



**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
Address of centre:	Longwood Road, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	15 February 2022
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0035227

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 131 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 131 single en-suite bedrooms spread over 3 floors. There are two gardens on the ground floor. One is landscaped and secure and the other is partially landscaped and not secure. There is a large car park at the front of the building. CareChoice Trim is located outside the town of Trim, close to local amenities, Trim castle and the river Boyne.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	123
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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 15 February 2022	09:45hrs to 17:25hrs	Sheila McKeivitt	Lead
Tuesday 15 February 2022	09:45hrs to 17:25hrs	Arlene Ryan	Support
Tuesday 15 February 2022	09:45hrs to 17:25hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

On the day of inspection the inspectors were met by the reception staff and person in charge. The monitoring of temperatures and signs and symptoms of COVID-19 was completed and hand hygiene performed.

Inspectors did a walk around through different areas of the nursing home and had the opportunity to speak with residents and staff. The residents told the inspectors that they were happy living there. They praised the staff and said that everyone was kind and that they help them with everything. One resident said that she felt 'well looked after and safe' living there and she loved it. She also said that she could come and go as she pleased. Residents had access to participate in activities outside the centre and some were seen going out of the nursing home to participate in their individual pursuits. Arrangements were in place for these residents to be collected and brought to their destination and then returned later in the day.

Inspectors observed that the residents rooms were nicely decorated and this varied from room to room. They were personalised and most had pictures and personal items on display. Some had bookshelves and additional storage where required. Each en-suite had personal storage for the residents toiletries. The rooms were clutter free allowing easy movement within the room. The residents told inspectors that they liked their rooms and tried to make them homely. One residents room was decorated for a family celebration. The care staff had assisted the resident in preparing the room and the resident was very pleased with this.

The residents had access to a range of meaningful activities in line with their abilities to participate. The list of scheduled activities for the day was available in multiple locations throughout the nursing home and staff were observed reminding residents when these planned activities were about to start. Residents informed inspectors that they enjoyed these activities and there was always something on. Some residents told the inspectors that they attended all the activities and could choose which ones they wanted to go to, even if they were on a different floor. They liked to move around and often went to the coffee shop on the ground floor to meet friends or visited them in their rooms. They had regular visitors and said they had plenty of places to go with their visitors in addition to their bedrooms.

The residents told inspectors that their clothes were washed in the laundry and returned to them. Some residents' families brought some items of clothing home for washing but the majority of personal laundry was done in the designated centre. Each item was labelled in the laundry so that they would not go missing and residents said that they always got their personal laundry back.

Resident meetings were held in the nursing home. Some residents informed inspectors that they attended all of the meetings as it made them feel like part of the home.

Residents told inspectors that the food was good. One resident said he really liked the food and was never hungry. Some residents chose to eat in the dining rooms and others in their bedrooms. The inspectors saw height-adjustable tables in the dining room and staff explained how these tables facilitated those in motorised wheelchairs to eat their meals in the dining room as regular tables were too low for them to use. Two residents said that these were great as they could get closer to the table and this made it easier and more comfortable to eat their meals. The food looked and smelled appetising and there were plenty of staff available in the dining room to assist residents with their meal.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was a well-governed centre. The provider was CareChoice Trim Ltd. The person in charge was supported by a senior management team including one of the directors of CareChoice Trim Ltd. The senior management team was kept informed about the performance of the service with key quality indicators and other relevant safety aspects reviewed on a weekly and monthly basis. There was also good oversight at group level with any identified learning shared at the group management meetings.

The provider submitted an application to vary two of the three conditions on the current certificate of registration. This was submitted on the 16 December 2022 on completion of a 32 bedded extension spanning over three floors. In addition, one single bedroom which had been decommissioned during the building project had been refurbished and was ready for occupation. The application requested the Chief Inspector to register 43 additional beds bringing the maximum occupancy up to 174 residents.

The inspectors found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate.

The compliance plan from the previous inspection carried out in October 2020 was followed up. The inspectors found that the compliance plan responses had been implemented.

The two assistant directors of nursing (ADON) deputised in the absence of the person in charge. The person in charge and ADONs worked full-time in the centre and provided out of hours on call support if needed. Senior management cover was also available at the weekend.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Staff had received all their mandatory training together with training in infection prevention and control precautions and hand hygiene.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

All the required documents were available for review, however the increase in staffing levels outlined in the updated statement of purpose required further review, to provide assurances that appropriate staffing resources would be put in place to meet the needs of increased number of residents.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A complete application to vary condition one and three of the certificate of registration had been received in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix was appropriate to meet the needs of existing residents accommodated in the centre. There was a minimum of at least one staff nurse on duty on each of the three floors at all times. Residents were supervised by staff when in communal rooms.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management.

There was good supervision of 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 issues found at the last inspection had on the whole had been addressed by the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose submitted in support of the application to vary two conditions of the certificate of registration by increasing the number of beds from 131 to 174 was reviewed by the inspector prior to the inspection. Feedback was emailed to the provider post the inspectors' review of the document. The main concern highlighted was that the proposed new staffing levels did not assure the inspector that the needs of the 174 residents would be met and further staff resources particularly at managerial level were required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints policy met the legislative requirements. The complaints procedure was on display throughout the centre. Inspectors were informed that there were no open complaints. Closed complaints were reviewed and the records held met the legislative requirements.

Judgment: Compliant

Quality and safety

Overall inspectors were assured that residents received a good standard of service. Resident told inspectors that they felt safe living in the home. Some improvements were required in relation to the premises, infection control practices, fire precautions and the protection of residents' finances.

Staff had completed training in relation to managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and there was a plan in place for refresher training. Care plans showed that some residents had enablers such as short bedside rails and safety belts on chairs to facilitate their wellbeing. Many of the residents were able to open their safety belts and they saw them as a safety measure as opposed to a restraint. Others had requested bed-rails and this was clearly documented in their care plans. Fall mats were in place in some rooms for residents who were a high risk of falling.

Residents had access to independent advocacy groups and this was also documented in some individual care plans where the residents had engaged with an independent advocate.

The risk register contained both clinical and non-clinical risks and it was a detailed document. Emergency preparedness risk assessments were included in the risk register supporting the emergency response plan. Incident reports were recorded and a copy of investigations and any learning was available to inspectors.

Housekeeping staff informed inspectors that they had completed their mandatory training and had also undertaken additional training in relation to COVID-19. The housekeeping supervisor reminded them of any training due and updated them of any changes on a daily basis. The housekeeping trolley was clean and organised and the staff had a good knowledge of their processes and cleaning schedules. All chemical bottles on the trolley were labelled and the staff informed the inspectors that the chemicals were pre-mixed in the cleaning room. However, inspectors observed that there was only one small cleaning room available to all housekeeping staff and facilities within this room did not meet the required standards.

From a fire safety perspective, the new extension to the centre was designed and constructed in a manner that afforded residents and staff with alternative escape routes and sufficient exits.

In general, fire doors were fitted and maintained to a good standard in most parts of the centre, however the inspectors observed a number of deficiencies in containment and adequate precautions against the risk of fire which compromised the overall fire safety management in the centre. The provider had carried out a fire safety risk assessment (FSRA) and was progressing a fire door assessment of the centre at the time of the inspection.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems that provided the appropriate fire alarm coverage. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks, these were completed and up-to-date.

The centre had a good fire safety culture. Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies procedures and had been involved in simulated fire drill evacuations. However, additional assurances were required in respect of the arrangements in place to evacuate the largest compartment, with night time staffing levels, in a safe and timely manner.

Regulation 17: Premises

While overall premises largely met the needs of the residents, action was required in respect of the following;

- The medications room was not optimal as there was an inadequate amount of workspace to safely prepare medications and the medication trolleys were blocking access to hand wash sinks
- There was only one cleaning room available to housekeepers working over the three floors.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a policy and comprehensive risk register which met the requirements of the regulations and addresses specific risks such as the prevention of abuse, unexplained absence of a resident and accidental injury to residents, visitors or staff.

Judgment: Compliant

Regulation 27: Infection control

While good practices were observed, action was required in the following areas:

- Staff working with residents were not wearing the recommended FFP2 facemasks in line with the current national guidelines (Public Health & Infection Prevention & control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & Other Respiratory Infections in Residential Care Facilities). This was immediately addressed on the day of inspection.
- One sluice room had dirty bedpans on the clean rack, another had inappropriate storage of clean items such as facemasks in the dirty sluice room.

- Clinical wash hand basins required review to ensure they met the required standard.
- Laundry skips were inappropriately stored in some bathrooms. Some of the skip lids had old glue and worn signs preventing effective cleaning.
- There was a process for identifying clean equipment however it was not consistently implemented.
- The storage facilities and standard of cleanliness in the staff changing room was suboptimal.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to the identification and management of fire safety risks in the following areas:

- Some gaps were identified in respect of precautions against the risk of fire. For example; A fire door in the nurses station was found wedged open by the inspectors; a store room fire door did not have a door closer fitted and the inspectors observed hoist batteries charging in the same room at the time of the inspection; A room designated by the provider to store oxygen did not have cautionary signage in place.
- Adequate arrangements for maintaining the building fabric required some improvement. For example the inspectors observed service penetrations in the store room riser which required fire stopping to maintain the fire resistance in this area.
- Floor plans on display in some areas of the centre were conflicting with the location of compartment boundary observed by the inspectors.
- While fire drills had been completed, they did not provide satisfactory assurances that all residents could be safely evacuated from the centres largest compartment. A record of fire drills in respect of the new extension had not been furnished on the day of the inspection to provide assurances that staff were familiar with the fire evacuation procedures in this area.
- Containment of fire required review as inspectors observed deficiencies in compartment doors and fire doors in general which could lead to serious consequences for residents in an emergency. For example; in the new extension, two sets of 30 minute fire rated doors were found to have been fitted in place of what should have been 60 minute fire rated doors on a compartment boundary. Furthermore a compartment fire door was partially missing a smoke seal. In the existing centre for example; a number of bedroom fire doors did not close fully when released against the latch and a compartment fire door was missing a intumescent strip.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Assessments were completed within 48 hours of admission and all care plans updated within a 4 month period or more frequently where required.

A sample of five resident care plans were reviewed. Each resident had a pre-admission assessment carried out and on admission a thorough assessment using validated assessment tools was completed. A comprehensive risk assessment provided an overview of all assessments undertaken. The residents' care plans were reflective of these assessments. Each resident had an up-to-date spiritual and end of life care plan reflecting their wishes in the event of their deterioration or death and they also had an updated personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restraints was kept to a minimum. The designated centres policy was up to date. Appropriate and individualised care plans were in place and supervision provided where required.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place to manage pensions on behalf of residents. The centre was a pension agent for a small number of residents. On inspection the policy and practice reviewed did not assure inspectors that monies collected on behalf of residents were being lodged into a residents' account held in the name of the nursing home CareChoice Trim or the provider CareChoice Trim Ltd. However, assurance was submitted with the compliance plan response that the policy followed was in line with the Social Protection Department guidance and residents monies were being lodged into a residents account.

Judgment: Compliant

Regulation 9: Residents' rights

There was a range of activities available to residents. Residents were informed about these activities and could choose if they wanted to participate. The provider facilitated access to activities outside the nursing home for some residents. Residents had access to independent advocacy groups.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Trim OSV-0000145

Inspection ID: MON-0035227

Date of inspection: 17/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>An updated SOP was provided prior to inspection 15/02/2022 which included a staffing schedule showing an increase in staff of 32% in line with the increase in room numbers. Staffing further reviewed and amended. Revised SOP submitted 06/04/2022 with additional 3 WTE CNMs which will be adequate to provide a nursing manager in the home 7 nights per week.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There is a designated space in the medication rooms to store the medication trolley's</p> <p>There is undercounter storage for medication trolleys in each medication room and clear over counter space for preparation of medication</p> <p>2 additional cleaners' storerooms are being created on the Ground and Second Floors</p>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Supervision and Education of Standards in Infection Prevention and Control ensures that appropriate PPE is being used at all times in the home. Staff changing rooms will be reviewed/reconfigured. Supervision and audit of sluice rooms is continued and actions implemented to ensure standards are maintained at all times.

The cleaning of Staff changing areas is monitored to ensure that standards are maintained at all times

Wash hand basins that did not meet the required standard will be replaced with those that are IPC compliant

Laundry skips that were worn have been replaced

The correct storage of clean and dirty linen is monitored to ensure that standards are maintained

The cleaning of equipment is supervised and monitored to ensure standards are maintained

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. Nursing station fire door wedge removed

2. Storeroom fire door now fitted with a door closer

3. Signage displayed on Oxygen storeroom door

4. Internal Fire Risk Assessment has identified actions relating to fire stopping and is in progress.

5. Floor plans as displayed will be reviewed by the fire advisor to ensure their accuracy

6. DON to ensure all staff participate in Fire Drills relating to the largest compartment

7. A planned evacuation drill will be scheduled by the DON in advance of any occupancy of the new extension.

8. A set of 30-minute fire doors was installed in the new build in error by the contractor have since been replaced with FD60S doors.

9. A fire door audit of the building has recently been received outlining actions and recommendations. The facilities management team are progressing with these actions, including those examples identified by the inspector.

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	31/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2022
Regulation 28(1)(a)	The registered provider shall take	Substantially Compliant	Yellow	31/03/2022

	adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/03/2022
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	31/03/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	31/03/2022

	containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/03/2022
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.	Substantially Compliant	Yellow	08/04/2022