

**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:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	120
Number of vacancies on the date of inspection:	44

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: 17 February 2017 10:00 To: 17 February 2017 17:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection of this centre. The purpose of this inspection was to monitor on-going compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013. This was the third inspection of this centre.

The centre was initially registered by the Health Information and Quality Authority (HIQA) in November 2015 to care for a maximum of 91 residents. In response to an application to vary condition 7, to increase the number of beds to 165, an inspection took place in September 2016. A schedule of admissions was agreed and issued with the notice of proposal to the provider on 03 October 2016. The provider was given 28 days to appeal the decision. The provider did not appeal the decision, accepting the notice of proposal with the schedule of admissions attached.

As part of the inspection, the inspector met with residents, visitors and staff members. The inspector observed practices and reviewed documentation such as resident comprehensive assessments, care plans, accidents and incident forms, medical records, policies and procedures, and staff files.

There were 120 residents residing in the centre at the time of inspection with one in hospital and 44 vacancies. The inspector followed up on two action plans on the previous inspection report and found that both of these had been addressed. The inspector found the provider did not have quality assurance systems in place to

ensure that the schedule of admissions attached to the revised certificate of registration was adhered to. The level of supervision of the admission process was not robust enough to ensure a comprehensive medical assessment was completed on admission.

The action plan at the end of the report identifies those areas where mandatory improvements were required in order to comply with the regulations. The provider was invited to a regulatory meeting on 28 February 2017.

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 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):

No actions were required from the previous inspection.

Findings:

The governance of the centre required improvement. The provider had not adhered to the schedule of admissions issued with the notice of decision on 03 October 2016. The quality assurance systems in place were not robust enough to monitor this. The supervision was not strong enough to ensure residents had a complete health care assessment completed on admission.

The schedule of admissions stated:

The staged phase of increasing bed occupancy is as follows:

Admissions to take place Monday to Thursday only

Not more than two residents' to be admitted per day this is to ensure that adequate time is available for comprehensive assessments to be completed and referrals made to multi disciplinary team members, where required.

Week 1 to week 18 a maximum of 4 residents to be admitted, per week, bringing a total of 72 admissions by the end of week 18.

Week 19 a maximum of 2 residents' to be admitted, per week, bringing a total of 74 admissions by the end of week 19.

This brings an increase of 74 beds in total, 37 beds on the 3rd floor and 37 bed on the 4th floor.

The inspector reviewed the directory of residents and found there were nine occasions where residents were admitted to the 3rd and 4th floor on a Friday.

There were a number of days where greater than two residents were admitted per day to the 3rd and 4th floor.

There were a number of weeks where greater than four residents were admitted each week to the 3rd and 4th floor. For example, on week 15, five residents were admitted to

the third and fourth floor and on week 17, seven residents were admitted to the third and fourth floor. These actions were in contravention of the agreement attached to registration certificate. Quality assurance systems were not in place to effectively monitor admissions to the centre.

The level of supervision of the admission process was not robust. This had led to a number of residents being admitted without a full comprehensive health assessment being completed on admission. This lack of supervision meant that the provider had not observed that medical at the time of the admission of residents' input was under resourced.

The inspector found that a number of residents had not had a detailed assessment of their medical condition recorded on their admission to the centre.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
The inspector saw that alternatives to restraint were available in the centre. The inspector reviewed a sample of restraint assessment forms. These forms were completed prior to restraint being used, however they did not clearly state what alternatives had been trialled, tested and failed prior to bedrails been used as a form of restraint. Therefore, it was not clear why restraint was being used. Residents who had bed rails in place had a care plan in place to reflect their use.

Judgment:
Non Compliant - Moderate

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):

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

Findings:

The action identified on the previous inspection report stated:

Fire drill practice was not adequate to provide assurances that all night staff had rehearsed the evacuation of a compartment under simulated night time conditions.

Findings:

The inspector saw that three fire drills had been completed since the last inspection. These took place on 19 and 21 September 2016 and on 24 January 2017. A number of staff allocated on night duty had attended these drills. The records of each of the three drills were detailed to include those in attendance, details of the scenario, response times, actions by staff and any learning from the drill.

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):

No actions were required from the previous inspection.

Findings:

The health care needs of residents were not comprehensively assessed on their admission to the centre. The inspector found that residents' had a pre-admission nursing assessment completed prior to admission to the centre. On admission each resident had a comprehensive nursing assessment completed which identified the residents' nursing care needs on admission. However, they did not have a complete medical assessment completed on admission.

The inspector reviewed a sample of seven resident case files, all seven had been admitted to the third or fourth floor. Each had a pre-admission nursing assessment completed by the person in charge, her deputy or a clinical nurse manager. They had a comprehensive nursing assessment completed on admission. Resident nursing care

needs were identified and they had care plan in place to reflect each identified need.

The inspector found that a comprehensive medical assessment of each residents' had not been completed on admission. Each of the seven had been assessed on admission. However, the assessment completed was not comprehensive. The absence of as a comprehensive medical assessment meant that the centre had no baseline of the residents' health care status on admission.

The activities schedule was on display throughout the centre and each resident had a social assessment completed on admission. The inspector observed that residents were encouraged to participate in this programme by staff. Those residents' spoken with stated they were satisfied with the choose of activities and expressed satisfaction with the space available for activities on the fifth floor of the centre.

Residents' and a relative spoken with spoke positively about the quality of care they received. They told the inspector that they and their next of kin were involved in their care plan and this had ensured that their needs were met.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The action identified on the previous inspection report stated:

The third floor where 37 residents' were to be cared for did not have access to an assisted bath, as outlined in schedule 6.

The fourth floor where 37 residents' were to be cared for did not have access to an assisted bath, as outlined in schedule 6.

There was no wash hand basin located in any of the cleaner's rooms in the centre, as in line with standard 2.7.

There was no wash hand basin located in any of the clinical rooms in the centre.

Findings:

An assisted bath had been installed in the bathroom on the third floor of the centre and

it was accessible to residents'. Residents' on the fourth floor had access to this bathroom. A wash hand basin had been installed in the cleaner's room on each of the two floors and in each of the clinical rooms on each floor.

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:

The inspector reviewed staffing levels in the centre and found they were adequate to meet the needs of residents. Residents' spoken to on the third and fourth floor of the centre confirmed this finding.

There was a staff nurse and three health care assistants caring for 15 residents' on the fourth floor. There were two staff nurses and six health care assistants caring for 32 residents' on the third floor. The staffing on night duty was also reviewed and found to be appropriate to meet the needs of residents'.

A sample of five staff files were reviewed, they contained the required documents as outlined in schedule 2. All five staff appeared to have completed an induction course which included their required mandatory training.

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:

Sheila McKeivitt
Inspector of Social Services
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:	17/02/2017
Date of response:	03/04/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The provider had not adhered to the schedule of admissions attached to the revised certificate of registration issued on 03 October 2016.

1. Action Required:

Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 you are required to: Provide all documentation

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

prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

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

The provider acknowledges that the Lead Inspector should have been informed and approval received for any variation to the Admission schedule attached to our registration certificate.

It is important to note that during the period in question, 74 Admissions were permitted, however only 48 residents were admitted.

The provider confirms that the Admission schedule will be adhered to going forward.

Proposed Timescale: 06/03/2017

Theme:

Governance, Leadership and Management

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

Management systems were not robust enough to ensure:
the admission process was safe, appropriate, consistent and effectively monitored.
Supervision of services provided was not effectively monitored to ensure they were providing an appropriate service to residents.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Admissions were carried out by an allocated nurse, there was an ADON and up to 3 CNM on duty. The Director of Nursing and nursing team carried out pre admission assessments, all transfer documentation including prescriptions were received prior to admission, which provides a baseline of our residents health care status on admission. Admission nursing documentation including nursing assessments and care plans were in place for all admissions as stated by the inspector in the report.

There was full nursing supervision on all levels by the Senior Nursing Team.

There was a full and comprehensive nursing assessment and care plan for each resident.

The GP completed an Admission assessment however did not document his medical assessment in detail. A new GP Admission form is now in place and the GP will complete this for all new admissions.

The Director of Nursing and the Senior Nursing team will supervise and complete a weekly audit on the admission process, which will include the medical admission and relevant medical documentation. This will be fed back to the Registered provider on a weekly basis.

Proposed Timescale: 31/03/2017

Theme:

Governance, Leadership and Management

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

The provider had not put sufficient medical resources in place to ensure residents' health assessments were recorded in a complete and comprehensive manner on admission to the centre.

3. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

The centre was well resourced with nurses and healthcare staff and there was a comprehensive multidisciplinary team in place. The Director of Nursing, Assistant Director of Nursing and 3 Clinical Nurse Managers were on duty on days of admissions to the centre. The following healthcare professional were and are currently available to new and admitted residents:

GP was currently visiting twice weekly however a new agreement has been put in place to include 3 days per week (Monday, Wednesday and Friday), where this is not feasible shall extend his hours over two days (Monday and Thursday) Any variation to this will be communicated to the Director of Nursing.

Consultant Geriatrician visiting weekly.

DDOC out of hours.

Palliative care team involved in specific residents. Referred by GP.

Community Care of the Older Person specialist nurse attached to Beaumont Hospital.

Full time Physiotherapist.

Occupational therapist twice monthly.

Dietician and SALT available as required.

Tissue Viability Nurse involved in specific residents.

The Director of Nursing and the Senior Nursing team will supervise and complete a weekly audit on the medical admission process, which will include the medical admission and relevant medical documentation. This will be fed back to the Registered provider on a weekly basis.

Proposed Timescale: 06/03/2017

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 records reflecting the use of bedrails were not in accordance with national policy as published on the website of the Department of Health.

4. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

The documentation error occurred following the transfer of the assessment from a paper format to an electronic version. All assessments were reviewed and updated on the paper format immediately; the electronic system has now been updated with the reviewed assessment tool, to reflect the process on the floor.

Proposed Timescale: 31/03/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A comprehensive assessment of the residents' health care needs was not completed on admission.

5. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

The Admission process was thorough, safe and well-staffed. Starting with a pre-admission assessment, followed with a full nursing assessment, which was audited for quality assurance by the Senior nursing team.

Medical admissions are all completed in a timely manner.

The Nurse Manager on duty will accompany the GP on his rounds to facilitate obtaining a comprehensive Baseline Medical Assessment, which will be documented on the GP admission form.

The Director of Nursing and the Senior Nursing team will supervise and complete a weekly audit on the admission process, which will include the medical admission and relevant medical documentation. This will be fed back to the registered provider on a weekly basis.

Proposed Timescale:

