



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:	Announced
Date of inspection:	02 December 2019
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0028188

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 117 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 117 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:	117
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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
02 December 2019	10:00hrs to 12:30hrs	Sheila McKeivitt	Lead

Capacity and capability

The was a well governed centre. The three non-compliance's identified on the inspection of 12th March 2019 had been addressed. The governance structure had been strengthened with the appointment of a second assistant director of nursing. The person in charge and both assistant directors of nursing worked fulltime and one of the three were on-call out of hours. They were supported in their roles by the the director of quality and compliance and the chief operations officer who was also the named provider representative. The management team met on a regular and consistent basis to review the overall governance of the centre.

Additional staff had been employed to care for 13 additional residents. The additional fulltime equivalent staff employed included one assistant director of nursing, four staff nurses, 6 health care assistants, one kitchen assistant, one grounds keeper and 0.5 housekeeper. A draft roster was available for review.

The statement of purpose included an admissions schedule. However, existing residents who had shown an interest in moving into the new unit were being facilitated to do so.

Regulation 15: Staffing

There was an adequate number of additional staff employed to care for 13 additional residents. A sample of three newly employed staff files were reviewed and all had the required documents on file, including a garda vetting report sought prior to commencing employment.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed. It contained all the required details. It was now being audited once per month.

Judgment: Compliant

Regulation 21: Records

A list of residents' valuables were now available for review. They were being updated on a regular basis by staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The non-compliances found at the last inspection had been addressed by the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in November 2019 and was on display. The contents met the regulatory requirements and reflected the layout of the beds in the centre.

Judgment: Compliant

Registration Regulation 4: Application for registration or renewal of registration

An application to register was made to the Authority. The application was made as the footprint of the building had been increased since 20th August 2019 when the last certificate of registration commenced. An addition unit had been constructed, it contained 13 single ensuite bedrooms, a sitting room, a dining room, a communal bathroom, sluice room, nurses office, clinical room and store rooms. An updated statement of purpose and set of floor plans were submitted with the application to register and the required fees had been paid.

Judgment: Compliant

Quality and safety

The quality and safety of care being delivered to residents was of a good standard and was being effectively monitored.

The new "Dunsany Unit" was ready for occupation. It had been named by existing residents and they had been given the first choice of occupation of the new rooms a number of whom had expressed an interest with one resident having already chosen a bedroom. The new unit was large, bright and airy with views over the surrounding country side from most of the rooms.

Since the last inspection additional services had been sought and put into place to provide a high standard of care to residents with dementia who may display responsive behaviours.

A consultant in Psychiatry and team were coming into the centre twice a week to review residents. This was having a positive impact for residents as it was facilitating a prompt multidisciplinary approach to the care of residents with dementia with an aim to prevention and reduction of the number of incidents of behaviours that challenge.

A multidisciplinary approach to managing approach to medication management had also been taken. The pharmacy supplying medications to all residents in the centre had appointed a pharmacy technician to provide a sole service to the centre and together with a pharmacist was reviewing and monitoring medication management including medication errors.

Regulation 17: Premises

The new unit named "Dunsany Unit" was situated on the second floor of the centre. The unit contained 13 single ensuite bedrooms, a large open plan kitchen come dining room and a separate sitting room, a sluice room, nurses office, clinical room and assisted bathroom with hydraulic bath, a toilet and wash hand basin. The 13 single ensuite bedrooms were large and bright and contained all the required furniture and fittings including a wardrobe, profiling bed, lockable chest of drawers, large chair and visitors chair bedside table, wall mounted television, over bed light and a nurse call bell. Each ensuite contained a shower, toilet, wash hand basin with handrails at each. There was a nurse call bell beside the toilet in each ensuite, however there was no nurse call bell accessible to residents at the shower area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Since the last inspection a system of recording, monitoring, reflecting ,auditing and addressing medication errors had been put in place. The newly implemented approach was enabling the close monitoring and prevention of further medication errors.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The number of notifications of incidents of responsive behaviours reported to the Chief Inspector from the centre was high. The inspector had reviewed these prior to the inspection.

However the inspector was assured that the enhanced access to specialist mental healthcare professionals was assisting to reduce the number of incidents through enhanced communication between the professionals and the staff team and direct referral to the consultant in Psychiatry and team.

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Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for CareChoice Trim OSV-0000145

Inspection ID: MON-0028188

Date of inspection: 02/12/2019

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Additional call bells located at the shower area of ensuite bathrooms will be installed by Quarter 4 2019.</p> <p>The assisted bathroom will have a call bell installed over the bath Quarter 4 2019.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	31/12/2019