



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	CareChoice Trim
Name of provider:	CareChoice Trim Ltd
Address of centre:	Longwood Road, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	20 November 2018
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0025316

About the designated centre

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

CareChoice Trim is a purpose built modern nursing home registered to provide care to 117 residents. The centre provides care primarily for dependent older persons, both male and female, aged 65 years and over, including frail elderly care, dementia care, general palliative care as well as convalescent and respite care. It also provides care to young physical disabled and acquired brain injury residents, under 65 years and over 18 years of age. All dependency levels can be accommodated for in the centre, ranging from supported independent living to high dependency. The designated centre offers 117 single en-suite bedrooms spread over 3 floors. There are 2 large secured balconies on the first floor overlooking secure landscape gardens on the ground floor. There is a large car park at the front of the building. Carechoice Trim is located the town of Trim, close to local amenities, Trim castle and the river Boyne.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	117
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How we inspect

To prepare for this inspection the inspector or 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
20 November 2018	09:00hrs to 16:30hrs	Sheila McKeivitt	Lead
20 November 2018	09:00hrs to 16:30hrs	Manuela Cristea	Support

Views of people who use the service

Residents spoke positively about the environment they lived in and about the care provided to them. They told inspectors they were involved in activities on a daily basis and they enjoyed those that they participated in.

They were facilitated to lead an independent life as much as possible. They were free to walk safely around the first floor where they lived. They had independent access to two open plan kitchen and dining room areas and to the oratory on the first floor. They said the staff were kind to them and answered their request for assistance promptly. They enjoyed the choice of food offered to them.

Their choices were respected by staff and they were happy living in the centre.

Capacity and capability

This inspection was completed partly because of an increase in unsolicited information received by The Office of the Chief Inspector in the last year, together with an increase in the number of notifications of alleged abuse submitted by the person in charge. A high number of the notifications of alleged abuse involved two residents and were directly linked with the management of behaviours that challenge and the protection of residents with dementia. Consequently, the inspectors focused on the dementia units on the first floor of the centre, Ledwich, Swift and DeLacy.

Inspectors were satisfied that this was a well-managed centre with effective management structures in place to ensure the care delivered to residents was of the highest standards. The person in charge was well supported by the new registered provider and the registered provider representative. Residents feedback and engagement had been sought for the 2017 annual review and a culture of continuous quality improvement was evident by the measuring of key performance indicators. This ensured the care delivered to residents was continually monitored and reviewed.

There was a sufficient number of staff on duty with the adequate skill mix in place to meet the needs of the residents. On the first floor (where residents with dementia lived) an extra staff member had been rostered to provide behavioural support to residents from 8pm to midnight. The activities schedule had changed from 9am-5pm to 12pm-8pm in order to respond to behavioural and psychological symptoms associated with dementia, particularly in the evening. Staff spoken with confirmed that these changes had made a positive difference to the quality of life for residents

which had resulted in fewer peer to peer incidents occurring as a result.

A calm atmosphere was noted in the units and inspectors observed good examples of positive staff engagement and interactions with residents. Staff respected residents' rights during the day, including their right to privacy, an ethos of person-centeredness was evident. Inspectors saw posters of a planned Dementia evening for the families of residents with dementia led by the person in charge and the memory lane coordinator.

Safe recruitment practices were in place to protect residents. Satisfactory references and Garda Vetting were sought for all employees prior to commencing employment. The centre had a low number of vacant health care assistant posts which ensured residents were provided with continuity of care from permanent staff. There was good supervision in place and the staff reported that they had regular appraisals at least on a yearly basis.

Almost all staff had completed the mandatory training and there was a valid rationale for those who had not. Staff had good knowledge of recognising and reporting alleged abuse, what to do in the event of fire and the inspectors observed good practice in manual handling. There were good learning and development opportunities for staff, with the centre running its own training programme for healthcare assistance at FETAC (Further Education and Training Awards Council) Level 5. The staff spoken with all stated they were happy to work there and felt supported by the management team.

Inspectors were satisfied that the person in charge was confident and knowledgeable in addressing allegations of alleged abuse. She had put in place structures and action plans based on the outcome of safeguarding committee meetings and key performance indicators. The staffing levels had been reviewed and adjusted to address and respond to the identified needs of residents. The person in charge was notifying all incidents as per regulations these were trended and followed up in an effective and proactive manner.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre with the relevant skills, qualifications and experience to undertake that role. She had been employed since April 2011 and had a post registration management qualification. The person in charge was well supported by the new registered provider and there representative.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skill mix of staff were appropriate to meet the needs of the residents. The registered provider had put in place additional staff and hours having regard to the specialised needs of the residents with dementia. There was at least one staff nurse present at all times on the premises.

Judgment: Compliant

Regulation 16: Training and staff development

Over 95% of staff had completed their mandatory training and there was a valid rationale in place for those who did not. Staff were appropriately supervised in effecting their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and effective systems to ensure that the service provided was appropriate, consistent and met the needs of residents in line with the Statement of purpose. There was evidence of good governance and continuous quality improvement initiatives under a person-centred approach.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose in the centre which had been updated in the last year. It contained all the information required by regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents were brought to the attention of the office of the Chief Inspector in a timely manner and followed up

with the requested documentation.

Judgment: Compliant

Quality and safety

Residents safety and well-being was promoted through staff awareness of arrangements to safeguard residents from abuse. Staff spoken with were clear of the policy to follow in the event that they witnessed, suspected or had abuse reported to them and they confirmed that they had attended refresher training on this topic.

Staff had been provided with additional pop-up training sessions on dealing with behaviours that challenge in residents living with dementia. This had provided staff with additional skills in dealing with peer to peer incidents. The person centred approach to managing behaviours that challenge was reflected in individualised care plans. The number of peer to peer incidents had reduced as a result of a person centred approach, implementation of an evening activities schedule and the addition of an extra staff member until midnight.

Activities were focused on the needs of residents. The schedule of activities, activities staff working hours and variety of activities offered had changed to ensure the needs of residents with dementia were met. Residents could now avail of activities up until 8pm. Their care plans reflected their specific interests and what they enjoyed participating in.

The management of risk had been reviewed ensuring residents were safe in their home. Risks identified on the last inspection had been addressed and the management of risk was reviewed on a regular basis by the quality and safety committee.

Residents were protected by good Infection control practices. The introduction of a new flat mop system had reduced the risk of spread of infection in the centre.

Improved medication management practices ensured residents received their prescribed medications in line with national standards.

Regulation 18: Food and nutrition

Food and drinks served to residents met their needs. Residents could view the choice of food on offer and their choice was respected by staff. Independence was promoted where required staff were available to assist residents with their

meal.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
All relevant information was sent with each resident on transfer out of the centre as required.
Judgment: Compliant
Regulation 26: Risk management
The risk management policy was followed in practice. The risk register was kept up-to-date. For each risk identified it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. The management team reviewed all risks environmental, clinical and resident related. The risks identified on the last inspection were found to have been addressed.
Judgment: Compliant
Regulation 27: Infection control
Infection control practices were safe. A new flat mop system had been implemented since the last inspection and was found to be working effectively in preventing the spread of infection.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The processes in place for the medication management was reflective of the centre's policies and with best practice guidance. Medications were being administered to residents within an hour of the prescribed administration time.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a low use of restraint in the centre. Behaviours that challenge associated with the care of residents with dementia were well managed. Good practices were described by staff and observed by inspectors in the management of these behaviours.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including the robust recruitment of staff, the ongoing training and supervision of staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant