<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Carechoice Malahide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005205</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Northern Cross, Malahide Road, Dublin 17.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>018770844</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:paul.kingston@carechoice.ie">paul.kingston@carechoice.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Sabatino Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Paul Kingston</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jim Kee</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>165</td>
</tr>
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</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 08 October 2015 09:30  
To: 08 October 2015 19:20

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This was an announced inspection by the Health Information and Quality Authority (the Authority) in response to an application by Sabatino Ltd/Carechoice Malahide Ltd (the registered provider) to register a new centre under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The inspection assessed the level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
The application submitted by the provider was to provide accommodation for a maximum of 165 adults within a purpose built centre laid out over six floors, located in Dublin 17. The centre was to provide care to residents who required long term care, respite care, convalescence care, palliative care and dementia care. As part of the application for registration, the provider submitted all necessary documents.

The inspection took place over one day, during which the inspector met the provider nominee, Mr Paul Kingston, the person in charge (Director of nursing), the clinical director for the company, the assistant director of nursing and other staff. The inspector also reviewed relevant documentation, and inspected the premises.

The location, design and layout of the centre is suitable for its stated purpose and should meet residents’ individual and collective needs. At the time of the inspection the ground, first and second floors were completed and were suitable for occupation. The ground, first and second floors were designed to accommodate a maximum of 91 residents. The third, fourth and fifth floors were not fully completed on the day of the inspection but the inspector was assured that the main building contractors would be finished before the end of October 2015.

There was a clear management structure in place. Management systems were in place to ensure that the service to be provided was safe, appropriate to residents’ needs, consistent and effectively monitored. The person in charge (Director or nursing) has the required experience in the area of nursing of the older person and also has qualifications in gerontological nursing and health service management. The person in charge demonstrated a good understanding of the statutory responsibilities of the post.

The centre had developed policies and procedures relating to health and safety, including risk management to ensure that the health and safety of residents, visitors and staff is protected. There were systems in place to ensure residents' needs would be met with a high standard of nursing care and with access to appropriate medical and allied health care professionals. Residents would be consulted about and participate in the organisation of the centre and each resident's rights would be upheld. There were policies and procedures in place to ensure all residents were appropriately safeguarded and protected. The centre had recruited a number of staff, and was committed to providing suitable induction and further training to ensure that there were suitable staff and skill mix to commence admissions to the centre.

The inspector was provided with assurances that any issues identified during the course of the inspection would be addressed and this is discussed under the relevant outcomes.

The centre was found to be compliant with the Regulations in all 18 outcomes, and as a result there are no actions required in the action plan at the end of this report.
Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The statement of purpose was made available to the inspector on the day of the inspection. The statement of purpose outlined the overall aim of the centre and other details as specified in Schedule 1 of the Regulations. The staffing detailed in the statement of purpose were the projected whole time equivalents when the centre would be at the maximum capacity of 165 residents.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Management systems were in place to ensure that the service to be provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a system in place to conduct audits and reviews of the safety and quality of the service.
There was a clear management structure in place.

The person in charge was the director of nursing for the centre. The person in charge was supported by an assistant director of nursing, and there were plans to employ a second assistant director as the occupancy of the centre increased. At the time of the inspection two clinical nurse managers were scheduled to commence employment with the centre and there were plans to increase the number of clinical nurse managers to five clinical nurse managers to cover day time shifts and two clinical nurse managers to cover night shifts, as the occupancy of the centre increased. The clinical nurse managers (CNMs) would report directly to the assistant director(s) of nursing, and the registered nurses would report to the CNMs. The health care assistants would report to the registered nurses.

There was a management support team in place within the group to support the person in charge. This support team included the chief executive officer of the company, who was also the provider nominee. The team also included the clinical director, finance director, financial controller, human resources manager, facilities and development manager, facilities manager and the director of recreation. The provider nominee outlined the reporting structure including the reporting relationship between the person in charge and the provider nominee (who was also chief executive officer (CEO) of the company), and also between the person in charge and the clinical director.

There was a proposed meeting schedule in place for the centre with dates outlined for a number of management meetings and other regular meetings. This proposed schedule included weekly senior management meetings for the first month with the attendees including the provider nominee/CEO, the person in charge, the assistant director of nursing, the clinical director, the human resources manager, the financial director and the facilities director. The provider nominee outlined that these meetings would be held fortnightly for the following three months, and monthly thereafter but that this proposed schedule was flexible and could be altered to ensure all necessary support was available to the management team within the centre. Similarly clinical management meetings and human resource management meetings were scheduled on a weekly basis for the first month, fortnightly for the following three months and on a monthly basis thereafter. The schedule of meetings also included regular clinical meetings, support staff meetings, catering meetings and health and safety meetings.

The inspector was informed that a schedule of clinical audits would be implemented within the centre as per the operating procedure for other designated centres within the group. Examples of the data generated from these clinical audits was made available to the inspector and outlined a comprehensive auditing programme that included nutrition, infection/antibiotic use, diabetes, resident incidents and behaviours to include residents who spent all day in bed and those residents exhibiting behaviours of concern. Audits would also be conducted to monitor the use of restraint within the centre, the number of residents with pressure sores and in the areas of medication management and continence.

The clinical director also will visit the centre and conduct audits and random checks in a number of areas including residents’ care plans and clinical risk assessments. There is a system of monthly focussed back to basics themes that include topics such as nutrition,
falls, restraint and medication management during which all related policies and associated care plans are reviewed. The clinical director is also involved in an ongoing basis meeting with residents in all of the centres obtaining feedback, and also meeting with GPs (general practitioners) and allied services to obtain their feedback on the standard of care given to residents within the centres. The inspector was shown resident satisfaction surveys used to assess resident feedback on a number of different topics including management of the centre, staffing, complaint management, and other issues including laundry and information/consultation. There was also a more detailed resident survey to assess resident feedback on the dining experience within the centres including a number of areas related to nutrition and hydration.

There were templates available outlining the monthly one to one meetings with the person in charge (director of nursing), that included a fixed agenda of issues to be discussed with agreed objectives, responsibilities, priorities, completion dates and updates. The inspector was also shown a summary of monthly key performance indicators that each director of nursing provided for each centre and these included notifications to the Authority, incidents/accidents/complaints, pressure sores, dependency levels, residents with dementia, and other staff related issues.

The inspector talked with the provider nominee and the person in charge at length during the inspection and both were aware of their responsibilities under the Regulations. The provider nominee provided assurances that the centre would be sufficiently resourced, and that on going monitoring of the quality and care delivered to residents would be undertaken.

**Judgment:**
Compliant

### Outcome 03: Information for residents

**A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.**

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**

The residents' guide 'your guide to living' which will be made available to each resident was shown to the inspector. This guide outlined the services and facilities in the centre, and all other information as specified by Regulation 20.

The inspector reviewed the pre printed contract of care available within the centre which outlined details of the services to be provided, the fees to be charged and also details of other services available within the centre and the additional charges to be levied.
### Judgment:
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 04: Suitable Person in Charge</strong></th>
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</thead>
<tbody>
<tr>
<td><em>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge was the director of nursing of the centre. The person in charge was a registered general nurse and was rostered to work full time within the centre. She has the required experience in the area of nursing of the older person and also has qualifications in gerontological nursing and health service management. The person in charge demonstrated a good understanding of her statutory responsibilities, and was committed to continued professional development and outlined plans to undertake training related to dementia care as part of this development.

**Judgment:**
Compliant

### Outcome 05: Documentation to be kept at a designated centre

| **The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.** |

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were systems in place to ensure that the records listed in Schedules 2, 3 and 4 of
the Regulations would be maintained accurately, securely and be easily retrievable within the centre.

The inspector reviewed a sample of the staff files available at the time of the inspection, and these contained the necessary documents as specified in Schedule 2 of the Regulations, although a number of staff were awaiting a vetting disclosure. There were copies of documents submitted for Garda vetting on file, and staff had signed self declarations.

As this was a newly built centre there were no resident documents as specified in Schedule 3 for the inspector to review. The inspector was shown sample assessment and care planning documentation including templates for documenting required information. There was a template of the directory of residents as required by Regulation 19 available to record all information as specified in Schedule 3 of the Regulations.

The centre had all the written policies as required by Schedule 5 of the Regulations available for review.

The centre had insurance in place against injury to residents and also to cover residents' personal effects.

| **Judgment:** | Compliant |

**Outcome 06: Absence of the Person in Charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. There were appropriate arrangements in place for the management of the centre during any such absence.

| **Judgment:** | Compliant |
Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a policy in place outlining procedures to be followed for the prevention, detection and response to abuse within the centre. This policy had been recently updated to reflect updated national policy on safeguarding vulnerable persons at risk of abuse. A training calendar had been initiated for the staff who would be working within the centre and this outlined dates for training on elder abuse.

There was a policy available on the management of behaviour that is challenging. The person in charge outlined that staff would be provided with further training if required to ensure that they had up to date knowledge and skills to respond to and manage behaviour that is challenging.

There was a system for monitoring restraint in place within the other nursing homes in the company and the inspector was informed that this system would also be implemented in this centre to include monitoring of the use of safety bed rails, specialised chairs, seat/lap belts and wandering control devices. There was a range of restraint documents available to ensure all restrictive practices were appropriately documented, assessed and monitored. These documents included a list of possible interventions to avoid using restraint. The centre had a number of low, low beds available, and all bed rails were fully integrated.

The provider nominee, person in charge and assistant director of nursing were all aware of the procedure for responding to allegations of abuse, and of the need to ensure there was appropriate levels of staff supervision.

All bedrooms had a lockable drawer available in the wardrobe for residents to secure any valuables. There was a policy in place on residents’ personal property, finances and possessions. A system would be put in place to manage valuables and cash for residents and the inspector was shown a sample resident safe register that included a double signature system for each valuable/cash transaction.

Judgment:
Compliant
Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were systems and procedures in place in the centre to ensure that the health and safety of residents, visitors and staff would be protected.

A health and safety statement had been developed for the centre. There was a risk management policy in place and an associated risk register that met the requirements of Regulation 26 including the measures and action in place to control resident abuse, challenging behaviour, absconson, self harm, accidental injury and aggression and violence. Comprehensive hazard identification and risk assessments had been conducted in the centre. The clinical risk register included risk of infection with MRSA, Cdiff, and Norovirus. There was an emergency plan in place that outlined the evacuation of residents to arranged accommodation in a local hotel and also to another nursing home in the area. The inspector was informed that incident and accident books would be maintained on every unit and that all incidents and accidents would be reviewed and monitored to ensure that contributing factors could be identified and necessary learning could be implemented. The inspector was shown the analysis that was conducted in other nursing homes operated by the company. Incidents were reviewed by time, location, age profile and whether resident or staff. The incidence of slips, trips and falls was closely monitored in these centres.

There were policies in place relating to infection control and hand sanitising dispensers were located throughout the centre. The company utilises a hand hygiene observation compliance tool to ensure proper hand hygiene is practised by staff.

A fire safety management strategy had been prepared for the centre. The main fire panel for the alarm system was located in the reception area, and there were repeater panels located at the nurses' station on each floor. There were plans on display at various locations throughout the centre indicating the location of fire exits. The fire evacuation procedure was not on display on the day of the inspection but an external company provided email confirmation that the evacuation procedure has been put on display in numerous locations throughout the centre. An inventory of fire safety equipment including extinguishers and fire blankets was available in the centre. There were self closing devices on the fire doors on every bedroom in the centre, and there was a combination of 30 minute and sixty minute fire resisting doors with automatic closing devices located on the hallways throughout the centre. An emergency lighting system was in place throughout the centre with emergency exits appropriately indicated. There were plans in place to conduct a weekly fire alarm test during which all fire doors
would be tested. There were ski sheets available to evacuate non ambulant residents if
necessary, and fire evacuation chairs were available on each stairwell on each floor.
There was an emergency call system in place in the stairwells as well. The inspector was
informed that staff would receive training from an external company initially and that
there would be annual fire training with regular internal refresher fire training. The
inspector was shown the template for recording fire drills and this included a space to
document an action plan to address any anomalies identified during the drill. There was
also a template personal emergency evacuation assessment plan (PEEP) that would be
used to develop individual evacuation plans for residents based on their mobility,
capacity, sensory ability and the level of assistance required. The provider had obtained
written confirmation from a fire safety engineer that the nursing home met the
necessary fire building regulations. This opinion of compliance was based on certification
issued for a number of fire safety elements including the fire detection and alarm final
commissioning certificate and the emergency lighting commissioning certificate.

Manual handling training was on the training calendar at regular intervals to ensure all
staff received training.

Judgment:
Compliant

**Outcome 09: Medication Management**
Each resident is protected by the designated centre’s policies and procedures
for medication management.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were policies in place relating to the ordering, prescribing, storage and
administration of medicines to residents. There was secure storage including separate
fridges, medication trolleys and controlled drugs safes in place in each nurses station on
the ground, first and second floors. The centre had arranged for a retail pharmacy
business to supply medicines to the centre, and had also made arrangements for a
pharmacist to visit the centre on a regular basis. A range of template documents relating
to medication management were made available to the inspector including:
medication management competency assessment drug round, medication error reports, sample
medication administration record forms, warfarin recording sheets, resident self-
administration assessment forms, pharmacy consent forms, adverse reaction forms,
benzodiazepine and psychotropic medication audit form, controlled drug checklist and
controlled drugs registers. The person in charge was aware of procedures for the
handling of medicines including controlled drugs and for handling unused and out of
date medicines. There were procedures to ensure medication practices would be
reviewed and monitored.
**Judgment:**
Compliant

### Outcome 10: Notification of Incidents

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge was knowledgeable of the requirement to notify the Authority of incidents as set out in the Regulations. Notifications would be monitored at a management level within the company.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were systems in place to ensure each residents' health and social care needs would be met.

The person in charge and the assistant director of nursing intended to carry out all pre admission assessments, and the inspector was shown the standard pre admission assessment form that would be used. An admission protocol was in place. The care planning process would involve the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment, skin integrity and dependency.
levels. The inspector was shown samples of the care plans in place in other nursing homes operated by the company, and the format clearly outlined the problem identified, the goal and the interventions required. There were sample care plans available for a number of different assessed needs including communication, recreation and social, mobility, personal cleansing and dressing including skin integrity, nutrition and spirituality and dying. Care plans would be reviewed at least every four months or sooner if necessary. There were template forms available to record care plan reviews with the resident and/or their relatives. There was also a care plan weekly flow sheet document available to record all necessary information regarding the care and support delivered and other necessary information regarding the resident.

The inspector was informed that the centre intended to sign a service level agreement with a local medical centre to facilitate access to general practitioner (GP) services. This agreement had not been signed at the time of the inspection but confirmation of the signed agreement was forwarded to the Authority. A GP from this medical centre would visit the centre twice weekly initially to provide admission assessment consultations, and would also be available to attend the centre if required in the event of an emergency during agreed daytime hours. Periodic prescription reviews would also be conducted by GPs from this practice. Residents would be facilitated to access another GP service if they wished to do so. The centre would also have access to an out of hours GP service. The centre had service level agreements in place with another company to provide physiotherapy and occupational therapy services. The centre had also arranged for external companies to provide optical services and access to dieticians and speech and language therapists. The person in charge had made contact with the local acute hospital to discuss access to services such as tissue viability, and outpatient clinics.

There would be systems put in place to ensure the appropriate exchange of information at admission and discharge, and a template emergency transfer letter was available to document the necessary information.

Judgment:
Compliant

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
**Findings:**
The location, design and layout of the centre is suitable for its stated purpose and should meet residents’ individual and collective needs. At the time of the inspection the ground, first and second floors were completed and were suitable for occupation. The ground, first and second floors were designed to accommodate a maximum of 91 residents. The third, fourth and fifth floors were not fully completed on the day of the inspection but the inspector was assured that the main building contractors would be finished before the end of October 2015.

This nursing home is a new purpose built centre laid out over six floors. The ground floor (Birch) consists of 13 single en suite rooms and two double/twin en suite rooms. The main entrance and reception area is located on the ground floor. The main entrance is wheelchair accessible and the main door is access controlled to prevent unauthorised entry. A wander guard system is in place on this entrance. The reception area is bright, spacious and contains a large seating area. There is access to the secure landscaped gardens from the reception area. This external garden area was laid out in paths with some seating in place, and a shelter as the designated smoking area. There were plans to provide further seating and for residents to have access to raised flower beds. The accommodation on the ground floor was located to one side of the reception area and this area also contained a dining room and a living room. There was a large assisted shower room, a large toilet, a sluice room and a nurses' station located in this area. On the other side of the reception area there were offices, an oratory, a meeting room which could be used as a space for private visits, a treatment room, hair salon, staff room and changing facilities. The main kitchen and laundry were also located in this area.

The laundry had three doorways, to facilitate an appropriate flow system to ensure segregation of dirty and clean laundry, one for laundry in, one for laundry out and a doorway that lead outside. The laundry was equipped with three large washers and two driers and one washing machine for delicate items. Hand washing facilities were also available in the laundry. The nursing home would process all laundry internally.

Access to the other floors was via two lifts and three staircases. Access to the staircases was controlled by security coded key pads. There were also a further two lifts for use by staff and services. On the day of the inspection the lifts accessible to visitors and residents had panels put in place to ensure access could only be gained to the ground, first and second floors.

The first floor (Ash) consists of 29 single en suite bedrooms and four twin bedrooms. There are two living rooms, one dining room and one activity room on this floor. Two large assisted toilets are located close to the dining/living rooms. This floor also contains one nurses' station and a large assisted bathroom (with bath) and a sluice room.

The second floor (Willow) consists of 29 single en suite rooms and four twin/double rooms. There are two living rooms, one dining room and one activity rooms on this floor with two large assisted toilets located in close proximity. This floor also contains one nurses' station and a large assisted shower room and a sluice room.

When the building is complete the communal space available per resident will be 5.5
square metres. At the time of the inspection the communal spaces had not been fully furnished. A number of the dining, living and activity rooms were furnished with tables, chairs and televisions, and the inspector was assured that work would continue to ensure this work was completed before admissions commenced. The servery areas in a number of the dining areas were also not complete but drawings of the proposed servery areas when finished were supplied to the inspector.

The single en suite bedrooms in the centre ranged in size from 14 square metres to 23.9 square metres, while the twin/double en suite rooms ranged in size from 25 to 28 square metres. The single bedrooms contained high low beds, a bed side locker, a wardrobe with a lockable drawer, two chairs and a wall mounted television. The twin rooms were similarly furnished for each resident with curtain rails in place to provide privacy when required. There were no privacy curtains in place at the time of the inspection, and a few of the curtain rails required slight adjustments but the inspector was assured that these works would be completed.

There was a call bell system in operation throughout the centre, with call bells in all bedrooms, bathrooms, en suite bathrooms and communal rooms accessible by residents. The provider nominee confirmed that all call bells were fully functional, and the sample checked by the inspector during the inspection were all operating. Window restrictors were in place on all windows, although one window on one of the stairwells had no restrictor in place on the day of the inspection. This was rectified and confirmation submitted to the Authority that this work had been completed. Internal audits were made available to the inspector that outlined the checks completed on all bedroom window restrictors and that the hot water temperature was less than 43 degrees Celsius. This audit had been completed on 3 consecutive days. There were covers in place on radiators in the bedrooms, and en suites were fitted with grab rails. There were also grab rails along all corridors, and in assisted toilets. The centre had procedures in place to prevent outbreaks of legionella in the water system. The inspector was informed during the inspection that specialised coatings would be placed on the glass in a number of the bedrooms to ensure residents' privacy was maintained at all times. Confirmation was submitted to the Authority that this work had been completed.

The centre had employed a maintenance person to work on a full time basis within the centre, and the main contractors were providing emergency call out assistance for one year to deal with any building issues that might arise. An emergency backup generator was in place.

A schedule of cleaning had been put in place since the main construction work had been completed on the ground, first and second floors. The ground, first and second floors had been suitable decorated. The centre had a number of hoists of different types available in the centre. The beds in place were either high low beds, or low low beds with a range of specialised mattresses in place suitable for residents at high risk of pressure ulcer development to very high risk, including a number of 'step up' mattresses.

The kitchen in the centre was fully operational on the day of the inspection, and had received approval from the environmental health officer.
The fifth floor of the centre was not fully completed at the time of the inspection but when complete would consist of a roof top lounge used for recreational/social purposes, and an outdoor terrace and a roof top garden. Safety screening/barriers had been installed on the outdoor terrace at the time of the inspection.

**Judgment:**
Compliant

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**Outcome 13: Complaints procedures**

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were policies and procedures in place to ensure complaints would be well managed in the centre.

The inspector was shown the complaints/comments investigation form which contained a summary of the information relating to each complaint, including details of any investigation and the resultant findings. This form also outlined the timeframes for dealing with different stages of any complaint as outlined in the policy to ensure the process was timely. The form also contained space to record the satisfaction of the complainant with the course of action taken, and any corrective actions taken including details of any learning to be disseminated to staff. The complaints process was outlined in the residents’ guide to ensure residents and their families were aware of the procedure. The complaints procedure was not on display on the day of the inspection but the inspector was shown the procedure ready to be put on display and was assured it would be displayed in a prominent position. The director nursing (person in charge) was the nominated person to deal with complaints and the provider nominee (CEO) was the second nominated person to ensure complaints are responded to and that appropriate records are maintained. The complaints procedure outlined the internal appeals process and also detailed contact details for advocacy services, and the office of the ombudsman.

**Judgment:**
Compliant
Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were written operational policies and procedures in place for end of life care to ensure residents receive care which meets their physical, emotional, social and spiritual needs.

The inspector reviewed sample end of life care plans which addressed residents wishes regarding spirituality and dying. There was an oratory on the ground floor of the centre with an attached private meeting room to ensure religious and cultural needs are met. The centre had access to specialist palliative care services provided by the local hospice.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a policy in place for monitoring and documentation of nutritional intake. The head chef showed the inspector around the main kitchen and outlined the processes in place to ensure the kitchen would be aware of the special dietary requirements of each resident. Sample menus for a four week period had been prepared outlining a menu of food that was varied and offered choice to residents regarding their main course, dessert and evening meals. A selection of snacks would be available 24 hours a day on request, and it was intended that a selection of snacks would be stored in the servery area of each dining room to facilitate easy access. Fresh drinking water and a range of
other drinks would be available to residents.

**Judgment:**
Compliant

**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The management and staff in the centre would ensure that residents were consulted with regarding the organisation of the centre. Residents' rights would be respected and activities would be available in line with residents' interests and preferences.

Resident committee meetings would be held on a regular basis and sample minute templates were available. This template recorded details of the residents present, topics resolved from previous minutes including details of the issue, the action owner, the solution and the date completed. Topics to be discussed would include on going issues and the reasons why the issue was still unresolved. There would be a standing agenda of items to be discussed including laundry, housekeeping, meals, staff, activities and the communal day rooms and any other business.

There was a policy and procedure available for residents' rights which informed the residents’ charter which included the right to privacy and respect, the right to privacy and the right to religious/spiritual practice. The clinical director is also involved in an on going basis meeting with residents in all of the centres obtaining feedback, and also meeting with GPs (general practitioners) and allied services to obtain their feedback on the standard of care given to residents within the centres. The inspector was shown resident satisfaction surveys used to assess resident feedback on a number of different topics including management of the centre, staffing, complaint management, and other issues including laundry and information/consultation. There was also a more detailed resident survey to assess resident feedback on the dining experience within the centres including a number of areas related to nutrition and hydration.

There was a planned activity programme that has been designed for both groups and individuals and included a wide range of activities including gardening, baking, knitting, live music, reminiscence, pet therapy, men’s club, cards, cinema afternoons, outings to
shopping centres, local pubs, arts and crafts and fit for life classes. The person in charge also outlined the activity assist programme which is essentially a private recreation service available to residents at an additional cost. Recreation and social care plans would also be developed for residents to encourage social engagement and participation in activities.

Sample communication care plans were available for the inspector to review with the goal of ensuring residents could communicate effectively. Wi Fi would be available in the centre and Skype facilities would be available. Televisions were available in all bedrooms and also in the living rooms. The person in charge explained that a newspaper service would be available for residents.

The visiting policy is outlined in the residents' guide, and there is a meeting room on the ground floor to facilitate private meetings. Information and contact details on independent advocacy services is also outlined in the residents' guide.

Judgment:
Compliant

### Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
There was a policy in place on residents' personal property, finances and possessions. The person in charge outlined the procedures in place to ensure personal property would be kept safe through appropriate record keeping. All clothes would be labelled in the centre, and there was suitable laundry facilities to ensure linen and clothes would be regularly laundered and returned to the residents. There was adequate storage in the form of a locker and a wardrobe for each resident, and a lockable drawer was available in the wardrobe.

Judgment:
Compliant
**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre’s first inspection by the Authority.

**Findings:**

Recruitment had been in progress to ensure that there would be appropriate staff numbers and skill mix to meet the assessed needs of the residents.

The human resources manager provided the inspector with a list of staff employed in the centre at the time of the inspection, and also with a list of starting dates for other employees. Registered nurses, health care assistants, a maintenance person, the head chef, an administrator and housekeeping staff had been employed by the company with a phased starting date schedule in place. A number of the nursing staff had been working in other nursing homes operated by the same company to facilitate familiarisation with policies and procedures. A training calendar had also been put in place to ensure staff received induction, fire and manual handling training. Training on elder abuse, infection control and CPR had also been scheduled. General induction and job specific checklists were in place. The human resources manager provided the inspector with a copy of the health care assistant induction workbook that was to guide new employees through the main competencies specific to care of the older person. Induction training included information on the Regulations.

The centre had human resources policies and procedures in place to ensure effective recruitment procedures. The inspector reviewed a number of the staff files and found that they complied with the requirement of Schedule 2 of the Regulations. Garda vetting was not in place for all staff but copies of the Garda vetting forms submitted for vetting were on file with signed self declarations available. Records were available of the registered nurses current registration with their professional body. The inspector was informed that staff appraisals would be conducted on a regular basis as per company policy.

There was a management development system in place, and the company was in the process of developing a learning and developmental hub to further strengthen staff knowledge and training. The company used a training matrix to ensure staff training was up to date and to identify training requirements.
The centre had no volunteers at the time of the inspection.

Rosters had been developed by the person in charge and these were made available to the inspector outlining the proposed staffing for the initial admissions period.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Jim Kee  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Theme:

The is failing to comply with a regulatory requirement in the following respect:

1. Action Required:
   Under Regulation you are required to:

Please state the actions you have taken or are planning to take:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: