Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Carechoice Malahide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Sabatino Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Mayne River Street, Northern Cross, Malahide Road, Dublin 17</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11 and 12 April 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005205</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0020918</td>
</tr>
</tbody>
</table>
About the designated centre

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

Carechoice Malahide is situated in north Dublin and therefore the home is serviced by nearby restaurants, hotels, pubs, libraries and shopping centres. Carechoice Malahide provides respite, convalescence and long-term care by providing 24-hour general nursing care. Registered general nurses lead a team of healthcare assistants and support staff to provide all aspects of care. Palliative and dementia care can also be provided and there is access to a specialist geriatrician and a physiotherapist as required. The centre can accommodate up to 165 residents, and has both single and twin en-suite double bedrooms available on all floors except the fifth floor.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>04/11/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>154</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 April 2018</td>
<td>09:00hrs to 18:00hrs</td>
<td>Sarah Carter</td>
<td>Lead</td>
</tr>
<tr>
<td>12 April 2018</td>
<td>08:00hrs to 13:00hrs</td>
<td>Sarah Carter</td>
<td>Lead</td>
</tr>
<tr>
<td>11 April 2018</td>
<td>09:00hrs to 18:00hrs</td>
<td>Nuala Rafferty</td>
<td>Support</td>
</tr>
</tbody>
</table>
Views of people who use the service

The inspectors spoke with approximately 20% of residents and reviewed 27 questionnaires. The majority of residents were very satisfied with the overall service and spoke of the kindness and respect that staff showed them. Some residents who were not fully satisfied had raised their concerns, and they were known to the management team.

Residents liked their bedrooms and their en-suite facilities, saying there was lots of space and they liked how light and bright their bedrooms were and how much storage they had. Several had personalised their rooms with furniture and items of importance to them and commented that there were no barriers to them bringing in their own items from home.

Residents spoke about the food and indicted that they liked it but that it was not quite the same as home. Some said portions were too big and some said portions were too small, but second helpings were always available. Within the questionnaires a number of residents highlighted that they would like their meals later than the time they were served.

Most residents said they had enough to do, and could participate in the activity groups if they wished. Some had one-to-one activities in their rooms as well. Some residents could not recall what was on the activity timetable or if they had been asked to join in any activities, but said they would like to do more activities.

Residents spoke highly of the staff, saying they felt well cared for and safe. In the event that any had complaints, they knew how to raise the complaint, but did not always know the names of staff involved in the complaints process.

The majority of residents were satisfied with the service they received and many said they would recommend the home to friends if they were asked.

Capacity and capability

The centre was well managed by an established management team who were focused on improving resident’s lives. There were effective management structures in place that ensured care was provided in a safe and sustainable way. The governance systems included a regular meeting on each unit, clinical governance committees attended by senior staff in the centre, and a quality and safety
committee which reviewed data and issues within the centre. This was overseen by
the provider and members of the board. The person in charge and the provider
were aware of complaints and were actively working to resolve them. An annual
review had been completed and included resident consultation.

Audits were completed routinely and there was a schedule of audits in place for the
last year and the coming months. Results of audits were discussed at the clinical
governance meetings and meetings on each of the units to ensure staff were
informed. Data was also gathered under a variety of key performance indicators and
data had contributed to developments within the service which lead to
improvements in outcomes for residents; for example:

Incidents and complaints were noted to increase when a units clinical nurse
manager (CNM) moved from their day shift to night shift. The response to this was
the allocation of the assistant director of nursing to the day shift.
Pressure care data was reviewed and it resulted in charges to continence wear and
the training provided to staff on classifications and grading of pressure areas.

Qualitative data was also gathered from resident’s surveys and the management
team used this information to inform service developments, for example the
provisions of specific activities and identifying a quality improvement project for this
year to enhance the dining experience in the centre.

Staffing was sufficient to meet the residents’ needs and staff training records were
reviewed and all staff on the roster and available to work in the centre had received
the required training. There was qualified nursing staff available at all times. Staff
were supervised in their work, and there was a system of yearly appraisals in place.
There was a variety of external activity staff employed within the centre who also
provided additions to the activity programs, such as yoga and exercise groups.
Care assistants were expected to provide and engage in one-to-one activities with
residents if the residents wished, in addition to the dedicated activity staff, however
the activity needs and schedules of the residents were not recorded as discussed at
meetings in most of the units.

Insurance was in place and its certificate was displayed in the centre. A sample of
contracts of care were reviewed and they had all information required as per the
regulations; the residents’ rooms were described and any costs or fees that could be
applied were clear.

Complaints were managed locally on each unit by the nurse in charge, if this wasn’t
possible the person in charge handled complaints and sought a resolution.
Complaints records were accurate and captured the satisfaction levels of the
complainant.

Registration Regulation 4: Application for registration or renewal of registration
The application for registration met the requirement of the regulation.

**Judgment:** Compliant

### Regulation 14: Persons in charge

The person in charge was a qualified and experienced nurse who worked full-time in the centre. They had the relevant skills, knowledge and experience to fulfill the role.

**Judgment:** Compliant

### Regulation 15: Staffing

There was sufficient staffing on duty and on the roster, with the relevant skills and experience to meet the needs of the residents.

**Judgment:** Compliant

### Regulation 16: Training and staff development

Staff were supervised in their work and there was a system of annual reviews in place. All staff had received mandatory training and were able to carry out safe and effective care.

**Judgment:** Compliant

### Regulation 22: Insurance

Insurance was in place and its certificate displayed.

**Judgment:** Compliant

### Regulation 23: Governance and management
Clear structures were in place to govern the centre. The management team was organised and used data and information to inform service developments. There were systems in place to ensure safe care. An annual review was available and included consultation with residents.

<table>
<thead>
<tr>
<th>Regulation 24: Contract for the provision of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracts of care were in place. In a sample reviewed the type of room and the costs incurred were clear.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 3: Statement of purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>The statement of purpose was available on inspection for review and it met the requirements.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 31: Notification of incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>All notifications had been received with the exception of one, however, this incident had been identified, investigated and resolved by the person in charge, and inspectors were given assurance that all notifications would continue to be submitted in future.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 34: Complaints procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>The complaints record was clear and detailed steps taken to address the complaint. The complainant's satisfaction was recorded. The complaints process was well advertised throughout the centre, and residents knew what steps to take if they</td>
</tr>
</tbody>
</table>
Residents received a high-quality and safe service. Their needs were met through evidence-based nursing care, the support of a physiotherapist, general practitioners (GPs) and a specialist geriatrician. Residents could access a range of activities, some of which were provided off site, in the activities area on the fifth floor, and in their bedrooms.

In a sample of care plans reviewed, it was found that they were reviewed every four months or sooner as required. In the case that a resident displayed responsive behaviours (how residents with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) additional behavioural logs and notes were maintained. Care plans and progress notes were maintained on a computerised system and in a small sample of the care plans reviewed some information was duplicated across care plans, and in one case a resident's weight was inaccurately recorded in different places on their care plans and progress notes.

Residents had access to a doctor who could refer appropriately to specialist services if required. There was evidence that families had been involved in discussion about their relative's care where appropriate.

Residents were safe in the centre and relatives interviewed echoed this. All staff had completed safeguarding training and some additional staff had been trained as safeguarding officers. There was a policy in place which was up to date and guided practice, and staff were knowledgeable about the steps to take if they received or observed a safeguarding concern. Following the centre's last inspection, the provider agreed to alter their pension agency arrangement to ensure the practice was in line with national guidelines. This process had commenced but was not concluded within the time frame agreed.

Residents who used bedrails as either an enabler or a restraint had their equipment assessed and monitored as per national guidelines. Alternatives to restraints had been trialled. In a sample of care plans reviewed, the initial request and assessment of need for restraint was nurse led, and then assessment by the doctor and or other members of the clinical team followed.

Residents' rights were upheld in a variety of ways and they had access to advocacy services if required. A number of residents spoken with felt they had a meaningful routine and enough to do, while a small number of residents on a different unit were not as satisfied. Activity care plans and assessments of the person's interest were up to date. Activity records were reviewed, and it was noted by inspectors that
these notes are separate from the daily progress notes maintained by nursing and care staff, and there was no record of when a resident declined to attend.

Overall, residents' privacy was respected. Staff were observed knocking on doors before entering, and many residents had their own single bedroom. Inspectors were told by a number of residents that occasionally fellow residents wandered into their bedrooms and this situation had been addressed effectively by the placement of velcro stop signs on doors. However, it was noted by inspectors that privacy screens were not available for use in communal areas, if required, and some residents who wished could not lock their bedroom doors from the outside which impacted on their sense of security.

Residents had access to good information about the service and there was evidence that there were regular residents' meetings for the whole centre. It was noted that as the service is large, residents' meetings on local units may be more beneficial and enhance residents' abilities to share their views. Residents had been surveyed in the last year and at a recent residents' meeting they were educated about fire safety procedures.

Residents' safety in the centre was further enhanced by the fire safety and risk management policies and procedures in the centre. Staff were adequately trained to respond to fire, and drills had taken place where staff played the role of residents, in addition to some residents being involved, and action points were recorded for follow up after each drill. Staff were knowledgeable about fire procedures. Risk management was robust in the centre with a risk register being updated annually, in addition to a live document attached where new risks could be identified and assessed and strategies to control risk recorded.

Regulation 20: Information for residents

The residents' information guide was clear and had included details of the services provided, the terms and conditions of being a resident there, the complaints procedures and arrangements for visiting.

Judgment: Compliant

Regulation 26: Risk management
There was a centre-specific policy in place which detailed risks, responsibilities and controls. There was a risk register in place which was updated annually and also had a section for new risks to be identified on a day-to-day basis.

Judgment: Compliant

**Regulation 28: Fire precautions**

Staff were trained in fire safety, and records were reviewed of drills that had taken place. Fire equipment and servicing of all aspects of the fire safety system was up to date.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Care plans were in place and reviewed within the required timeframe. Clinical information was gathered using a variety of evidence based tools. Residents had access to a range of specialists to meet their needs.

Judgment: Compliant

**Regulation 6: Health care**

Medical intervention was available in the centre and there was access to a specialists if required.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

Staff were knowledgeable about the policy, the techniques to use and had the training required in managing behaviour that is challenging. Logs were maintained of resident’s behaviour. Restraint use was in line with national policy.
Judgment: Compliant

**Regulation 8: Protection**

There was a clear policy in place, and staff were trained in safeguarding. Some additional members of staff had recently received training to become safeguarding officers. There were measures in place to protect residents.

However, the arrangement for handling residents' pensions, which had been non-compliant in the last inspection, had not been finalised.

Judgment: Substantially compliant

**Regulation 9: Residents' rights**

Residents had a variety of activities within the centre to attend if they wished. Some residents received one-to-one activities in their rooms. Records indicted the level of engagement of residents in the activities available. Staff were observed to knock on doors and enter when invited. Some velcro 'stop signs' were in place to manage the risk of residents with wandering behaviours entering other residents' bedrooms.

Judgment: Compliant
## Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Carechoice Malahide OSV-0005205

Inspection ID: MON-0020918

Date of inspection: 11/04/2018 and 12/04/2018

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 8: Protection</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 8: Protection:

CareChoice manages a small number of Residents finances, where the Resident is unable to look after their own finances. We are in the process of opening individual bank accounts for these residents with the assistance of our Bank. Once opened all resident monies will be lodged into these residents individual accounts.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 8(1)</td>
<td>The registered provider shall take all reasonable measures to protect residents from abuse.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30th September 2018</td>
</tr>
</tbody>
</table>