



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Trim
Name of provider:	CareChoice Trim Limited
Address of centre:	Knightsbridge Village, Longwood Road, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	09 April 2024
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0039208

About the designated centre

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

CareChoice Trim is a purpose built modern nursing home registered to provide care to 174 residents. The centre provides care primarily for dependent older persons, both male and female, aged 65 years and over, including frail elderly care, dementia care, general palliative care as well as convalescent and respite care. It also provides care to young physical disabled and acquired brain injury residents, under 65 years and over 18 years of age. All dependency levels can be accommodated for in the centre, ranging from supported independent living to high dependency. The designated centre offers 174 single en-suite bedrooms spread over 3 floors. There are two gardens on the ground floor. One is landscaped and secure and the other is partially landscaped and not secure. There is a large car park at the front of the building. CareChoice Trim is located outside the town of Trim, close to local amenities, Trim castle and the river Boyne.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	172
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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 9 April 2024	08:50hrs to 17:00hrs	Sinead Lynch	Lead
Tuesday 9 April 2024	08:50hrs to 17:00hrs	Geraldine Flannery	Support
Tuesday 9 April 2024	08:50hrs to 17:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Inspectors met many residents during the inspection and spoke to approximately 30% in more detail, to gain an insight into their experiences of living in CareChoice Trim. Overall, residents gave positive feedback about the centre and were complimentary about the staff and the care provided, saying that 'staff are fabulous', and they 'always have time for everyone'.

Throughout the morning of the inspection, there was a busy but calm atmosphere in the centre. The inspectors observed that many residents were up and dressed relaxing in the various day rooms. Residents looked well-cared for and had their hair and clothing done in accordance with their preference. Staff were observed attending to some residents requests for assistance in an unrushed, kind and patient manner.

The centre comprised of three floors and there was sufficient private and communal space for residents to relax in. Stairs and lifts were available to support movement between floors. Hand rails were in place in corridors to promote residents' movement and independence.

Overall, the lived-in environment was seen to be bright, clean and warm, with murals of local attractions including Trim castle, displayed on walls throughout the centre. The premises was mostly well-maintained, however due to wear and tear some areas required attention and will be discussed later in the report.

Communal areas were found to be decorated and furnished to a high standard. Other facilities made available to residents included a spacious oratory, a sensory room, a snug and a hair salon. All communal rooms were well-used by residents throughout the day. One resident informed the inspectors that they enjoyed spending time in 'Knightsbridge coffee shop' which was located on the ground floor. The inspectors heard that they enjoyed 'tea and cake' in a relaxed atmosphere. Residents had easy access to enclosed courtyards which were well-maintained. Primrose flowers provided cheerful spring colour.

Resident bedrooms were found to be clean and organised and many were decorated in a manner that reflected the residents' preference including photographs, soft furnishings and ornaments. Residents who spoke with the inspectors were happy with the size, layout and décor of their rooms.

The inspectors observed the lunchtime experience and found that the meals provided appeared appetising and served hot. Residents were very complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. A variety of drinks were being offered to residents with their lunch.

The inspectors observed adequate numbers of staff offering encouragement and assistance to residents.

Residents were supported to enjoy a good quality life in the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. On the day of inspection, there were a range of activities provided including, an exercise class and a poetry and song recital. This proved very popular with residents as the volunteers actively encouraged resident participation. Residents told the inspectors that they enjoyed the snacks and beverages that were served during the recital. Inspectors heard that residents were facilitated to participate in activities outside the centre. Arrangements were in place to transport residents to and from the venues.

Overall, residents said that they felt listened to and had opportunities to make choices in their daily lives. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the centre. Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. There was access to independent advocacy with contact details displayed in the centre.

Laundry facilities were available on site. Residents informed the inspectors that they sent their laundry for washing and received it back clean and fresh. Some residents and visitors told inspectors about items of clothing previously going missing, but nothing recently. Inspectors heard about a new clothing identification system and the introduction of a 'lost and found room' in the centre, to help improve the service. Inspectors reviewed the complaints log and there were no recent missing laundry complaints recorded.

The inspectors observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the many communal areas. Visitors confirmed they were welcome to the centre at any time. Relatives were very positive about the way their loved one was taken care of and spoke about the great efforts that were made by staff to ensure 'they were well looked after'.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe and quality care and supports. This was an unannounced inspection which took place over one day to monitor ongoing compliance with Health Act 2007 and the regulations thereunder.

The provider was CareChoice Trim Limited. There was a clearly defined management structure in place with clear lines of accountability. The person in charge worked full-time in the centre. On the day of inspection the person in charge was supported by two assistant directors of nursing (ADON), clinical nurse managers (CNM), a team of nurses, healthcare assistants, a housekeeping manager and an array of support staff. The provider representative attended the centre during the inspection.

An annual review was available and reported the standard of services delivered throughout 2023 and included a quality improvement plan for 2024. It included feedback from residents and relatives.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well-structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents. They were easy-to-read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policies, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

There was good evidence on the day of inspection that residents were receiving good care and attention. Inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

Staff training records were made available to the inspectors. It indicated that staff had been provided with all mandatory training. However, further training was required in relation to staff' knowledge on completing personal emergency evacuation plans (PEEP's) for residents. One resident who had a plan in place could not be safely evacuated should the need arise. The emergency plan was not consistent with the resident's needs. The person in charge amended this on the day of the inspection.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

The provider was endeavouring to improve and upgrade the hand hygiene facilities throughout the centre, this work had not been started yet but was due to be completed by September 2024.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing. The provider had nominated the assistant director of nursing to the role of infection prevention and control (IPC) link, who had not completed the national IPC Link programme but had a relevant course in IPC.

Regulation 14: Persons in charge

There was a person in charge who worked full-time in the centre. The person in charge is a registered nurse and they met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

Staff required further training in relation to the completion of personal emergency evacuation plans for residents. One resident was found to have a plan in place that was not suitable for this resident. For example, the plan indicated that it would take two staff members to move the resident in the the event of an emergency. However, three staff informed the inspectors that due to the resident's weight it would take four staff.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had ensured that the records set out in Schedules 2, 3 and 4 were kept in the designated centre in a safe and accessible format.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspectors followed up on the compliance plan from the previous inspection and noted improvements in the standard of nursing documentation and care planning arrangements. Notwithstanding the positive findings, this inspection found further improvements were required to premises, information for residents and infection prevention and control and will be detailed in the report under the relevant regulation.

It was observed that through ongoing comprehensive assessment resident's health and well being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied healthcare team as required.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse.

A residents' guide was available and printed in a larger format for both residents and family to read. It included a summary of services available, the complaints procedure including external complaints processes such as the Ombudsman, visiting arrangements and information regarding independent advocacy services. However, it did not fully comply with the regulations and will be outlined under Regulation 20: Information for residents.

The centre had a comprehensive infection prevention and control policy which covered aspects of standard and transmission based precautions. Inspectors identified some examples of good practice in the prevention and control of infection. For example;

- Waste and used laundry was segregated, in line with best practice guidelines
- A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by the link practitioner and covered a range of topics including hand hygiene, management of spillages, equipment and environment hygiene, laundry, waste and sharps management.
- Residents who had been identified as being colonised with multi-drug resistant organisms (MDROs) were appropriately cared for with standard infection control precautions. This was evidenced by care plans examined and what the inspectors observed on the day of inspection.
- The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Staff had access to safety engineered sharps devices which minimised the risk of needle-stick injury, but further improvements were required in the overall management of sharps that were not identified on the last audit.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean with a few exceptions. The infrastructure of the large on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Storage rooms were tidy and had wipeable shelving. Some surfaces and flooring were worn and poorly maintained, and inspectors observed stained hand-washing facilities. Additional findings are discussed under Regulation 17: Premises and Regulation 27: Infection control.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their wellbeing, safety and health and that of other residents. The inspectors saw that the communication abilities of all residents were reviewed. Residents' care plans demonstrated detailed assessments and plans of care for those with communication difficulties to ensure that all residents could communicate freely.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned. A list of residents' personal property was maintained in their personal record. A safe was available for the safekeeping of valuable and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained and were co-signed.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements and also aid effective cleaning. For example:

- There was a gap in the flooring on the second floor in the small recess before the sluice room.
- Repairs to flooring was required in; both assisted shower rooms on the second floor, the assisted bathroom on the first floor, the dining room and sluice room. These were found to be stained and in a poor state of repair.
- The serving area in the dining room around the bain marie was chipped and worn.
- There was damage to walls and door frames caused by equipment and wheelchairs which required repair. Inspectors also noted scuffed chipped paint on walls and handrails in some units. Management confirmed that these items were placed on the painting schedule.

There was inappropriate storage seen on each floor, for example:

- The assisted bathrooms on the ground and first floor had resident's equipment stored here such as hoist, chairs, a Hoover and a mattress. This meant the room was not available for residents to access if they wished. This was a temporary measure to facilitate works carried out at the time in a nearby area and the person in charge assured inspectors that these would be reverted to their intended use as soon as possible.
- There was only one housekeeping room on the first floor this meant that housekeeping staff had to access supplies and equipment from this area and it was not large enough to accommodate all the trolleys at the end of the day. In the event of an outbreak this meant that staff would have to cross over between units and could lead to infection spread.

Judgment: Substantially compliant

Regulation 20: Information for residents

The Residents' guide in respect to the designated centre did not contain the following information:

- The terms and conditions of residency in the nursing home.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety. Staff confirmed they complete and send 'The National Transfer document' with the resident to the hospital. Copies of documents was available for review and it contained all relevant resident information including medications, infectious status, and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

Judgment: Compliant

Regulation 27: Infection control

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

- Some sharps boxes did not have the temporary closure mechanism in place and were not signed and dated on the day the box was assembled, this meant that there was no traceability for safe disposal of sharps.
- The treatment room on the second floor had no hand hygiene sink, this meant that staff could not wash their hands if visibly dirty and increased the risk of infection spread. In addition, due to the small size of the room, supply boxes were stored on the floor.
- The hand hygiene sink in the clinical room on the first and second floor was visibly dirty and the seal was worn around the sink. This meant that staff may contaminate their hands while performing hand hygiene and increase the risk of inspection spread.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals or before. Care interventions were specific to the individual concerned. There was evidence of ongoing discussion and consultation with the resident and their families in relation to the development of care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical cover daily, including out of hours. A medical review was completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professional services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for CareChoice Trim OSV-0000145

Inspection ID: MON-0039208

Date of inspection: 09/04/2024

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All PEEPs have been reviewed in the home and are now reflective of current evacuation status</p> <p>Fire training is ongoing and ADONs overseeing sessions and drilling to increase staff knowledge</p> <p>Fire Safety awareness week planned for July 2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Flooring replacement has been approved for the Second and First Floors:</p> <ul style="list-style-type: none"> • Sluice Room • 2 assisted shower rooms on Second Floor • 1 assisted shower room on First Floor • Dining room on Second Floor <p>The serving area in the Second-Floor dining room has been fitted with new doors</p> <p>A painting contractor will support the homes own painting program to enhance the painting schedule</p>	

All storage areas have been reviewed and inappropriate items removed

The assisted bathrooms on the Ground and First Floors have had inappropriate items removed and will be closely monitored

An additional housekeeping store will be installed on the Ground Floor and an application to vary will be submitted for same

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:

The residents guide is under review and terms and conditions for residents specifically added

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

All sharps boxes are signed when opened and sealed and closed when not in use across the home

A sink replacement program has been approved and works to commence imminently

The treatment room on Bective Unit on the Second Floor has been reconfigured with additional storage added to ensure that no supply boxes are stored on the floor

The Assistant Director of Nursing with IPC level 9 qualification is supported by a second Assistant Director of Nursing and Clinical Nurse Manger with IPC Level 9 and will enroll on the next available IPC link program for the area

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	20/04/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2024
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	30/05/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	31/08/2024

	control of healthcare associated infections published by the Authority are implemented by staff.			
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