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Carechoice Malahide, OSV-0005205, 16 November 2017

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Carechoice Malahide
Centre ID:	OSV-0005205
Centre address:	Mayne River Street, Northern Cross, Malahide Road, Dublin 17.
Telephone number:	01 847 5093
Email address:	taniaspelman@carechoice.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sabatino Limited
Provider Nominee:	Paul Kingston
Lead inspector:	Helen Lindsey
Support inspector(s):	Gearoid Harrahill
Type of inspection	Unannounced
Number of residents on the date of inspection:	157
Number of vacancies on the date of inspection:	7

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 November 2017 10:00 To: 16 November 2017 18:00

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

Outcome	Our Judgment
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

As part of the inspection the inspector met with residents, family and staff members. The inspector also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals. Information received by HIQA since the previous inspection was also reviewed in relation to practice in the centre.

Effective measures were in place to safeguard residents from abuse in that staff were trained, there were clear policies to follow, and where incidents were reported action was taken to reduce the risk of them occurring again. The provider was seen to be implementing the policy towards a restraint free environment and evidence was seen that the procedures were being followed in practice.

A review of assessments, care plans and reviews of residents needs found that there were procedures in place and they were being followed. Residents needs were assessed prior to them moving in to the centre, their needs were regularly reviewed, and changes were made to care plans where necessary. Care plans gave clear instructions of how health and social care needs were to be met and staff were seen to be implementing these in practice. Residents were observed to be spending time

in different parts of the centre as was their choice, and staff were seen to be attending to their needs throughout the inspection.

On the day staffing levels were seen to be meeting the needs of residents. The methods used to review staffing levels were described by the person in charge and staff confirmed that levels were changed in practice depending on the needs of the residents. An audit had been completed of complaints made in the centre and there was an action plan in place which detailed suggested changes to make improvements, one of which was to introduce an extra shift in the evening to ensure more staff were available to support residents to meet their personal care needs.

One area for improvement was required that related to cases where the provider was collecting a pension on behalf of residents and where the money was initially deposited.

The actions from the previous inspection had all been implemented.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Measures to protect residents from being harmed or suffering abuse were in place. However a review of the system for managing residents' pensions was required.

There was a safeguarding policy that gave clear instruction about how any allegations, suspicions or reports of abuse were to be managed. Inspectors reviewed practice in the centre, including investigations carried out by the person in charge, and found they followed the procedure, and focused on and promoted a zero tolerance culture. All staff had received training in protection of vulnerable adults and when spoken with were clear of the different types of abuse and also how to manage incidents.

Inspectors reviewed a selection of incidents where a resident had been involved in a physical altercation with another resident. In each case evidence was seen that steps were taken to protect the residents and reduce the risk of the same occurring again. Examples were given of the type of actions taken following incidents and this included some residents moving from the larger units to the smaller one and this having a positive impact on how they were engaging with their environment and peers.

There was a policy and procedure in place to guide staff in supporting residents with responsive behaviour. Staff spoken with were very knowledgeable where residents' were known to have responsive behaviour or behavioural and psychological symptoms of dementia (BDS). On the day of the inspection residents were seen to be following routines of their choice as much as possible and being supported to manage their anxiety or frustrations. For example residents who liked to walk up and down the corridor were able to do so safely within the environment with appropriate supervision of staff. There were also clear communication care plans for residents setting out their preferred form of communication and effective ways to engage and communicate with them. This information was seen to be used in practice with a positive outcome for

residents who could make their wishes known.

There was a policy in place for managing restrictive procedures. Where restrictions were in place, for example the use of bed rails or alarm bracelets and some doors with key pad access, there were clear procedures to be followed. They included steps on how the decision was to be made, risk assessments, and ongoing review. Each assessment considered if it was the least restrictive option, and also whether alternatives had been trialled. There were also regular audits of the restrictions in place to identify if the centre was continuing to implement the policy 'towards a restraint free environment'. The findings of the audit were positive.

While there was a system in place for managing resident's pensions where the provider was asked to do so (to be a pension agent), improvements were required. Residents' funds should go to a resident account prior to fees being taken. The provider was aware of this and completing work to make changes to the process. The provider managed small amounts of cash for some residents and this was kept in a secure location with controlled access. This money was readily accessible to resident as required, including at weekends. Each resident had a separate running balance of what was stored, addition and subtractions to which were recorded and signed by two members of staff. Inspectors compared a random sampling of residents' finances to the stated balance and found them to match in all instances.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Health and safety of residents, visitors and staff was promoted and protected.

The centre premises were clean, in a good state of maintenance and generally free of obstructions or trip hazards hindering the safe navigation of the living areas and corridors. Good infection control practices were in place. Household staff were observed using individual and colour-coded equipment for each room, and were familiar with how they would be kept informed of infection risk such as flu, and how their routine would change as a result. There was a system for collecting and transporting soiled articles of clothing and managing spills. Any rooms with chemicals or hazardous materials on the floor were secured. Personal protective equipment such as gloves and aprons were available throughout the centre.

All doors in the building were suitable to contain flame and smoke in the event of a fire,

and all were equipped with magnetic or electronic release mechanisms which would disengage in the event of the fire alarm being triggered. Fire maps identifying the optimal escape route were prominently displayed in the centre. A fire folder detailed the routine checks of the fire panel, escapes routes, and door release mechanisms. Certification of external testing and servicing of the alarm system, emergency lighting and fire fighting equipment was documented. Fabrics and upholstery used in the centre had been tested for ignitability.

All staff had received annual fire safety training and were familiar with their duties in an emergency and from whom they would take instruction. Staff were given regular opportunities to practice routine fire drills. The records of the drills noted the duration, issues causing delay and learning for staff who did not participate in the drill to be aware of. The elevator had a setting which allowed it to be used in an emergency. Each resident had a personal emergency evacuation plan which succinctly explained each person's physical and cognitive ability to evacuate and the assistance required to do so, including distinction of assistive needs at night when the person is in bed, and is updated as dependencies change.

For residents who had been identified as at risk of wandering from the building, a missing person profile summary had been composed with a picture of the person, how best to speak with them and what level of cognitive and physical assistance they require. This summary sheet would be given to a search team or the Gardaí if required.

A risk register was available in the centre which identified hazards relating to the environment, centre resources or the residents, and the control measures and actions implemented to reduce the assessed risk.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Evidence based nursing practice was being implemented to ensure residents' needs were assessed, care plans developed and implemented, and regular reviews carried out to ensure they were being met.

There was a range of allied health professionals available to residents living at the centre. There was a physiotherapist five days a week, general practitioner three days a week and psycho geriatrician weekly. Other professionals visited the centre as required, for example dietician and speech and language therapist. A review of nursing notes for residents indicated that when resident needs changed this was identified and appropriate assessments were completed and referrals made.

Inspectors did a focused review of the management of the risk of pressure sores, and also the care and treatment where they occurred. Assessments were completed for residents prior to admission and a range of risks were assessed including whether residents were at risk of losing weight or developing pressure sores. When residents arrived at the centre a comprehensive assessment was completed, and where residents had identified care needs a care plan was developed and preventative measures were put in place. The care plans were clearly written and provided clear instructions for those delivering care. Care plans also provided clear advice on how many staff were required to undertake to provide care and support to the resident.

Staff spoken with were clear of each resident's needs and were able to describe in detail the treatment plan for individuals and records showed they were followed. For example dressings for pressure sores, and ensuring good nutrition. Nurses used a range of tools to assess the effectiveness of the care delivered and a number of examples were seen where resident's needs had improved, for example measuring and photographing wounds to monitor for changes. There was contact with tissue viability nurse specialist who provided advice that was seen to be implemented, and where necessary referrals were made to relevant specialists in the treatment and management of pressure areas.

To support the prevention and detection of health and social care needs a range of nursing tools were used to assess needs and evaluate risk. Records showed these were initiated on admission and were reviewed at least every four months, or sooner if needs changed. Other practices also supported the ongoing review of residents needs such as regular monitoring of weight, review of residents food and fluid intake, and their levels of engagement with staff and other people.

A review of information received at HIQA and complaints made in the centre showed some themes around the standard of personal care. Records showed that this feedback had been followed up and the person in charge explained that some changes had been put in place to make improvements. One example given was the addition of a twilight shift to support residents in the evening. An audit of complaints was available that included the actions taken including a review of staff training to ensure staff were clear on all aspects of their role in relation to personal care.

Residents and relatives who spoke with inspectors were overall positive about the care and support, with everyone stating that the staff were kind.

Records showed that residents were involved in the review of their care where possible and their families when they were not. Through the inspection nurses were observed taking calls and speaking directly with families in order to answer any questions they had.

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):

No actions were required from the previous inspection.

Findings:

There were arrangements in place to monitor staffing levels to ensure residents needs were being met. Staff were recruited using a thorough process, and training was provided that reflected the needs of residents.

On arrival inspectors reviewed the staff rosters and found that they reflected the staffing in the centre. Each unit had a staff allocation that included oversight by a CNM, nursing staff, health care assistants, and ancillary staff such as cleaners and laundry staff.

Inspectors discussed whether the staffing levels enabled them to meet the needs of the residents and they confirmed that they felt they did. Examples were given where the needs of residents were reviewed and staffing levels altered, for example at the time of the inspection there were 4 vacancies on one unit and staff felt staffing levels were appropriate but acknowledged that they would need to be increased if further residents were admitted. The person in charge confirmed staffing levels were regularly reviewed, especially when concerns were raised by the residents or relatives, and that there had been a recent addition of a shift to support staff during a busy period. This was confirmed when looking at the roster. Residents and relatives spoken with were generally positive about staffing but did indicate there were periods when staff seemed very busy. Inspectors spoke with and observed staff practices in the centre and found the care staff to be knowledgeable of the residents' needs, preferences and personalities. Interactions between staff and residents observed were patient, polite and friendly in nature. Staff were seen to know residents well and supported them in line with their plan of care.

Inspectors reviewed a sample of personnel files and found these to contain the required documentation in identification, vetting and references. Evidence of active registration with the Nursing Board of Ireland was documented for all nurses. Volunteer staff had files outlining their agreed duties when working in the centre and evidence of their Garda vetting. Newly recruited staff had a structure in place for shadowing existing staff,

completing induction training and sitting performance reviews during and at the end of their probation period. Regular staff undertook annual appraisals carried out by their respective line managers.

All staff had received mandatory training in safeguarding of vulnerable adults, manual handling and fire safety, including an induction version of these for newly recruited staff. Staff has also received training specific to the care of people with dementia or responsive behaviours. A range of supplementary training sessions were facilitated for staff including wound management, food safety, palliative care and caring for people with Parkinson's Disease or continence issues.

Judgment:

Compliant

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:

Helen Lindsey
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Carechoice Malahide
Centre ID:	OSV-0005205
Date of inspection:	16/11/2017
Date of response:	13/12/2017

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.

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The arrangements in place for when the provider acts as an agent for residents' pensions required review to afford greater protection of those residents' finances.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

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

A system has been put in place to ensure the management of resident's finances is in accordance with best practice.

Proposed Timescale: 28/03/2018