Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	TLC Centre Santry
Centre ID:	OSV-0000184
Centre address:	Northwood Park, Santry, Dublin 9.
Telephone number:	01 862 8080
Email address:	santry@tlccentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	T.L.C. Centre Limited
Provider Nominee:	Noel Mulvihill
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	125
Number of vacancies on the date of inspection:	3

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.

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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 October 2014 08:30	08 October 2014 18:00
09 October 2014 09:00	09 October 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an announced inspection which took place over two days and was for the purpose of monitoring and informing an application to renew the registration of TLC Santry. The centre was purpose built in 2004 as a designated centre for older persons, and independent living apartments.

Further to a previous application to vary a number of apartments have been converted for use as a designated centre on the third floor. One apartment remains occupied privately at the time of this inspection. The provider has applied for registration for 128 places. Additionally the statement of purpose outlines that 30 beds on the first floor are contracted to the Health Services Executive for psychiatry

of old age services. This report sets out the findings of the inspection and areas for improvement.

The inspector found that overall the provider met the requirements of 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 to a good standard. The provider had addressed all but one of the non-compliances further to the last inspection on 28 and 29 May 2013. The inspector confirmed that improvements had taken place relating to documentation, health and social care needs, staffing, statement of purpose, premises and risk management. A review of laundry facilities had taken place and improvements made. However, further review was found to be necessary to fully meet resident requirements.

The management team in place worked to ensure that there was a strong governance structure in place. The inspector acknowledged a substantial amount of preparation and ongoing work has taken place in preparation for renewal of registration.

There have been significant changes in the management team since the last inspection and registration process. Recent changes to the provider nominee had taken place and the Authority had been provided with full and complete information on the new provider nominee, who had previously been interviewed to ascertain fitness to undertake the role and responsibilities therein. The current management team consists of five directors, all of whom work between the four centres in the group. The newly appointed Chief Executive Officer (nominated person on behalf of the provider) and the person in charge demonstrated that they worked well together. The newly appointed person in charge has been in post since July 2014. The management team are supported in their role by a catering, nursing, care, administrative, maintenance, household and laundry staff.

The inspector found that the health needs of residents were met to a high standard. Residents had access to General Practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day with activity and diversion therapies available.

Residents were regularly consulted about the operation of the centre and there were active residents' and relatives meetings taking place. The feedback reviewed by the inspector from residents was one of satisfaction with the service and care provided. However, a small number of relatives and residents were not fully satisfied with some aspects of complaints management. The pre-inspection questionnaires also highlighted some people's concerns about high staff turnover, and staffing levels in the evenings and at night. The inspector was satisfied that staff turnover had now settled down, and the person in charge undertook to further review staffing at these times. All recruitment practices met the requirements of the Regulations. Staffing levels were found to be adequate on the day of the inspection.

The provider and person in charge promoted the safety and quality of life of

residents. A safety management system was in place for all areas of the centre to manage risk. Staff had received all mandatory training and were knowledgeable about the prevention of elder abuse, safeguarding and other relevant areas. Staff who spoke with the inspector had an in-depth knowledge of residents and their individual needs.

Further to evidence reviewed on inspection, the provider and person in charge had made improvements which had been informed by feedback received from residents and relatives. Areas for improvement identified included contracts for provision of care, the statement of purpose and the systems in place to manage resident's personal laundry. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The provider was found to have partially addressed the action plan relating to non-compliance found at the time of the last inspection. Further revision was required relating to the specific care needs of psychiatry of old age residents that the designated centre was intended to meet, and the facilities and services which were to be provided by the registered provider to meet those care needs.

The inspector reviewed the statement of purpose dated August 2014, submitted with revised details of the provider nominee and person in charge, which was found to be was a detailed informative document which contained relevant information. It contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, improvements were required to adequately outline the arrangements in place for admission of residents to the contracted beds on the first floor by the Health Service Executive. Inclusive of the arrangements for the governance of admissions and provision of adequate care to meet the changing needs of this group of residents.

Judgment:
Non Compliant - Minor

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

Findings:
The inspector found that overall there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure that identifies the lines of authority and accountability. The person in charge worked closely with the provider and the director of clinical services. Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Management meetings were well established and reviewed all aspects of service provision, staffing, health and safety, training, complaints and any other relevant issues which were seen to be actioned. During the inspection the management team demonstrated effective communication and provision of information and records requested.

Roles and responsibilities were clearly defined and ongoing evidence of audit and review of practice evident from this inspection and previous monitoring events. There was a robust system in place to review and monitor the quality and safety of care and the quality of life of residents on a three monthly basis. Improvements were brought about as a result of the learning from the monitoring review and any feedback received.

There was written evidence of consultation with residents and their representatives and actively working on any feedback received from residents and relatives for example, a satisfaction survey reported on during September 2014. The person in charge and provider were open to feedback given further to this monitoring event and demonstrated a pro-active approach. The findings survey of this had been circulated to residents and relatives.

Relatives and residents confirmed that they could easily identify with the management team, and both the provider nominee and person in charge or her deputy were visible at the centre on a daily basis.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Written contracts for the provision of services were found to be agreed on admission. The inspector reviewed the contracts of care for the majority of the 125 residents. The majority had in place a detailed contract of care dealing with the care and welfare of the resident at the centre, which provided detail on the services to be provided and associated fees. Additional fees were clearly stated, for example, hairdressing, transport, physiotherapy, newspapers and dry cleaning.

The inspector saw that a small number of the signed contracts of care, had not been countersigned by the provider's representative, and other had not yet been returned by the resident or their representative. However, records were maintained to reflect correspondence with residents and their representatives in order to have contracts completed.

The resident's guide was reviewed and found to be detailed; it contained a copy of the last inspection report and a summary of the statement of purpose. Additionally a resident newsletter, notice boards and information leaflets were available for residents and relatives.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge had changed since the time of the last inspection. The current person in charge had commenced in the role in July 2014. The inspector determined the fitness and suitability of the person in charge during the inspection and further to an interview completed. The inspector was satisfied that the person in charge was suitably qualified and experienced to fulfil her role. She has the required experience, skills and knowledge to undertake the role of person in charge.

A supportive organisational structure and management arrangements was found to be in place for the person in charge. The person in charge reported to the provider, and was also supported by the director of clinical services. The person in charge was further supported by two assistant directors of nursing and four clinical nurse managers. The provider and person in charge met on a formal basis twice a month and at other times when the provider visited the centre. Other supports included human resources and administrative staff.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
At the time of the last inspection a number of non-compliances relating to documentation of care were found. The provider had put in place a new electronic record keeping system which the staff had received training and support in implementing. Improvements were noted in recording nutritional intake, care plans and risk assessments completed to inform care planning. The staff interviewed confirmed to the inspector that relevant training had been completed and demonstrated competency in this area. Records reviewed by the inspector were accurate, and reflective of the residents assessed needs and individual choices.

Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Improvements had taken place since the time of the last inspection particularly relating to the accuracy of nursing and resident care records. The new electronic record keeping system had been fully implemented at the centre and staff easily retrieved all relevant information requested by the inspector at the time of the inspection. All staff had received training and instruction on the use of the system and touch pads on each corridor.

Nursing and clinical records were maintained on the new electronic record keeping system and records reviewed were found to be person centred and accurate. Overall all nursing and care records reviewed were found to be completed to a high standard. The inspector found that overall documentation was well maintained. The risk register had been completed by the person in charge with regard to restraint.

The designated centre has all of the written operational policies as required by Schedule

5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013.

The designated centre is adequately insured against accidents or injury to residents, staff and visitors.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector formed the view that there were suitable arrangements in place for the management of the centre in the absence of the person in charge. One of the two assistant directors of nursing in post took charge of the centre when the person in charge was absent or on leave, they were supported by four clinical nurse managers, and support from the management team. A clinical nurse manager or senior nurse was allocated in charge on the night shift.

The assistant directors of nursing had the relevant skills, experience and qualifications. Their fitness was determined during the inspection. One deputy had also completed a satisfactory fit person's interview on appointment in 2013. Both were appropriately qualified as general nurses, with management experience. Evidence of continuous professional development was demonstrated, and both were familiar with policy and procedures at the centre. Each assistant director of nursing was closely involved in the day to day supervision of staff, and audit and review of practice at the centre.

At the time of the inspection the person in charge had not been absent for more than 28 days which required notification to the Authority.

Judgment:
Compliant

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 found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken with and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre. They confirmed that there was sufficient staff on duty to meet their needs and they had access to call bells.

A recent report of an allegation of physical abuse was currently under investigation and the inspector reviewed the records of the investigation to date. The report of the findings will be reviewed by the Authority within the required time frame by the person in charge and the provider. The inspector was satisfied that appropriate timely measures were in place to mitigate risk and safeguard the health and wellbeing of the resident at the time of the inspection. The provider confirmed that he had been notified of the incident and had held interim meetings with the persons who brought their concerns to the management.

The inspector found that the provider was involved with acting as an agent for pensions for six residents' at the centre. A review of the relevant records with the financial controller confirmed that this was well managed, and monies were held in a separate account. Access to funds for comforts for a small number of residents was facilitated and documented to a high standard. Occasionally, valuables and small sums of money were placed with the provider for safe keeping, and the inspector reviewed the systems in place and found that they were transparent to safe guard resident's personal property. The policy in place guided the practice of all staff in relation to resident's property.

There was a policy on and procedures for managing behaviours that challenge and a separate policy on the use of restraint which was closely aligned to the National policy. The person in charge had notified all incidents since the date of the last inspection, and these had been reviewed by the inspector and a satisfactory response and actions had been taken by the person in charge.

Staff had appropriate skills to respond to and manage behaviours associated with cognitive difficulties or decline. The inspector reviewed the records of residents and found that each episode of behaviour was documented and informed future care.

Residents' assessments and care plans were in place and updated appropriately to guide care delivery. There was evidence that the GP and psychiatric services were closely involved in the care as required. A high standard of respectful communication was observed by the inspector.

The use of restraint was in line with the national policy on restraint. The rationale for use of any form of restraint was documented, and the restraint register was reviewed monthly by the person in charge. There was a system in place to monitor all residents using restraint and this was well supervised in practice.

The inspector observed staff delivering care in a way which safeguarded resident's dignity and respected the individual's rights.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The inspector found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. Improvements had taken place and a full review of the risk management policy had taken place to address action plans relating to residents who smoke, and residents who exhibit exit seeking behaviours. The use of safety devices which may restrict movement has been reviewed and each resident had individual risk assessments in place to promote their individual freedom and rights.

The inspector read the updated risk management policies which were developed in line with the legislation and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

Written confirmation dated August 2014 from competent persons that of all requirements of the statutory fire authority, and building control had been met, and had been submitted to the Authority prior to the inspection.

Overall fire safety was found to be well managed. Fire safety procedures were in place and staff demonstrated to the inspector a good working knowledge of what to do in an emergency. There was evidence that all fire equipment including emergency lighting, fire extinguishers, fire alarm and fire doors were serviced.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency, and staff were familiar with the content.

The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and regular fire drills were carried out by staff at suitable intervals. There were dates for further fire training in 2014.

The inspector also viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. There was a robust system whereby a staff member checked fire exits daily and this was documented. Staff were familiar with the location of the fire panel and procedures were visible in key areas of the building.

The reception area was staffed on a 24 hour basis and controlled access to the grounds and parking was maintained, with CCTV cameras in place external to the premises.

The maintenance manager and team for the group managed the maintenance schedules and fire safety procedures. Any issues were brought to the management meeting and actioned, the minutes of the last meeting were reviewed by the inspector. All environmental issues which were identified on a daily basis were recorded for action by maintenance staff in the health and safety book and discussed at the meeting. The inspector was satisfied that all risks were identified, appropriately risk assessed and risks mitigated to prevent accident or incident.

For example, the inspector found that the water at hand basins was temperature regulated and regular checks took place by the maintenance staff. A generator was in place for emergency use and this was maintained appropriately.

The maintenance team had been closely involved with co-ordinating the decorative upgrade of the communal seating areas on the second floor

There was an up to date health and safety statement in place which had been reviewed in 2014 and it related to the health and safety of residents, staff and visitors. The provider and person in charge had developed a risk register to identify and manage the risks in the centre. Measures were in place to prevent accidents and facilitate residents' mobility, including non-slip floor covering in bathrooms and toilets.

All staff had been trained in manual handling and appropriate practices were observed by the inspector, and sufficient assistive equipment was found to be available for use in a timely manner.

The covered smoking area in the garden was accessible by residents and used by a small number of residents, who had risk assessments completed. The resident questionnaire rated the general safety of the centre as very good; 83%, good 13% and average 4%, when asked "do you feel safe, secure and cared for".

The inspector found that there were measures in place to control and prevent infection. Staff were managing and controlling risks associated with infection and reporting and managing appropriately any suspected outbreaks. Staff were knowledgeable in infection control and training had been provided. Staff had access to knee operated sinks, and supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There was a medication policy which guided practice and administration practices were observed to be of a high standard.

The inspector viewed completed prescription and administration records and saw that they were in line with best practice guidelines and legislative requirements. Written evidence was available that three-monthly reviews were carried out. Overall residents and relatives feedback also confirmed that this was the case. The pharmacist was also involved in medication safety and was available if required in the centre.

Feedback received prior to the inspection relating to concerns about a delay in obtaining medication out of hours. The assistant director of nursing confirmed that new arrangements had been put in place to access pharmacy on an emergency basis in the area to accommodate emergency requirements at weekends and evenings.

Competency assessments were completed with new nursing staff on induction, and on an ongoing basis by the person in charge or her deputy. The inspector observed medication administration and found that medication was administered in line with the policy and best practice.

Medications that required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift.

Detailed medication audits were completed by the person in charge or her deputy to identify areas for improvement and there was documentary evidence to support this. Medication errors or omissions were reviewed by the person in charge and systems were in place to minimise the risk of future incidents. Findings were discussed at nurses meetings.

There were appropriate procedures for the handling and disposal of unused and out of date medicines. All staff nurses involved in the administration of medications had undertaken medication management training, further to a review of training records.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Records of incidents occurring in the designated centre were maintained and where required, were notified to the Chief Inspector. A full review of all notifications took place by the inspector prior to this inspection and followed up on as part of the inspection process. The person in charge was familiar with the reporting arrangements in line with legislative requirements.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate allied health care. Residents' healthcare needs were met to a high standard. Arrangements to meet their needs were set out in a care plan, with the involvement of the resident or the residents' representative.

Improvements had taken place further to the last inspection relating to records of care, and records of the resident's involvement with the care planning process. The inspector was satisfied that the improvements in data management and training put in place had fully addressed the non-compliances relating to records and improved daily communication and supervision arrangements at the designated centre.

The feedback relating to activities available was found to be good, the garden was accessible to residents. Respondents to the questionnaires named good activities such as quizzes, outings, jewellery making, using the garden for activity and pet therapy at the centre. Four activities co-ordinators were in place, and activity such as crafts, music and exercises were observed during the inspection. Outings were planned with the use of the wheelchair accessible transport. For example, a trip to see a singer, and local community events were seen to be accessed by residents and the activity team.

Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. A physiotherapist was available on the staffing roster five days a week. He reviewed residents on referral and was also a qualified moving and handling instructor. He was interviewed and confirmed that he was actively involved in health promotion activity and monitoring moving and handling practices at the centre. The physiotherapist was also an integral part of the falls prevention meeting and auditing falls with the falls prevention team. The inspector reviewed residents' records and found that residents had been referred to these services in a timely manner and records of assessment and reviews were written up in the residents' notes.

The inspector reviewed a sample of residents' files and noted that improvements had taken place since the time of the last inspection to address non-compliances. The provider had implemented an electronic record keeping system and information was readily available and accessible. Nursing assessments, care planning and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines, and in a person centred manner. Overall care plans reviewed by the inspector contained the required information to guide the care for residents, and were updated to reflect the residents changing care needs. Residents and/or relatives were involved in the development of their care plans and they discussed this with the inspector.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of physiotherapy intervention, hip protectors and increased supervision. There was good supervision of residents in communal areas and adequate

staffing levels on the days of the inspection to ensure resident safety was maintained.

There was an adequate policy in place on falls prevention to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall. Improvements were noted to records of clinical incidents which were found to be fully completed and actioned. Monthly audit took place and records including photography (if required) were found to be well maintained by nursing and care staff. The evidence was that care delivery was in line with evidence based practice with good outcomes for residents. The inspector discussed the results of the audit with the person in charge, which had highlighted the first floor with the most number of falls. She confirmed that continuing measures to mitigate risks of falling were implemented on each floor, and especially on the first floor as all staff members were fully aware of the findings of the internal audit.

The inspector found that there was an emphasis on reducing the use of restraint, and implementing alternatives. Training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bed rails. There was evidence of alternatives available. For example, a small number of residents had been assessed and had been using a bracelet to alert staff if they left areas of the main building inadvertently. The person in charge had recently ceased the practice of taking residents to the front door once a week to test the bracelet and put in alternative measures which were less restrictive if appropriate.

The inspector reviewed the records of residents with at risk of skin breakdown and pressure ulcers and read the care plans of a resident with a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. An evidence-based policy was in place and this was used to guide practice of nursing and care staff. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers, and appropriate pressure reducing strategies and care was in place for residents assessed as at risk, and records of re-positioning and pressure relieving devices were found to be accurate and evidence based.

A small number of residents had been referred for specialist assessment by a tissue viability nurse, and records were in place and care delivery in line with recommendations and that of the multi-disciplinary team including their nutritional needs. Further to review of the records and care delivery the inspector was satisfied that this area was well managed. Reporting to the Authority was found to be accurate and included the relevant pressure ulcer grading.

Judgment:
Compliant

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 premises were purpose built and opened during 2004 and can accommodate 128 people. Residents are accommodated over four floors. The designated centre is located in an urban setting in Santry. The main building is accessed from the reception area and parking for visitors is accessed on either side of the building. Access to the building is controlled and all visitors to the centre are asked to sign in and undertake hand hygiene at the reception area.

The design and layout of the premises is suitable for the stated purpose as outlined in the Statement of Purpose. There were adequate toilet, shower and bathroom facilities for resident use. Two resident passenger lifts and three stairwells are in place. An internal lift system operates to each floor from the kitchen to efficiently transport hot foods to each of the dining areas on each floor.

The ground floor has a reception area, foyer, oratory, a hairdressing salon, activities room and large day room with a fine dining area for private occasions. The ground floor restaurant and staff rest room are also accessed on this level. There is one assisted toilet and the person in charge and assistant director of nursing have an office near the front door.

The main kitchen is located in the basement floor which serves all dining areas, and the basement also accommodates the laundry and maintenance area and car parking for staff. The laundry facilities were reviewed and the space had been improved since the last inspection. The laundry was well equipped with appropriate washing and drying machines and facilities to iron linens and clothing. The floor had been tiled and the ironing area improved. On this inspection one large industrial washing machine was found to be out of order. The staff had been using two machines to undertake all linen, towels and residents' personal laundry requirements. Evidence was given to the inspector that the machine was to be repaired, and would be returned to use shortly after three weeks, as a part was required for this repair to take place.

The inspector had received feedback prior to the inspection from relatives and residents that they were not satisfied with the systems in place to manage the laundering and return of personal clothing to residents, and delay in return of clothing. Additionally, comments were received that the towels provided could be 'hard' and that the sharing of wardrobes in twin rooms was not satisfactory. The inspector requested that the provider review the systems in place and implement a revised system if necessary to ensure that the volume of laundry for the designated centre could be adequately managed.

Hot water was thermostatically controlled to wash-hand basins and shower/bath

facilities, and in the hairdressing room. Regular checks took place by maintenance staff and the inspector was satisfied that the water temperatures were safe.

The rooms are as follows and were extensively reviewed on the initial registration inspection and were found to be substantially in compliance with the legislative requirements and met the stated purpose as outlined in the statement of purpose:

- 56 single bedrooms (with 42 with full en suite facilities), the remainder on the third floor have a shower room and toilet adjacent to their bedrooms
- 36 twin bedrooms (with 32 full en suite facilities), the remainder on the third floor have a shower room and toilet adjacent to their bedrooms.

All the centres' facilities were found to be available to each resident on all to those on all four floors. The inspector was informed that 30 residents admitted through community psychiatry services were accommodated on the first floor. Although a small number of these beds were not occupied at the time of the inspection. Respondents to the questionnaires had said that they felt that the twin rooms were not big enough for two residents. The inspector could not identify particular difficulty with the layout or design of the twin rooms inspected. However, the person in charge informed the inspector that a number of residents and relatives had requested transfer to single accommodation when available, and there was a small waiting list in operation at the centre.

The inspector noted that the standard of ongoing maintenance was good, the premises were well maintained and there was an ongoing maintenance programme in place. There was adequate lighting, ventilation and heating in place throughout the building. Storage facilities were adequate and corridors were wide and had handrails in place.

All residents had access to a large outdoor garden where residents were seen enjoying activity and fresh air. Seating and was in place for leisure and garden activities. An outdoor smoking space had been designated for residents use. Each floor had private space where visitors could meet with residents. The inspector recommends that access and egress from the premises be reviewed relating to improving the level of independent and wheelchair users' access to the front and garden doors.

The kitchen was an adequate size in relation to numbers of residents at the centre. The inspector reviewed the most recent environmental health inspection report, and the response from the provider which was satisfactory.

Judgment:
Non Compliant - Minor

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Complaints were found to be well managed, and the person in charge was the nominated complaints officer. The complaint's policy and procedures were clearly displayed and in place. The inspector noted that it met the requirements of the Regulations. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint. Residents and relatives were aware of the name of provider and person in charge.

The inspector was satisfied that all the complaints made to the person in charge or her deputies had been documented and investigated in line with the policy. Complaints and feedback from residents were viewed positively by the provider and the person in charge. Feedback also came from individuals and through the resident's meetings facilitated by the group advocate.

The records of written and verbal complaints since the previous inspection were reviewed by the inspector. The provider and person in charge had dealt with complaints since the date of the last inspection. Records of the initial complaint and investigation maintained and the outcomes and acknowledgement of complaints was found to be in line with the complaints policy.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents. The provider and person in charge had attended meetings held by the Authority relating to self assessment and thematic inspection of end-of-life-care. The self assessment submitted formed part of the pre-inspection review and informed the registration renewal inspection.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. The self

assessment for the thematic inspection was submitted prior to the inspection and reviewed by the inspector. The person in charge had not identified any area for improvement in the self assessment. The person in charge informed the inspector that care plans were in place and reviewed to ensure they met the changing needs of residents. At the time of the inspection a resident was receiving end of life care at the centre. The inspector was satisfied that all documented care interventions were evidence based and reflected the privacy, dignity and choices of the resident and relatives.

Care plans were found to reference the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The decisions concerning future health care needs had been discussed with the GP and documented. Most residents resided in single rooms, access to a single room for those residents in a twin room could be facilitated should the need arise according to the person in charge. For example, one resident in a shared room was accommodated in a private room near the nurse's station which had access to suitable facilities, to enable a greater level of privacy to the resident and relatives.

Overnight facilities were provided for visiting family members who wished to stay with their loved one. The nursing staff confirmed to the inspector that the centre received support from the local palliative care team when required. The service was accessible upon referral by the GP. Staff members were knowledgeable about how to initiate contact with the services. Staff training records reviewed confirmed that staff had received training in end-of-life care in 2014.

Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family. Mass and service from other religious denominations took place weekly. The oratory space on the ground floor, near reception was also utilised as a quiet space and also used for relaxation and one to one activity.

Residents and visitors were informed sensitively when there was a death in the centre. Residents were informed in person and allowed to pay their respects if they wished to do so. Facilities were in place to accommodate residents to lie in repose, and allow for last respects to be made by family and friends at the centre.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Each resident was provided with food and drink in quantities adequate for residents needs, and available on a regular and as required basis throughout the day. Menus were varied and reviewed regularly, and food options gave choice and variety. Changes were based on feedback from residents and inputs and review from a dietician. The self assessment for food and nutrition was submitted prior to the inspection and reviewed by the inspector. The inspector confirmed that the provider and person in charge were found to be compliant relating to this outcome, and there were no areas for improvement identified. Residents confirmed that they enjoyed the food which was properly cooked, prepared and served.

The main dining spaces on each four floors were attractively decorated, and well ventilated, with space to move wheelchairs and mobility aids between the tables. Respondents to questionnaires had commented that sometimes dining spaces were busy and crowded at mealtimes. This was not found to be the case on the inspection days. The inspector observed two full mealtimes at the centre and found that food was attractively presented and very much a social occasion. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated.

The nursing and care staff monitored the meal times closely. Residents' who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal which was presented separately on the plate. Regular drinks both hot and cold were provided during the day and with meals. Portion sizes were appropriate and second helpings were offered. All residents expressed satisfaction with their meals to the inspector on the day of the inspection.

The inspector spent time in the dining rooms, and visited residents who also chose to eat the main meal in their bedrooms and found that the dining experience was dignified, pleasant and relaxed for the residents. A small group of resident ate their meals in the day space of the second floor, this was known as 'sitting cum dining'. Table linens such as cloths and napkins were available, and this smaller area allowed for a more restful mealtime. The inspector observed staff seated beside residents assisting them with a meal, staff assisted one resident at a time with their meal. The meal time provided opportunity for social interaction between staff, residents and relatives.

Relevant information pertinent to the meal time was in place and was reviewed by the catering manager and person in charge. The inspector met with the catering staff who demonstrated an in depth knowledge of each residents' dietary needs, likes and dislikes and this was documented. Snacks were provided at any time as requested, a variety of snacks, such as yoghurt, scones, crackers and fruit were available. Improvements were noted in records relating to each residents nutritional needs and care plans were found to be accurate and person centred.

Inspectors found that showed that records of residents' weights were in place, and checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic and speech and language (SALT) review. The treatment plans for residents was recorded in the residents' records. Medication records showed that supplements were prescribed by a doctor and administered appropriately. However, staff provided fortified meals as a first choice as individually required.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that all staff treated residents with respect, with regard to each individuals' privacy and dignity and that strong emphasis was placed on these values by the provider and person in charge.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged and facilitated.

Residents' meetings took place within the centre; the last records of minutes were reviewed by the inspector, showed it had been chaired by the group advocate. Many residents told the inspector they had opportunities to discuss issues as they arose with the person in charge, provider or any staff member. The person in charge and all staff were seen to interact well with residents during the inspection. The person in charge told the inspector that any issues raised by residents for example, in relation to food were addressed at local level or at management meetings where additional measures were required.

Residents had access to independent advocacy services, the advocate met with residents regularly and any issues raised were raised with the person in charge, to follow up on. Relatives said if they had any query it was usually addressed immediately.

They also said they were kept up to date with any changes in health or social care. The inspector found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to bed and the time they got up.

The inspector noted that televisions had been provided in residents' bedrooms, and each room was wired for telephone access. Residents had access to newspapers daily and the activity staff read sections of the paper to residents relating to current affairs. Access to the internet was provided in house. The activities staff were actively promoting resident involvement with community events.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences every day at the centre with a colourful programme on view. There were activity staff employed in the centre and the benefits to residents were apparent. A schedule of activities was available each day and the inspector noted that various activities were being provided throughout the centre. The hairdresser visited three times a week and was working on the day of the inspection.

Residents commented they enjoyed their lifestyle and access to local shops and facilities. There was evidence that residents engaged in activities such as music, a therapeutic programme specifically for residents with dementia, exercises, quizzes and hand massage.

Social care assessments were in place in respect of all residents and residents, which included individual likes and dislikes and each resident had a care plan to guide the social care services delivered.

Residents' communication needs were highlighted in care plans. For example, a staff member explained how she described to a resident with a visual impairment, where each part of her main meal was located on their dinner plate to assist with independent dining.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Residents could have their laundry attended to within the centre. However, since the last inspection some issues had been raised with the management as feedback from residents and relatives, and a review of the laundry service had been completed. The respondents to the pre-inspection questionnaires also highlighted issues with return of laundry.

All laundry services were provided on site, in the basement facility. The laundry machines had been moved to allow for reorganisation and better use of space, and improved flooring. Storage space was also provided on each of the floors to facilitate return of clothing. There were clear procedures in place for the management of laundry that required additional infection control procedures. Residents admitted under the Nursing Homes Support Scheme had laundry services included in the overall fee and this was outlined in the contract of care, and resident's guide.

The inspector had also received feedback prior to the inspection from relatives and residents that they were not satisfied with the systems in place to manage the laundering and return of personal clothing to residents, and delay in return of clothing. The inspector requested that the provider further review the systems in place and implement a revised system if necessary, to ensure that the volume of laundry for the designated centre could be adequately managed within existing arrangements and systems.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents' property in line with the Regulations and a list of residents' property was maintained by staff. The inspector recommends that consideration be given to each resident in the 36 shared rooms having access to their own private wardrobe space, which would not require them to share this facility with other residents.

Judgment:
Non Compliant - Moderate

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

Findings:
The actions further to the last inspection had been addressed by the provider and the person in charge. Training had been provided on the new electronic record keeping system. Staff confirmed attendance at dementia care training and mandatory training when interviewed by the inspector.

On the day of inspection the inspector found that the staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Overall, the residents, relatives and staff agreed that there were adequate levels of staff on duty and needs were met in a timely manner. Staffing levels had been closely reviewed by the person in charge and she confirmed that staffing was maintained as stated in the statement of purpose and function as 1 to 5 during the day, and 1 to 10 at night. Additionally a clinical nurse management took management responsibility out-of-hours.

Feedback from relatives spoken to by the inspector expressed satisfaction with the existing facilities and staffing levels. However, the respondents from some questionnaires expressed concerns in relation to availability of staff during some of evening and at night. The management team were informed of the relevant feedback by the inspector and undertook to review current staffing provision to meet resident needs on an ongoing basis.

The inspector discussed the range of skills and experience of staff allocated to each floor. None of the current nursing staff working on the first floor, had qualifications in psychiatry. However, the person in charge confirmed that a fully qualified psychiatric nurse currently employed was moving to the first floor to work with residents requiring that specialist input. The person in charge also confirmed that she (or her deputy) are involved with the pre-admission assessments of all residents other than residents referred by the psychiatry of old age service, to ensure the centre could meet any proposed residents assessed needs. The provider and person in charge are proposing to become involved with pre-admission assessments for this group of residents in the very near future.

The inspector found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. Staff told inspectors that they felt well supported by the person in charge, management team and the provider. A clinical nurse manager was individually responsible for supervising care for each of the floors. In practice staff nurses and a team of care assistants provided direct care and each floor had a defined allocation sheet for duties and care provision.

Resident dependency was assessed using a recognised validated dependency scale and the staffing rotas were adjusted accordingly.

The inspector found that there were procedures in place for supervision of residents in the communal areas, and additional staffing could be sourced internally with a clear system in place that staff were familiar with. Care staff have received training in use of the touch screen electronic record keeping system, and demonstrated competency in this area.

Staffing and recruitment were closely reviewed on the last monitoring event, and a sample of staff files were examined on this inspection. The inspector noted that all relevant documents were present, and vetting procedures were up to date. Administrative supports were in place to assist the provider and person in charge.

Staff told the inspector they had received a broad range of training which included falls prevention, wound management, end of life care, infection control, pain management, dysphagia, and the use of the malnutrition universal screening tool.

A training plan for 2014 was in place for staff. All of the 75 care assistants employed except two had completed Further Education and Training Awards Council (FETAC) level five or above. The person in charge regularly audited the training files to ensure all relevant training was provided in order to meet the needs of the residents.

Training was provided for staff in areas such as medication management, fire safety and managing challenging behaviours.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

Staff told the inspector there were open informal and formal communication within the centre The inspector found that there were formal arrangements to discuss issues and residents needs as they arose, at nurses meetings and staff meetings held regularly.

While nurses provided adequate supervision of staff and residents on a daily basis. The person in charge had completed training with nursing staff relating to their responsibilities for supervision and delegation of work to care assistants and allocation of workload. Residents and relatives confirmed to the inspector the availability of staff throughout the day and night and were happy with the standard of care at the centre. The provider and person in charge had an established appraisal system in place for all staff.

Staff were formally supervised on a six monthly basis.

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:

Leone Ewings
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 report[1]

Centre name:	TLC Centre Santry
Centre ID:	OSV-0000184
Date of inspection:	08/10/2014
Date of response:	09/11/2014

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Revision was required relating to the specific care needs of psychiatry of old age residents that the designated centre is intended to meet, and the facilities and services which are to be provided by the registered provider to meet those care needs.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The previous inspection required that revision of the Statement of Purpose take place relating to the admission process to reflect practice in respect of residents under the remit of the Psychiatry of Old Age Community Team.

The Statement of Purpose will be changed to reflect the outcome of negotiations to ensure that the Director of Nursing or the Assistant Director of Nursing undertakes a pre-admission assessment of all residents including those referred by Psychiatry of Old Age.

The total quota of residents in this group has reduced from 30 to 23 thereby reducing the complexity of care need. It will further reduce to 22 in the future and that will be the total complement for this service. Pre-admission assessment of prospective Psychiatry of Old Age residents will ensure that TLC Santry is confident that it can meet their care needs.

This assessment will consider the presenting condition and dependency of the resident, the existing cohort of residents and their care needs and the skill set of staff employed in TLC Santry. The assessment will also be informed by the supports available in TLC Santry. At present, TLC Santry employs a registered nurse who has an MSc in Psychiatric Nursing and as such provides a valuable resource to assist in the specialist care of residents with psychiatric conditions. The wellbeing of these residents is also assured by the close attention and frequent weekly review afforded them by the specialist personnel from the Psychiatry of Old Age Service including a community psychiatric nurse and visiting consultant psychiatrist.

Proposed Timescale: negotiation will begin immediately and will be completed by 28th February 2015

Proposed Timescale: 28/02/2015

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All residents did not have a signed contract for provision of services in place.

Action Required:
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

TLC Santry has undertaken an audit to ascertain the number of residents who do not have fully signed contracts. Following this audit, all residents or their families were approached and provided with a contract and requested to sign. Many of these have now been returned and are appropriately signed. The process will continue until all contracts are returned signed. If returns are tardy, residents and/or their families will be reminded of the obligation of TLC to have such contracts in place.

Proposed Timescale: 31/12/2014

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The laundry service is not meeting all residents expectations relating to the return of laundry and systems in place to manage at the designated centre.

Action Required:
Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

Please state the actions you have taken or are planning to take:
The Person in Charge will undertake a review of the workings of the laundry. TLC Santry will purchase duvets and duvet covers for all beds. This will reduce the level of clothing laundered. This reduction in volume coupled with a review of processes will bring about positive outcomes and increase the satisfaction levels of all involved. All clothes will continue to be marked with the owner's name and will be returned promptly to the residents' room on return from the laundry.

Proposed Timescale: 31/01/2015