of the minutes of residents' meetings and found that they did not give a clear record of what had been discussed. As a result there was no record of any issues raised by the residents at these meetings and what if any actions were taken by the provider or person in charge to address them.

The centre's ethos promoted a person centred approach to care and support. Staff were familiar with the residents needs and the residents' care plans however staff were not always clear about the residents' preferences for care and support, for example how they liked to dress and present themselves to others. This was reflected in a concern from a family member that had been submitted to the Chief Inspector about a resident not being dressed in their preferred attire. The family member had made a complaint to the provider. Records showed that the provider had upheld the complaint and acknowledged that improvements were required in relation to how residents' personal possessions were recorded, labelled and

looked after by staff. The improvement plan included a review of the current policies and procedures in relation to care of the residents clothes and personal possessions and the purchase of new labelling equipment for use by laundry staff.

There were opportunities for occupation and recreation in line with a planned weekly activities schedule. The schedule included a range of one to one and group activities. Residents told the inspectors that they enjoyed the activities that were on offer and that activities staff were receptive to ideas and suggestions for introducing new activities and entertainments. Each resident had an assessment of their personal life history, hobbies and interests in their care plan record. However, the inspectors found that the record was not reviewed regularly and did not always reflect the resident's current abilities and the activities they participated in.

Residents had access to radio, televisions and newspapers in line with their preferences and abilities. Prior to the COVID-19 outbreak and the current restrictions the person in charge had worked with local community groups to organise entertainments and activities that would enable residents to keep in touch with local news and events. The in house coffee dock was intended to be used by local residents as well as residents and their families when the restrictions were lifted.

Residents were able to participate in mass and other religious ceremonies in line with their preferences. Staff were respectful of residents' wishes to observe their faith.

There was an independent advocacy service available for residents. The person in charge had worked with national support agencies to access support for those families who had lost their loved ones during the COVID-19 outbreak in the designated centre.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for CareChoice Trim OSV-0000145

Inspection ID: MON-0030075

Date of inspection: 29/07/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. All staff will complete HIQA online Infection Control Training in addition to Care Choice Infection Control Mandatory training and HSE Online Infection Control Training 2. Supervision will be supported daily in Infection Control Practices (correct wearing of face masks, PPE use and compliance with handwashing) by infection control champions, link nurses, CNMs, ADONs and DON 3. Regular spot checks will enhance audit and quality of infection control in the home 4. Records of all of the above will be kept by the home	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. At present we are compliant as of the report from the inspections in March 2019. The non-compliant with Regulation 17: Premises from the report on this date has been closed as 4 x new showers have been installed and 1 x communal shower room was renovated. The works that we are currently completing to ensuite facilities on the 2nd floor are separate to this and outside of the scope of the aforementioned report. CareChoice Trim are scheduling the installation of 9 showers in the en-suite bedrooms on the Second Floor. 2. An application to Vary registration has been submitted	

The proposed changes have been made available to the Inspector and any further changes will be for the purpose of improving the Residents quality of life.

3. A number of formal meetings have been held with Residents, Families and Advocates and further meetings are planned and available for review.
Future engagement meetings will be scheduled the first Thursday of each month until after works are completed.
Consultation with Residents, relatives and advocates is also undertaken through phone calls, letters and in person by the PIC

4. The home engages with the HSE Safeguarding Protection Team for advice and support. In August 2019 the PIC requested a home visit by a Social Worker from the Safeguarding Protection Team for an exercise in safeguarding planning. As a result the home commenced a Responsive Behavior Working Group
In 2020 the PIC referred to the HSE Safeguarding Protection Team in 3 separate cases in relation to Residents in the home as is best practice and received assistance from them.
All Safeguarding Care Plans will be further reviewed and updated

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
A Draft Statement of Purpose was provided on the day of inspection which included the relevant changes at the time

1. The Statement of Purpose will be reviewed and resubmitted

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Complaints right to reply is recorded by the PIC by phone, letter and on the electronic recording system. All complaints are offered independent appeals procedure and recorded: 1 – Satisfied 2 - Not satisfied 3 - Informed of Independent appeals procedure

1. Electronic records will be amended to record: 1- Satisfied 2 - Not satisfied and Informed of Independent appeals procedure.
The Complaint mentioned has been closed following response by phone and letter.
The PIC will ensure that longer time will be given following Complaints for

feedback before closure of 10 days following written response

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. A whole home review of communal space has been conducted by CareChoice and the PIC with a representative working group in the home to create adequate storage across the home (Plans have been provided to the Inspector)
Provision of additional staff resources to ensure all Residents have access to the garden and amenities in the home such as the coffee shop, The Snug, and the Den
A Library room (20 sqm) will be open to the Residents on the Ground Floor creating additional communal space
All areas have been reviewed to increase the communal areas for Residents as well as maximising storage facilities. The proposed changes will be to staff areas only to increase the availability of communal spaces for residents
Any further changes to resident's communal areas will be for the purpose of improving the residents' quality of life and care in the home.

2. At present we are compliant as of the report from the inspections in March 2019. The non-compliant with Regulation 17: Premises from the report on this date has been closed as 4 x new showers have been installed and 1 x communal shower room was renovated. The works that we are currently completing to ensuite facilities on the 2nd floor are separate to this and outside of the scope of the aforementioned report.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
1. The Risk Register is reflective of the hazards and controls in relation to the construction site and disruption to the Residents and a disruption management plan in place, and is available in the home

2. A Residents Survey was completed in July 2020 with a positive outcome and further Care Choice Residents surveys will be conducted in September/October 2020 and actions arising completed

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. ADON named on policy as Infection Prevention and Control responsible person reporting to PIC (This was an administration error and the role was in place)
ADONs (2) are currently being educated to level 9 (ongoing) in Infection Prevention and Control and providing on site education for all staff in the home and Supervision of staff

2. Peer Flu Vaccination Training x ADON and Staff Nurse
GP on site Flu Vaccination clinics agreed
Peer Flu Vaccination Education in the home using HSPC tools and information

3. Patient equipment will have a comprehensive cleaning schedule in place

4. Increased storage for Patient Equipment will be provided in the home and plans provided to inspectors
Specific storage for Household Equipment will be provided in the home and plans provided to inspectors

5. All staff will complete HIQA infection control training in addition to CareChoice mandatory infection control training, and mandatory HSELand infection control training

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. Fire Drills were conducted in the home as per Fire regulations in high dependency areas at the time of the inspection. Night staff were included in these fire drills.

2. Fire Drills to continue in the home in line with CareChoice policy and Fire regulations.

3. Designated trained responsible person/s to manage fire alarm activations both in the home and the adjoining Primary Care Centre at all times (Interim Safety Plan in place).

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:
1. All nurses complete current CareChoice Training and Care Plans are audited weekly and Resident assessments are audited

2. Current Daily Unit Safety Huddles will follow CareChoice formal documented process to ensure Residents preferences are communicated
Staff Nurses will ensure clinical handover includes essential information about Resident care including fluid balances, nutrition and hydration and personal preferences and will ensure that touch care is checked a number of times daily so that up to date correct information is provided and recorded

3. Senior supervision and spot checks will be continued by CNM, ADON and DON of compliance with Touch care and spot check to identify improvements

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
1. Resident, Family and Advocate engagement was held in relation to planned refurbishment works in the home. Residents were moved to a newly refurbished Unit with their agreement and that of their relatives/advocates. Further resources were made available to support the temporary closure of a Unit to support Resident care

2. Additional formal engagement with Residents and Relatives was conducted
Future engagement meetings will be scheduled the first Thursday of each month until after works are completed.

3. Additional resources in place to ensure that staff are available to facilitate meaningful activities and access to the garden for those who are affected by refurbishment changes in the home

4. Restrictive Practices only applied when all alternatives are first considered
All staff complete mandatory education in Restrictive Practice
Residents consent always sought before applying restrictive practices
All Restrictive practices applied in the home will be reviewed

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: 1. The home does engage with the HSE Safeguarding Protection Team for advice and support. In August 2019 the PIC requested a home visit by a Social Worker from the Safeguarding Protection Team for an exercise in safeguarding planning. As a result the home commenced a Responsive Behavior Working Group. In 2020 the PIC referred to the HSE Safeguarding Protection Team in 3 separate cases in relation to Residents in the home as is best practice and received assistance from them. 2. All Safeguarding Care Plans will be further reviewed and updated	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. Residents are facilitated to spend time in the garden Garden based activities are held and Residents are assisted on walks with additional staff resources in place 2. Every Relative and Resident was written to and phoned prior to the temporary closure of a Unit. Consent was given by all involved and commitment given by the PIC to either remain in the new Unit long term or return to the original bedroom following refurbishment works Further formal meetings with Residents and Relatives will be held and minutes taken. (minutes of meeting on 17th September submitted to Inspector and shared to Residents, families and advocates Future engagement meetings will be scheduled the first Thursday of each month until after works are completed PIC and CareChoice will continue to engage formally with all Residents and relatives/advocates in regard to the improvement, refurbishment and construction works for the new building. All meetings with Residents and PIC will be formally minuted in regard to the improvement, refurbishment and construction works for the new building and shared with shared to Residents, families and advocates 3. Staff Nurses will ensure that Daily Safety Huddles are held and documented to ensure improved communication with care staff in relation to Resident's care plans, wishes and preferences Touch care compliance will be enhanced with spot checks and enhanced supervision by CNMs/ADONs and DON 4. A full review of Activities Care Plans will be undertaken	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2020
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.	Not Compliant	Orange	31/12/2020
Regulation 23(c)	The registered	Not Compliant		01/02/2021

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.		Orange	
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	
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	31/12/2020

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	12/05/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	25/09/2020
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of	Substantially Compliant	Yellow	07/08/2020

	any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
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	
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/12/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/12/2020
Regulation 8(3)	The person in charge shall investigate any	Substantially Compliant	Yellow	07/08/2020

	incident or allegation of abuse.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	10/10/2020
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	30/11/2020