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## CareChoice Malahide, OSV-0005205, 11 August 2020

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# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	CareChoice Malahide
Name of provider:	CareChoice Malahide Road Ltd
Address of centre:	Mayne River Street, Northern Cross, Malahide Road, Dublin 17
Type of inspection:	Short Notice Announced
Date of inspection:	11 August 2020
Centre ID:	OSV-0005205
Fieldwork ID:	MON-0029883

## About the designated centre

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

Sabatino Ltd, trading as Carechoice Malahide Road Limited, operates Carechoice Malahide a modern purpose-built centre situated in north Dublin. The centre is located close to amenities such as restaurants, a hotel and a nearby shopping centre. General nursing care is provided for long-term residents, also respite and convalescence care for people aged 18 years and over. 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, psychiatry and a physiotherapist. 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 which is a recreation and training space.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

138

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Tuesday 11 August 2020	09:45hrs to 17:40hrs	Manuela Cristea	Lead
Tuesday 11 August 2020	09:45hrs to 17:40hrs	Margo O'Neill	Support

## What residents told us and what inspectors observed

The inspectors observed that staff actively engaged with residents in a respectful and kind manner. This observation was validated by the many residents and relatives who confirmed to the inspectors that staff were attentive and courteous, and very committed to ensure residents' needs were promptly responded to.

While the centre had been through a traumatic time due to the COVID-19 pandemic, the staff morale was good and the feedback from residents and relatives who met the inspectors was largely positive. Relatives were complimentary about the provision and delivery of care to their family members over the past few months and the support to themselves, in challenging circumstances. They told the inspectors that staff had time to listen to them and provide information and advice. They mentioned that they had been kept well-informed during the outbreak of COVID-19 by the nursing staff if any issues arose and could maintain regular contact with their relative through video calls.

Inspectors observed good signage, hand washing facilities and appropriate infection control precautions in place at various entry points in the centre, including the underground car park. In the large lobby area located on the ground floor, there were two distinct zones set up for visitors, in addition to a third space in the Oratory. Inspectors observed visitors coming and going throughout the day, and staff bringing residents to meet their loved ones at the appointed time. There were heart warming and emotional scenes of family reunions in line with social distancing guidelines. Robust safety checks were completed for all visitors in line with public health guidance. Although visiting was restricted there was a real buzz in the lobby and a sense of community. It was evident that relatives were familiar with staff and with other relatives visiting in the centre. This led to enthusiastic conversations and a pleasant communal atmosphere whilst ensuring that social distancing rules were observed.

Overall, the feedback from residents and families was overwhelmingly positive, however many mentioned that they found the 15 minutes visiting intervals too restrictive. Residents were accepting of the limitations and were appreciative of management's efforts to maintain their safety, however many said that they wished outings would resume and that they could spend longer time with their families. Some residents mentioned that they were bored, and that the day was long. One resident stated he was satisfied with his room but spent much of his day 'just looking at television'. His clothes were well-looked after during the laundering process; occasionally items went missing but they were always found. Their relative stated that 'staff were lovely and very attentive' to her husband's needs. She said the quality of the food was lovely but that last year the food had at times had been served 'too cold'. When she brought this to the attention of the management, the issue was promptly resolved.

Inspectors observed small group activities such as a sing-along karaoke session in

one of the living rooms. Seven residents, all observing social distancing, were observed to be smiling and enjoying the singing and were actively clapping and singing along to the music.

Inspectors observed a gentleman sitting contently by a window in a nicely decorated bright living room; he had a picture book in his hands that he was intermittently leafing through to look at different pictures of birds and animals. Staff informed inspectors that this resident loved to sit beside the window so that he could look out and watch people passing by.

Inspectors met another resident in her room who informed them she didn't have much interest in group activities but enjoyed knitting. Inspectors observed that the resident had a good stock of wool and knitting needles on her dressing table. She stated she enjoyed the food in the centre and that there was always a choice of something nice to eat. She also reported very positively regarding staff stating that they were 'great'.

On each floor there was a living area decorated with memorabilia to assist residents' with reminiscing. These items included porcelain dolls, old style radios and record players and antique looking furniture.

Inspectors observed that small numbers of ten to 12 residents attended dining rooms for their meals to ensure social distancing could be maintained. Dining rooms were observed to be decorated brightly and tables were set with nice table coverings, cutlery and glasses.

Residents confirmed that they felt safe in the centre and that their independence was promoted.

## Capacity and capability

This was a short-term announced inspection and the person in charge had been informed about the inspection on the previous afternoon. This was done in order to ensure that the inspection team were aware of the infection control status and current procedures in place in the designated centre and to ensure that key staff would be available to speak with them.

While, the previous dementia thematic inspection carried out in August 2019 found overall good levels of compliance with standards, this risk inspection was carried out to ensure the centre had made adequate arrangements to maintain residents' and staff's safety during the pandemic and satisfactory preparations for future potential outbreaks. The inspectors also followed up on unsolicited concerns received by the Chief Inspector in respect of the centre.

The designated centre had recently recovered from two successive COVID-19 outbreaks. The first outbreak which occurred in mid March-May 2020 had impacted

more than 30 staff and 29 residents who tested positive for the virus, and resulted in the death of more than 10 residents. Due to the high number of staff impacted by the virus along with the increased care needs and infection control protocols, staff shortages had occurred which were managed by using agency staff. A second COVID-19 outbreak occurred in June-July 2020, which was promptly contained and successfully mitigated.

Inspectors found that this was a good service. There were clearly defined lines of responsibility and accountability which ensured good oversight of the service with robust arrangements to monitor the quality and safety of care provided for residents. Throughout the COVID-19 outbreak the registered provider ensured that the service was adequately resourced and that staff had access to appropriate supplies of personal protective equipment (PPE). Staff training and active recruitment was ongoing to ensure the service provided was safe at all times.

A locally established Crisis Management Team convened on a regular basis and liaised closely with the public health to ensure appropriate measures were in place. The Chief Inspector was appropriately notified of the outbreak and inspectors maintained regular contact with the person in charge to monitor the situation and the contingency plans the provider had in place to manage the outbreak. With the support of the local community liaison team, the registered provider now had a clear pathway in place for expedite testing and results and arrangements had been put in place with the laboratory affiliated to the local general hospital.

There was a clear and comprehensive Covid-19 emergency plan and policy in place which the inspectors reviewed. The management team had a list of the relevant persons to contact in any emergency situation, which was available to all staff. The centre was divided into zones as per public health recommendations and a specific isolation area had been established which was used for any suspected cases of the virus. A clear admission strategy was in place, with dedicated staff appointed to a pre-identified area which would only be used for the new admissions and residents returning from the acute hospital who required 14 days isolation. Cautionary signage was seen throughout and social distancing was put in place throughout the centre.

The centre was managed on a daily basis by an appropriately qualified and experienced person in charge who was responsible for the direction of care. The person in charge was supported by the registered provider representative who liaised with the centre on a regular basis. There were two assistant directors of nursing (ADON) in supernumerary capacity who deputised in the absence of the person in charge and five full-time clinical nurse managers (CNMs). They appeared to work well together. There was senior management cover available seven days a week including night time and an on call out-of-hours system also in place.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of the residents. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff meetings, emails and shift handovers ensured information on residents' changing needs was communicated effectively and that staff were familiar and aware of the ongoing changes to HSPC guidance (Health Protection Surveillance

Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

The person in charge maintained good levels of practice oversight and was known to residents and relatives. They carried out daily quality walks throughout the centre and random spot checks at night to ensure policies were implemented by staff. Throughout the inspection, inspectors observed staff wearing face masks and adhering to infection prevention and control measures such as social distancing, including during break times.

The inspectors reviewed a number of audits completed in areas such as infection control, medication management, falls prevention, health and safety, care planning, wound care and call bell waiting times. There was evidence that any follow up action plans on the basis of results from these audits had been implemented. In addition, the centre had also been audited by the Public Health Infection Prevention and Control Team and found overall, good standards of compliance with infection control measures. Their recommendations had already been acted on and implemented in local policy.

Inspectors reviewed a sample of complaints records and found that appropriate logs were maintained distinct from residents' care records and that complaints were responded to and managed in line with with local policy.

## Regulation 15: Staffing

On the day of inspection, there was adequate numbers and skill mix of staff to meet the needs of the residents and taking into account the size and layout of the centre.

Ensuring continuity of staff proved difficult at times during the first COVID-19 outbreak in the centre, which meant that agency staff was used to cover for staff absent due to illness. However, inspectors were satisfied that appropriate contingency measures were timely implemented and at the time of inspection there were no agency staff working in the designated centre. Furthermore, the Human resources manager informed the inspectors of their ongoing efforts to continue to actively recruit staff with a view to set up a bank system going forward as a contingency measure in the event of future outbreaks.

Each of the five floors where residents were accommodated was staffed independently and acted as a distinct area to limit the movement of staff around the centre. This ensured there were a minimum of five registered nurses on duty at any time in the designated centre.

A sample of staff files reviewed evidenced suitable recruitment practices and assured the inspectors that staff working in the centre had appropriate Garda

vetting in place prior to commencement of work in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had completed the mandatory training in infection prevention and control, safeguarding vulnerable adults, manual handling and fire safety, or had training dates scheduled in the immediate future. In addition, a number of other relevant courses were made accessible to staff to enable them to provide person-centred care. In discussion with inspectors staff demonstrated good knowledge of the National Standards and confidence in their skills to maintain resident's safety.

As a recent quality improvement initiative, key staff had been nominated to enrol in specialist training courses such as infection prevention and control and tissue viability. This would ensure future preparedness and the availability of in-house expertise to continue to provide a high standard of care for the benefit of the residents. The person in charge told inspectors of their plans for further staff development with the creation of infection control champions to drive the quality and safety agenda and in preparation for the upcoming flu season. In addition, a large number of staff had recently attended training in end-of-life care and advanced care planning.

The registered provider had effective systems in place for staff development and supervision, which included induction, probation and regular appraisals. There was good oversight of staff practice to ensure policies were implemented in practice. For example, the implementation of uniform policy and the active surveillance for signs and symptoms was closely monitored by the nursing and reception staff.

All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

### Regulation 23: Governance and management

Overall, inspectors found that the residential centre was providing a consistent and high standard of care and support to the residents living there. There was an effective governance structure in place which ensured this was a well-managed service.

The registered provider maintained good oversight of service provided and ensured that there were adequate resources allocated in terms of staffing, equipment, facilities and catering arrangements. Effective management systems were in place to

consistently monitor the provision of care, including various quality assurance processes such as audits and key performance indicators.

There was a plan in place for responding to COVID -19 and this had been updated in accordance with the guidance as it was released by the Public Health Department.

Residents' feedback was welcomed and used to improve the service as necessary. An annual review had been completed in 2019 and included feedback from and consultation with residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

Overall, the majority of residents and relatives who spoke with the inspectors said they were happy to bring any concerns or issues to the attention of staff working in the centre. Many identified the person in charge as the person they would speak to and reported that when issues had been raised, timely actions were taken to address their concerns.

An up-to-date complaints policy and procedure was in place. A suggestion box was available near the lifts, and the synopsis of the complaints procedure was also prominently displayed in the main lobby and on every floor in the centre. It contained all the information as per regulatory requirements with details of the designated complaints officer in the centre, the internal appeals and nominated overseer of the process, advocacy services available and the details of the Ombudsman.

There was one open complaint at the time of the inspection. The complaints log was maintained in electronic format and distinct from residents' care record as required by the regulations. From the sample reviewed, the inspectors were satisfied that any complaints received were acknowledged, investigated, responded to and, where appropriate, corrective action was implemented on foot of identified learning. Communication with complainant was also documented, including their level of satisfaction with the outcome.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies and procedures as set out by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place. All policies had been reviewed and updated at intervals not exceeding

three years.

In addition, comprehensive policies and procedures specifically related to COVID-19 had been introduced. Inspectors were satisfied that these policies and procedures had been adopted and were consistently implemented throughout the centre.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Inspectors were satisfied that residents' health care needs were met to a good standard and they maintained good access to healthcare services and opportunities for social engagement. While overall, inspectors were assured of good compliance with regulations, some improvements were required particularly in respect of visiting restrictions and infection prevention and control practices in the centre.

The provider had put robust systems in place to manage risks and to ensure that the health and safety of all people using the service was promoted. Arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents were in place and following the COVID-19 outbreak a serious incident review had been completed.

Inspectors found that residents were safeguarded against abuse or harm by the systems in place in the centre. Residents finances were robustly managed and lockable storage space was available to store valuables.

Evidence-based risk assessments were in place to determine the dependency and care needs of residents. Based on such assessments, individualised care plans were created and implemented to support staff in the delivery of care. These were timely evaluated and updated regularly as residents' condition changed.

Comprehensive daily nursing notes were maintained for all residents. Resident and staff interactions were observed to be person-centred. Staff knew each resident's current health needs and their preferences for care and support as expressed in their care plans. There was ongoing monitoring of residents for signs and symptoms of COVID-19 and their vital signs and baseline measurements were recorded twice daily in line with the current guidance.

The inspectors were satisfied that the health care needs of residents were well-met. There was evidence of good access to medical staff with regular medical reviews recorded in residents files. Access to other health care professionals such as physiotherapy, occupational therapy, dietetics, tissue viability nurse, consultant geriatrician and palliative care support was also available, albeit some of them

remotely.

There was no resident actively receiving palliative care at the time of inspection. The documentation reviewed demonstrated that the end-of-life care was delivered in accordance with a personalised care plan, which contained evidence of discussion with the residents about their end-of-life wishes, as well as appropriate family involvement.

There were detailed care plans in place in relation to the assessment and supports for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff promoted a restraint-free environment and the risk register showed that the use of bed rails was reducing and was under regular review.

There were good policies and procedures in place in respect of infection prevention and control. Inspectors observed there was clear signage to inform staff and residents regarding COVID-19 and the precautions to take to remain safe. There was a plentiful and free available supply of personal protective equipment (PPE) such as face masks, gloves and aprons for staff and hand hygiene facilities were observed throughout the centre in convenient locations in addition to alcohol based gel dispensers.

However, while infection prevention and control practices were overall found to be safe, inspectors also identified a few areas for improvement which are further elaborated under Regulation 29. Nevertheless, the inspectors were satisfied that the provider had already identified these issues and had a concrete plan in place on how to effectively address them.

Throughout the COVID-19 outbreak, the staff had found creative ways to support the residents to communicate with families via letters, video calls, telephone and window visits. Designated family members or friends and visitors were welcomed in the centre. However, while the public health guidance had recently been amended and allowed for easing of visiting restrictions, the registered provider continued to enforce a 15 minutes time limit per visit with a maximum of two visits per week.

The inspectors were informed by the registered provider representative during the feedback meeting that they were consciously taking a very cautious approach to reopening of visiting in order to promote and safeguard residents' safety and limit the chances of another outbreak in the designated centre. While there had been no formal complaints received in respect of this, visiting arrangements required review to ensure they were organised in line with the HSPC guidance and did not adversely impact on residents' rights to see their families and friends.

As far as was practicable, under the restrictions of COVID-19 opportunities were made available for residents to participate in social and recreational activities. There were facilities in place for recreational activities across each floor and residents were observed throughout the day enjoying activities in small groups while also respecting the social distance.

Arrangements were in place for residents to access advocacy services as required and information and contact details of SAGE (national advocacy group) were displayed throughout the centre and in the complaints procedure.

## Regulation 11: Visits

The centre normally operates an open visiting policy but due to the COVID-19 pandemic the centre had to impose restrictions in accordance with public health advice. Although residents said they understood the reasons for recent restrictions to visiting and were happy that there had been some easing of this recently, some mentioned that they wished for visiting times to be longer than the 15 minutes. Further action was required to ensure that registered provider aligned their practices with the current HSPC guidance regarding visiting. At the time of the inspection the guidance stated that visits of up to an hour should be considered. The management team advised that visiting arrangements were under ongoing review.

There were arrangements for residents to receive their visitors in private such as their bedroom or oratory and within communal areas such as the garden or in the reception area. Inspectors observed that these areas were suitably set up to facilitate social distancing and there was a procedure to ensure that all infection prevention and control precautions as set out in the current infection prevention and control guidance were adhered to (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

All visits were pre-arranged with the management team over the seven days of the week. Visitors attending the centre first had their temperature checked and declared that they were symptom-free. Visitors also completed a visitor screening questionnaire which staff reviewed prior to the visit to ensure the safety and security of the residents.

Relatives who met inspectors confirmed that staff always made them feel welcome and that they were accepting of the current restrictions, however not all relatives were aware that weekend visiting was available.

Judgment: Substantially compliant

## Regulation 13: End of life

Although not actively involved with supporting any residents in the centre at the time of this inspection, links with the community palliative care team were established and their expertise was sought for residents as appropriate. Palliative

services through two local hospices were also available if required.

A sample of residents end-of-life care plans were reviewed and inspectors noted that these contained person-centred information on residents wishes and preferences that would direct staff appropriately when the time came to provide this very important aspect of care. The care plans were holistic and outlined the physical, psychological and spiritual needs of the resident. All residents' care plans were up-to-date regarding end of life care decisions relating to COVID-19 infection including whether to be transferred to the acute care setting and resuscitation interventions. All of which were discussed with residents, and when relevant their next of kin as well as the GP.

In addition, inspectors also reviewed a sample of care records of the recently deceased residents, and found that appropriate care, anticipatory prescribing, medical reviews and timely interventions had been put in place to meet residents' end-of-life needs during the outbreak.

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit on compassionate grounds, should the need arise.

Judgment: Compliant

## Regulation 18: Food and nutrition

There was a relaxed atmosphere in the dining room. Residents requiring assistance with their meals were assisted by staff who sat with them and who provided discreet support which was patient, kind and dignified.

Staff knew the residents well, and there were good communication systems in place to ensure residents received the correct diets. Weekly dietary requirement sheets were compiled by nursing staff for each resident and sent to the catering team to inform them of any changes to resident's dietary needs. Furthermore the centre's food and nutrition policy had been updated in July 2020 to incorporate international dysphagia (difficulty swallowing) diet standardisation system, as well as up to date recommendations for staff when caring for residents recovering from COVID-19. These recommendations included enhanced fortification and inclusion of vitamin D rich foods in residents' diet to maximise nutritional status and recovery.

Menus were on display outside the dining areas on each floor to inform residents of the daily choices on offer for lunch and dinner. Inspectors spent time observing the dining experience and noted that most residents looked relaxed and appeared to be enjoying their food. Residents had access to a safe supply of drinking water and were provided with choice at mealtimes. The meals offered to residents appeared to be properly prepared cooked and served and all residents reported satisfaction with the quality and quantity of food they were provided with.

Judgment: Compliant

### Regulation 26: Risk management

An up-to-date risk management policy and procedure was in place to inform the management of risk in the centre. There was a comprehensive risk register maintained that was reviewed and updated regularly. Records of the analysis and trending of incidents that occurred in the centre, corrective actions implemented and learning identified were made available to inspectors. This information was used by the management team to provide an ongoing safe service for residents.

There was an emergency plan in place for responding to COVID-19 and this had been updated in accordance with the guidance as it was released by the Public Health Department.

Inspectors found that the provider had completed a serious incident review following COVID-19 outbreak and there were appropriate arrangements for the identification, recording, investigation and learning from a serious incident/adverse events involving residents.

Judgment: Compliant

### Regulation 27: Infection control

The designated centre was registered for 165 beds and the accommodation was provided in 129 single bedrooms and 18 twin bedrooms, each with its own en-suite. Following a risk assessment and consultation with public health and infection control team, the registered provider had capped the capacity of the centre to 143 beds, in order to minimise the risks of cross-infection and safely facilitate the isolation and admission areas for residents.

Overall, the centre was very clean and well-equipped with alcohol gel dispensers and information posters to assist and remind personnel to abide by social distance practices. Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance. There were sufficient and adequately equipped staff changing facilities which were maintained clean and tidy. Staff breaks were staggered.

All residents and staff members had been swab-tested as a precaution in the previous month and all the results were negative. Staff temperatures were recorded twice during each shift and staff were aware of the local policy to report to their line manager if they became ill. Staff were also very clear regarding uniform policy and knowledgeable regarding atypical signs and symptoms of COVID-19. They confirmed

that there was enough PPE and staff to enable them to meet residents' needs.

All staff had received education and training in this area and were knowledgeable of hand hygiene, the use of protective clothing, decontamination of equipment, management of laundry (including their uniforms) and waste. Waste management and laundry arrangements were found to be safe. There was a cleaner assigned to each floor on a daily basis in addition to dedicated night time cleaning hours to decontaminate the corridors and communal areas.

However, based observations collected from touring the premises, inspectors identified some areas of improvement:

- A minority of staff were observed frequently touching their face masks; a staff member was also observed wearing an apron and gloves and moving between floors without doffing the PPE first.
- The storing and accessibility of sanitising equipment required review. While there were plenty of cleaning supplies in the centre, disinfecting wipes were not easily accessible at the key points of care delivery. For example there were no wipes at the nursing stations to sanitise frequently used objects such as the telephone, the mouse and keyboard; there were no wipes attached to the communal equipment such as hoists to ensure decontamination occurred between each use.
- While inspectors were told that each resident had their individual sling, unlabelled communal slings were observed on a hoist in one of the units. Residents sharing hoist slings posed a risk of cross infection.
- Inappropriate storage of equipment in assisted communal bathrooms. While inspectors accepted that these bathrooms were no longer in use as each resident had access to their own en-suite, a review of the storing of uncovered linen trolleys and other equipment such as weighing scales and pressure relieving cushions was required.
- Cleaning schedules were maintained on each floor. While the housekeeping cleaning records were consistent, the records maintained by nursing and care staff on each floor regarding the decontamination of equipment required stronger oversight, as inspectors identified a number of gaps in the records for the previous weeks.
- There was no tag system in place to identify the clean from the used equipment.

On the day of inspection, the inspectors were shown a new system that had been devised and was ready to be rolled out in the centre in the coming weeks as soon as training was provided to all staff. This included a new robust and comprehensive framework for cleaning with detailed checklists and cleaning schedules appropriate to different staff roles, and an easy to follow colour coded system of cleaning cloths and solutions. A proactive Catering manager and a Health and Safety Officer had been appointed at group level and the registered provider told inspectors of their plans to recruit a Household supervisor.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Individual assessments and care planning documentation was available for each resident in the centre. Care plans reviewed contained person-centred information and were updated regularly. Care plans were seen to contain detailed information to direct staff to ensure provision of safe and effective care to residents. There was information regarding ongoing discussion and consultation with residents and families in relation to care plans. Care plans were revised when there was a change or deterioration in residents' condition.

Inspectors followed up on actions from the last inspection related to assessment, monitoring and care planning for residents identified as being at nutritional risk. Records of appropriate monitoring such as weekly weights and individual MUST assessment were being completed in accordance with local policy. In the sample of care plans reviewed, there was evidence of timely referral and review by dietitian and recommendations were detailed in residents care plans and daily nursing notes. Records were available of monthly audits and reviews by senior clinical team of residents who were identified as losing weight.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to appropriate medical care as well as support from various other health and social care professionals care to meet their needs. Residents could retain their General practitioner (GP) of choice if they wished to, and records showed that the GP visited the centre and reviewed residents and their medications regularly. Several GPs attended the centre and they had also secured remote access to the centre's IT system in order to update residents' records and medicines electronically.

Records examined showed that residents continued to have access to medical treatment and appropriate expertise in line with their assessed needs. The centre had secured the services of a consultant geriatrician who attended the centre weekly to review residents, attend family meetings and sat on the centre's quality review committee.

There was a physiotherapist on site from Monday to Friday throughout the COVID-19 outbreak. An occupational therapist attended the centre monthly to provide seating and specialist equipment assessments for residents identified as requiring this. Speech and language therapy, tissue viability and dietetics services were all accessible remotely on a referral basis..

Inspectors found that there were some delays in accessing chiropody services as a

result of the pandemic. Chiropody services had not yet resumed at the time of inspection, however, the person in charge outlined the arrangements for the coming weeks whereby three days of onsite chiropody services would be facilitated and all residents would be seen during this three day period.

Residents requiring urgent dental review and intervention had an outpatient appointment arranged and facilitated with a local dental service. The person in charge outlined plans the management team were working on implementing to have dental and optician reviews for all residents requiring these on site.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Approximately half (72) of the residents in the centre had a known diagnosis of dementia. There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team.

The provider had arrangements in place for staff to receive training in dementia care and management of responsive behaviours. Records indicated that all staff had received this training and were up to date, with the exception of the six staff attending the training on the day of inspection. Inspectors observed staff using person-centred interventions with residents who engaged in purposeful walking. Distraction techniques used were in line with the residents' care plans. The registered provider was completing QUIS (Quality of Interactions score) audits to evaluate the level of meaningful engagement between staff and residents, and overall the results were positive. This was corroborated by inspectors' observations throughout the inspection.

The provider had systems in place to monitor restrictive practices used in the centre to ensure that they were safe appropriately used. At the time of the inspection approximately 20 percent of residents had a bed rail in place and trends indicated that their use was continuously reducing. Records showed that where restraints were used these were implemented following a risk assessments and alternatives were trialled prior to use.

Judgment: Compliant

### Regulation 8: Protection

Residents who spoke with inspectors reported they felt safe and at home in the

centre and that staff were very kind. Inspectors observed that staff interaction with residents were positive and person-centred.

Records of staff training evidenced that all staff had received training in the prevention, detection and response to abuse. Staff that spoke to inspectors were knowledgeable regarding different types of abuse and clearly articulated their responsibility to report any concerns to management.

The registered provider acted as a pension-agent for a number of residents in the centre and a review of available documentation and management of petty cash found that all financial transactions were conducted safely.

Judgment: Compliant

## Regulation 9: Residents' rights

Activity staff worked week days to provide a programme of activities for residents. There were two full-time and one part-time activity coordinator. Another part-time activity staff position which was vacant was being advertised for. On a daily basis one carer on each floor was allocated to assist with meeting the social and occupational needs of residents. Furthermore the person in charge stated that they were actively looking to increase staffing resources for the activities team in light of the restrictions imposed by COVID-19 which resulted in large group activities no longer being permitted and smaller group sessions required more staff to facilitate.

Activity staff were enthusiastic and prior to COVID-19 outbreak they had facilitated a range of activities such as a creative writing group, maintaining a library on the ground floor, concerts by external singing groups, regular outings to places like Howth harbour for fish and chips, Malahide castle or nearby hotels for afternoon tea. In addition, residents enjoyed visits from the local Montessori Schools, annual concerts, Valentine's dances, gardening groups, dog therapy and one to one activities. External artists and therapists who provided aromatherapy and art therapy had ceased to attend the centre during the outbreak of COVID-19 but plans were in place for these services to resume in September 2020.

At the time of the inspection and in line with social distancing precautions, small groups attended hallway bingo, sensory group activities and sing along sessions. One to one activities for residents with higher dependencies, took place in their bedrooms and consisted of activities such as hand massage, reading and music therapy. Other initiatives such as a smoothie or 'cocktail' trolley and an ice-cream trolley had also been introduced during the recent warm weather and to encourage increased calorie intake for those recovering from COVID-19.

Inspectors observed an activities work book developed by in house activity staff was in place for all residents to use whilst cocooning in their rooms. This had been successful in preventing residents from becoming bored whilst isolating in their rooms. The book contained quizzes, pictures and puzzles. A COVID-19 memory book

had also been created, showing photos of residents participating in activities during lock down, relevant newspaper articles and images of support from the local community.

Daily newspapers were available for residents in the centre and the person in charge outlined that additional newspapers had been purchased during the COVID-19 outbreak to ensure that residents had access to a sufficient number of papers while isolating in their bedrooms.

Residents also had access to a safe garden that contained various socially distanced sitting areas. Some residents were observed using them, while others were enjoying the company of fellow residents from other floors in the smoking shed area. In their conversations with the inspectors, residents demonstrated that they were very aware of current infection control measures and were seen to use face masks and comply with social distancing measures at all times.

The hairdresser had not attended the centre in several months however the person in charge confirmed that management were actively looking to secure a hairdresser who would attend the centre two days a week but that in the meantime a care assistant with hairdressing experience had been given protected time to do hairdressing for residents.

Weekly visits by a local priest and nun had recently recommenced to facilitate prayers and confession for residents. The rosary was frequently carried out and Mass would be held once a month in the centre. The centre's oratory at the time of the inspection was being used to facilitate visits and not freely accessible to residents who might have wished to pray there.

A resident satisfaction survey completed in late 2019 also confirmed that residents were over all satisfied with the care, support and respect received from staff working in the centre. A follow up satisfaction survey had been completed following the COVID-19 outbreak and at the time of the inspection the collected data was being analysed to inform the report

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for CareChoice Malahide OSV-0005205

Inspection ID: MON-0029883

Date of inspection: 11/08/2020

## 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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime 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:

Regulation Heading	Judgment
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> <li>• The PIC continues to monitor the National Guidelines set out by NPHE and CH09 team- the information and guidance will structure the arrangements the nursing home will implement to facilitate visits.</li> <li>• The screening of all visitors will remain in place until further guidance from NPHE.</li> <li>• Residents and Family communication will continue to be published weekly/fortnightly and all residents and families will be informed of the visiting arrangements and times.</li> <li>• Appointments will be continued to be made/scheduled by visitors via reception.</li> <li>• Weekdays and weekend visits are facilitated.</li> <li>• Duration of visits vary, and compassionate visits facilitated.</li> <li>• If an outbreak occurs the PIC will restrict visits in line with NPHE and Public Health to safeguard the residents and staff.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Ongoing education of staff on appropriate use of PPE and education posters placed around the nursing home as a prompt.</li> <li>• On the day of inspection, the maintenance team were installing additional alcohol hand dispensers and disinfectant wipes on all corridors to enable staff to access sanitizing materials in a prompt manner and reduce the risk of cross contamination. Same highlighted to the inspectors on the day of inspection.</li> <li>• An audit was completed by the Physiotherapist and all residents provided with individual sling and staff reminded of same. All slings labelled.</li> <li>• A review of storage rooms was completed, items no longer required disposed of.</li> </ul>	

Additional storage will be obtained externally as required.

- New cleaning equipment was purchased and same delivered shortly after inspection was completed. Ongoing education for staff being implemented as per household project mentioned on day of inspection.

- Household project being implemented in phases and updated documentation and SOPs will be implemented by Catering Manager and General Services Manager.

Household/cleanliness project will be fully implemented by 31st October 2020.

- New tag system being installed as per sanitising check lists.

- Ongoing quality walk being completed by Senior Team- daily and nightly.

- Internal Infection Control training ongoing, all staff to complete HIQA IPC online education. Cleaning training recently provided to all household staff- re: Covid-19.

- Infection Control audits completed by Quality Team every 2 months, action plans created, and non-compliances closed promptly

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	31/08/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2020