



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

## Issued by the Chief Inspector

Name of designated centre:	CareChoice Finglas
Name of provider:	CareChoice Finglas Limited
Address of centre:	Finglas Road, Tolka Valley, Finglas, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	17 April 2024
Centre ID:	OSV-0005307
Fieldwork ID:	MON-0043383

## About the designated centre

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

The designated centre provides long term residential care, transitional/respice care and convalescent care for persons, male and female, aged 18 years or over. The premises can accommodate up to 89 residents in five units located over five floors; Tolka, Rivermount, Farnham, Claremont and Bellevue. There are two passenger lifts between floors. All bedrooms are en-suite with additional assisted shower and bathroom facilities on Rivermount and Claremont units. The majority of bedrooms are single occupancy. At least one twin room is available on each unit except on Bellevue. Each unit has its own lounge and dining area and there are additional quiet seating areas available for residents to meet with their visitors in private. Outside garden space is situated on the ground floor of the premises in a secure garden area to the rear of the building. Outside space is also available in a covered patio area which accommodates the resident smoking area and is accessed from the communal lounge on the ground floor. The centre is located in north Dublin close to local shops and amenities and is served by local transport routes.

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

Number of residents on the date of inspection:	77
--	----

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
Wednesday 17 April 2024	10:05hrs to 17:20hrs	Karen McMahon	Lead
Thursday 18 April 2024	08:55hrs to 13:10hrs	Karen McMahon	Lead

## What residents told us and what inspectors observed

From the inspector's observations and from what residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre. Feedback from residents, who the inspector spoke with, was that the staff were 'very supportive', and that residents' choices were respected. Throughout the two days of inspection, the atmosphere in the centre was relaxed and calm. Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well. Residents were observed to be well presented in neat dress.

On the first day of the inspection, the inspector was met by the receptionist who guided them through the sign-in procedure. After a brief introductory meeting with the person in charge, the person in charge escorted the inspector on a tour of the premises. The centre was split over five floors, with a mix of single and multi-occupancy bedrooms. There was also a basement level where the laundry facilities were located.

The centre was observed to be clean and well-maintained. Residents' bedrooms were observed to be bright, spacious and comfortable. Many residents had personalised their rooms with photographs and personal possessions from home. All the rooms had a cosy and homely feel to them and were unique to each of the residents residing in them. There were a number of twin rooms located on various floors in the designated centre. While these rooms were observed to be spacious, it was noted that the location of the privacy screens would obstruct residents from accessing their wardrobe or exiting the room, if the other resident had their privacy screens pulled over.

Each floor has a variety of small and large communal areas for use, including dining facilities and sitting rooms. These rooms were seen to be clean, bright, comfortable and tastefully decorated, and suited to the purpose of their use.

There was a dining room on each floor, which were both spacious and well laid out. Tables were seen to be neatly laid. The daily menu, which included pictures of the meal options, were displayed on boards in each dining room. The inspector observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. There was a choice of hot meals at lunchtime, and a choice of a hot or cold option for the evening meal. The lunch was observed to be well-presented, warm and with ample amounts on the plate. Resident's who chose to eat meals in their rooms were facilitated to do so. The meals were home cooked on-site.

There was an enclosed garden outside for residents' use, accessible through the ground floor. This space was well-maintained and had a suitable ground surface to

enable residents who use wheelchairs or mobility aids to access and utilise the space. There was appropriate outdoor furniture. There was also a smaller enclosed outdoor space that was predominantly used as the designated smoking area. There was appropriate fire safety equipment and call bell facilities located here.

Most residents were observed to avail of the communal areas and were seen to socialise freely with each other. Various activities were observed taking place throughout the days of inspection, including group games and singing. Both residents and staff were seen to enjoy these activities, and there was a high level of engagement by residents. Information boards around the centre had information on the weekly activity schedule, advocacy services and other relevant information.

The inspector spoke with many residents, over the two days of inspection, all of whom were positive and complimentary about the staff, and had only positive feedback about their experiences of residing in the centre. One resident said 'it's home from home', while another resident said 'it's just lovely here'. Residents told the inspector that the food was lovely and they can have alternatives if they don't like the menu choices on a particular day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

Overall, the findings of this inspection were that CareChoice Finglas was a well-managed centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The inspector found that residents were receiving good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

This was an unannounced inspection conducted over two days to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is owned and operated by CareChoice Finglas Limited, who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a named provider representative and an assistant director of nursing. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

The person in charge had been newly appointed to the role in July 2023. The person in charge was a registered nurse who was full time in post and had the necessary

experience and qualifications, as required by the regulations. They engaged positively with the inspector during this inspection.

Management systems in place included meetings, committees, service reports and auditing. Key data was seen to be discussed during meetings attended by senior management in areas such as occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed. A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

A selection of staff files were reviewed on the days of inspection. All files inspected were observed to contain all relevant documents, as set out in the regulations. There was evidence of Garda vetting and relevant training in all files, as well as relevant proof of identification and references.

Notifications of incidents were recorded and reported, as per the regulations. Three-day notifications and quarterly notifications were being appropriately reported and submitted within the regulation's time frame. The complaints policy and procedure had recently been updated to reflect recent regulatory changes and there was an appropriate system to log complaints made.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with experience in the care of older persons in a residential setting. They held a post registration management qualification in healthcare services and worked full-time in the centre.

Judgment: Compliant

#### Regulation 19: Directory of residents

There was a directory of residents available which included the information required as set out in Schedule 3 of the Regulations.

Judgment: Compliant

## Regulation 21: Records

Records required under Schedules 2, 3 & 4 were maintained in line with the regulation, stored safely and were accessible on request.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2023 was reviewed and it met the regulatory requirements.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints policy and procedure had recently been reviewed and updated to reflect the recent regulatory changes. Relevant complaints training had also been completed by the nominated complaints officer and the review officer.

Judgment: Compliant

## Quality and safety



The inspector found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspector observed that the staff treated residents with respect and kindness throughout the inspection.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. These activities included, but were not limited too, hairdressing, arts and crafts, religious services, exercise sessions and music activities. There were minutes of residents meetings reviewed by the inspectors, where their voice could be heard and their opinion provided. However, the inspector was not assured that the privacy and dignity of all residents was maintained. This is further discussed under Regulation 17; Premises.

The registered provider was a pension agent for 16 residents. The inspector viewed documentation in relation to residents' possessions and finances and found that there were appropriate procedures in place to safeguard residents' finances. The inspector observed that each bedroom had ample storage space for residents to store their personal belongings. Every resident had access to lockable storage for safe-keeping. Clothes were laundered on site and returned to residents clean and fresh.

Staff had relevant training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were reflective of trigger factors for individual residents and methods of de-escalation that had a history of being effective for the resident. There was a low level of restraint use within the centre and, were it was in use, it was used in line with national policy.

Residents reported feeling safe within the centre. Reasonable measures were seen to protect residents from abuse such as a safeguarding policy to guide staff, and staff training in relation to the detection, prevention of and response to abuse.

The inspector saw evidence that relevant information accompanied residents on their transfer and on their return to the designated centre following their temporary transfer to another place of care.

The inspector reviewed the medicines and pharmaceutical services within the centre and found that the practices and systems including storage of medicines was safe.

## Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Laundering of residents' clothing and used linen was completed on site and there was system in place to ensure that residents clothing was safely returned from the laundry.

Judgment: Compliant

### Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary absence and discharge of residents was reviewed. All relevant information about the resident being transferred to hospital was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and available for review in individual record files. Care plans were updated accordingly.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated.

The registered provider was pension agent for sixteen residents. A comprehensive system for the management and safety of residents finances and valuables was in place. This included a separate bank account for resident monies, and a full record keeping system of withdrawals and lodgements.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that the layout of the twin bedrooms did not meet the needs of the residents residing in them. For example

- In a number of twin bedrooms a resident had to enter another resident's personal space to retrieve their personal belongings.
- In one twin bedroom a resident could not access the bedroom door to vacate the room, if the other resident had their privacy screens pulled over.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 17: Premises	Substantially compliant

# Compliance Plan for CareChoice Finglas OSV-0005307

Inspection ID: MON-0043383

Date of inspection: 18/04/2024

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The twin bedrooms have been reviewed and privacy screens have been re-arranged to provide full privacy to the residents without obstructing access when privacy screens are pull over .	

**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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	29/04/2024