

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tearmainn Bhride Nursing Home
<b>Centre ID:</b>	OSV-0000399
<b>Centre address:</b>	Brideswell, Athlone, Roscommon.
<b>Telephone number:</b>	090 648 8400
<b>Email address:</b>	info@tbnh.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Aidan, PJ and Teresa Curley T/A Tearmainn Bhride Nursing Home
<b>Provider Nominee:</b>	Aidan Curley
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	Damien Woods;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 1 day(s).

**The inspection took place over the following dates and times**

From: 26 February 2015 10:00 To: 26 February 2015 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 report set out the findings of the Registration inspection, which took place over one day and was the eleventh inspection carried out by the Health Information and Quality Authority's (the Authority) Regulation Directorate.

Inspectors met with the resident's, relatives, provider, person in charge, person participating in management, and staff members. The four actions from the previous inspection dated 05/09/2014 were reviewed as part of this inspection and inspectors found that all requirements had been completed satisfactorily.

Inspectors found that the care provided in this centre had improved over the last two inspections of this centre. Inspectors reviewed eighteen outcomes on this inspection, twelve outcomes were compliant, one was substantially compliant and five were

moderately non-compliant.

The person in charge had commenced his role on the 16/6/14. He had the required nursing experience working with older persons as required by Health Act 2007. However inspectors found that he was not clinically involved in residents care and this required review.

At the time of inspection, the centre was in the process of changing from a computer based care planning system to a paper based care planning recording system which was due to be completed at the end of May. The person in charge stated that the aim of this new system was to ensure a holistic and comprehensive record keeping system of each residents care by all members of the multi-disciplinary team. Inspectors spoke with residents during the inspection, and they were content with the care they had received, and stated that staff were good to them. Residents had access to General Practitioner (GP) services and to a range of other health services. However there was evidence that the management of wounds and end of life planning required review.

Inspectors again identified that staffing levels were an issue, particularly at night, as there was only two staff allocated for up to 29 residents, eighteen resident's were assessed as requiring maximum or high dependency care. These areas for improvement are further discussed in the body of the report and the Action Plan at the end of this report identifies improvements required.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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):**

No actions were required from the previous inspection.

**Findings:**

The Statement of Purpose in Tearmainn Bhride Nursing Home accurately described the aims, objectives and ethos of the service. The facilities and services described in the Statement of Purpose reflected in practice, and all the information required by Schedule 1 of the Regulations were contained within the statement of purpose. The Statement of Purpose was made available for visitors in the reception area of the designated centre.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was effective and clearly defined management structure in place in the centre. The provider had ensured that there was a full-time person in charge in the centre Frankie Flynn met the requirements of the regulations and that he was supported in his role by a team of competent staff. The provider had also ensured that there were

sufficient resources in place, and the person in charge deployed those resources to ensure effective delivery of care.

The inspectors observed clear direction and leadership from both the person in charge and his deputy manager. Residents, relatives and staff were very familiar with the management team and were heard addressing them by their names. Residents, relatives and staff told the inspectors that they were very happy living in the nursing home and that staff were kind to them, and this was evident from the observations of the inspectors.

There was a well-established quality programme that included in-house audits. Some of the audits reviewed included medication audits, restraint and environmental audits. However, inspectors noted that the person in charge was not able to access clinical data on the computer relating to residents care and that there was no system in place by the person in charge to monitor and review the quality and safety of the care provided in the centre; particularly in relation to wound care and end of life care. Inspectors identified that the person in charge needed to take on a more clinical role in managing the healthcare needs of the residents.

**Judgment:**

Non Compliant - Moderate

***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:**

An inspector read a sample of contracts and saw that they contained most the requirements as outlined in the regulations; however some contracts did not set out additional fees charged to residents. There was a residents' guide that an inspector read and noted that it met the requirements of the Regulations.

**Judgment:**

Substantially Compliant

***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 (PIC) was a registered nurse and had the required experience in nursing older people. Following review of documentation submitted as part of the renewal of registration application the inspectors noted that he had demonstrated a commitment to continuous professional development. An inspector found that he demonstrated a commitment to continuous review and improvement of the service and the outcomes for residents.

Residents and relatives were aware of the person in charge and told inspectors that the PIC would attend to issues/complaints in a prompt manner if they raised a concern.

Throughout the inspection, the Person in Charge demonstrated his knowledge of the Regulations and the requirement placed on him by them. An inspector discussed the requirement for fitness for the role he held and was satisfied that he understood this requirement. However, the person in charge acknowledged that he was unable to use the computer and that he was dependent on staff to access resident's information on the computer. However, residents care plans were currently being transferred onto paper base filing system from the computer-based system and the person in charge stated that he would have access to all the residents' information once this system change is complete. Inspectors found that this was impacted on the person in charges ability to do his job, for example; in particular for reviewing and managing residents wound care and end of life care plans.

**Judgment:**

Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

The person in charge and provider had in place a range of policies and procedures to guide staff in the safe delivery of care to residents. During discussions with staff, it was evident to an inspector that they were familiar with these policies and operational policies as required by Schedule 5 of the Regulations. All information required as part of this inspection was readily available and complete.

The inspectors found that records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. Inspectors reviewed four staff files to access compliance with schedule 2 documents.

**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 provider was aware of the requirement to notify the Chief Inspector should the person in charge be absent for more than 28 days.

From discussion with the provider, the person in charge and PPIM the inspectors found



that the deputising arrangement in place were adequate to provide continued governance in the centre.

**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 inspectors were satisfied that the provider and person in charge had measures in place to protect residents from being harmed or suffering abuse. Staff spoken to was knowledgeable about all forms of abuse and were very clear who to report any concerns to. An inspector discussed the protection of vulnerable adults with residents, relatives and staff and all stated they would have confidence in reporting any concerns to the management team. They also commented they would be confident that such concerns would be managed appropriately.

There was a policy on the protection of vulnerable adults which an inspector found to be evidence based and up to date. It provided clear guidance to staff. Frequent training had been provided to staff in this area.

An inspector spent time in one of the day rooms and observed staff interacting with residents in a respectful manner. Throughout the inspection, the inspector observed staff assisting residents in a careful manner. The inspectors found that there was appropriate measure in place to assist and support residents with behaviour that challenges. At the time of the inspection, there were no residents displaying any behaviour that may be determined as challenging. Inspectors found a very calm atmosphere in the designated centre. Appropriate documentation including individual assessments were in place for residents who used bed rails/restraint and a restraint register was also in place.

**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 designated centre had addressed the health and safety of residents, staff and visitors while also appropriately managing risk. A Health and safety policy dated 5 January 2015 was reviewed by inspectors. The safety policy was found to be comprehensive and centre specific dealing with a range of issues including manual handling, challenging behaviour and infection control.

There was a risk register in place. This register was reviewed every three months and included environmental risks within the centre.

Six residents indicated in pre-inspection questionnaires that they felt safe within the centre.

All necessary maintenance checks on the fire detection system, such as; fire extinguishers and emergency lighting had been carried out and documented. Two recent fire drills had been completed in the centre the latest 18/2/15 which was recorded in the fire records. Fire exits were observed to be unobstructed by inspectors. The evacuation plan was seen to be on display throughout the centre. An emergency plan was on display throughout the centre. The required fire safety and manual handling training for staff had been provided completed.

Up to date falls assessments, post falls reviews and changes to care plans had been adequately completed to reduce the falls in the centre since the last inspection.

**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 inspectors found that there were appropriate and safe medication practices in place.

There was a policy in place which provided clear guidance to nurses and which nurses were familiar with.

An inspector reviewed a sample of prescription and administration sheets and saw that they were in line with professional guidance. There was evidence of reviews by both the GP and pharmacist. An inspector observed a nurse during a medication round and found that this nurse administered medication to residents in a respectful manner.

**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:**

A record of all incidents occurring in the centre is maintained. Notifiable events were all sent to the Authority as required.

**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):**

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

**Findings:**

An inspector saw that the arrangements to meet resident's assessed needs were set out in the individual residents care plan. Residents and relatives spoke to, and a review of

residents and relative's questionnaires indicated that they were satisfied with the service and care provided. There was access to health professionals as required such a General Practitioner (G.P.) nutritional advisor and speech and language therapist and evidence of these reviews were seen by an inspector in the residents' files.

An inspector reviewed a number of care plans in particular for residents that had pressure wounds and found that although there were appropriate assessments in place, care plans did not clearly state actions to be taken to manage effective treatment. For example, the Authority was notified that one resident had a grade 3 pressure wound on the 18/12/14. However, the resident was not seen by the General Practitioner until 30/12/15 and had not been reviewed by the General Practitioner (G.P.) since that date. Inspectors saw up to assessments of the wound, which showed and the nurse confirmed, that the wound had deteriorated to a grade four. Although the PPIM stated that the tissue viability nurse had assessed the patient in January, no documentary evidence was available to show her findings or recommendations following the assessment. As a result the inspectors requested that the Doctor reviews this patient's wound immediately and confirmation was given in writing to the inspectors before the end of the inspection that the G.P. would assess the patient's wound the following morning, and follow-up information would be sent onto the Authority. Following this inspection, the inspector followed up with the deputy nurse and the resident had been reviewed by the GP who advised to continue current treatment and refer to a consultant for a review.

An inspector reviewed another care plan for a resident that suffered from insomnia and found that the care plan advised that the resident was prescribed a sedative at night. However, on review the inspector found that the resident was not prescribed a sedative and therefore the care plan did not accurately direct the care to be provided for this patient. Following review of residents' files and discussion with staff, the inspectors found that the clinical care needs of some residents were not well managed and were not guided by evidence based practice.

**Judgment:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The premises were generally well maintained and clean. The inspectors were satisfied that the design and layout of the building was suitable for the needs of the residents and for the stated purpose as outlined in the Statement of Purpose. There are two single en suite rooms, 3 single bedrooms, 12 double rooms, one main day room, one dining room, 1 oratory, 1 day room/ Visitors Room 1 smoking room. The provider showed plans of proposed extensions to increase capacity of beds in the centre. However, no application for planning permission has been submitted to the planning authority at present.

Inspectors observed assistive equipment such as hoists, wheelchairs and chair alarms which were deployed for the safety and comfort of residents. This equipment was seen to be well maintained. There was also a garden to the front and rear of the premises which residents could access. Inspectors spoke to the maintenance staff and reviewed the maintenance logs and found a system was in place for the on-going maintenance in the designated centre. There was CCTV in operation in communal areas and there were notices in the corridors that cameras were in operation. There was restricted access at the front door and access and egress was through a buzzer system for the safety of residents.

**Judgment:**

Compliant

***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:**

The designated centre had a complaints policy and procedures in place which ensured that all complaints were listened to, promptly addressed and recorded.

A complaints policy was in operation in Tearmainn Bhride Nursing Home. The policy identified the Person in Charge as the complaints officer and provided for an appeal to the Registered Provider or an external person was also named as an appeals person. The procedure for complaints was on display in the reception area of the designated centre and staff spoken to were knowledgeable about the steps to be taken if a complaint was made to them.

Inspectors reviewed the complaints log in the nursing home and found that there were five complaints since late 2014. These complaints were all recorded, actions taken and

date resolved were all documented and complaints responded to in a prompt manner.

**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:**

There was a policy on end of life which was comprehensive, evidence based and provided guidance to staff. The inspector reviewed three residents end of life care. However, no resident's had end of life care plans in place. One resident was near end of life and was receiving regular treatment from their General Practitioner and Palliative care team. There was no end of life information on care plans to guide staff in respecting resident's wishes at the end of life.

The inspector found that some residents had letters containing 'Do Not Resuscitate' (DNR) orders which were signed by a relative, however; it was not signed by the General Practitioner. In addition; the person in charge had not completed an assessment of the residents' decision-making capacity to ensure that the residents were involved in the decision to record a Do not resuscitate (DNR) order in their file.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors found that the nutritional needs of residents were met to a satisfactory level. A comprehensive Nutrition and Hydration Policy was in operation in the designated centre which provided for a nutritional assessment on admission, care planning, and the monitoring of nutritional intake and a review every three months. Staff spoken to were very knowledgeable of the policy's requirements. Inspectors reviewed a sample of residents' files and found that assessments had been carried out which were reflected in residents' care plans.

Inspectors viewed the meals served to the residents for lunch and found the food was appealing, nourishing and provided in sufficient quantity. Residents spoken to expressed their satisfaction with the quality of the food in the designated centre while stating that there was always a choice and that snacks outside of mealtimes were readily available. The mealtime observed was an unhurried event where staff provided appropriate assistance to residents and warm interactions were observed between staff and residents.

A documented system of communication between nursing and catering staff was shown to inspectors by the head chef. There was a 4 week menu plan in operation which was reviewed by a dietician. The chef also indicated that, when possible, he would cater to the food choices expressed by residents and would regularly enquire as to the residents' satisfaction of the quality of food. The kitchen was appropriately maintained with sufficient supplies of fresh and frozen food in its proper storage. It was also noted by inspectors that a range of nutritional training was provided for staff in areas such as nutritional screening and dysphagia.

**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:**

Residents were consulted about how the centre was run and were enabled to make choices about how they lived their lives in the centre. Throughout the inspection, the inspector observed residents being treated with dignity.

The inspector observed friendships and familiarity between residents. Staff members were seen providing individualised supports to residents. For example residents were seen planting flowers, reading local and national newspapers and were watching a DVD on the television of the local area. Residents' civil and religious rights were respected. There was a range of activities both in group and individual activities on offer. An activities coordinator was available some days and residents spoke of the activities available in which they liked to participate.

**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:**

The laundry in the centre was well maintained and provided a daily service to residents. There was a clear system to identify and return laundry to residents. There were no complaints noted in respect of the laundry service. Residents had ample personal storage space in the rooms for the personal belongings and clothing. Rooms were personalised with pictures and other personal items.

**Judgment:**

Compliant



**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

On the day of inspection there were twenty six residents living in the centre. Eleven were maximum dependency residents, seven high dependency, seven medium dependency, and one low dependency needs. An inspector reviewed the staff roster and found that it reflected the staff on duty. The inspector reviewed the staff numbers and skill mix in the centre and found that it adequately met the care for the assessed needs of the residents during the day. However, at night there were only two staff members on duty for twenty six residents. This allocation of staffing at night was inadequate to meet the needs of the residents and requires review.

Inspectors noted from discussion with staff and observation, that the provider and person in charge had ensured a well trained and competent workforce was engaged by the centre. Inspectors observed that staff provided safe care in a respectful friendly manner to residents.

An inspector reviewed the records of staff recruitment. There was a recruitment policy in place. An induction programme was in place which was evident in staff files.

There was a comprehensive training and education schedule as previously described which demonstrated a commitment to ongoing improvement.

**Judgment:**

Non Compliant - Moderate

## 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:***

Thelma O'Neill  
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<sup>1</sup>

<b>Centre name:</b>	Tearmainn Bhride Nursing Home
<b>Centre ID:</b>	OSV-0000399
<b>Date of inspection:</b>	26/02/2015
<b>Date of response:</b>	28/04/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

The person in charge needs to take on a more clinical role in managing the healthcare needs of the residents.

#### Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

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

PIC no longer in this position, PPIM currently acting up in the role and senior staff nurse who has worked here since 1997 and has excellent clinical knowledge of all residents will be taking on the role of PIC

**Proposed Timescale:** 15/05/2015

**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:**

Contracts did not set out additional fees charged to residents.

**Action Required:**

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

Contracts will be amended to incorporate any additional fees

**Proposed Timescale:** 29/05/2015

**Outcome 04: Suitable Person in Charge**

**Theme:**

Governance, Leadership and Management

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

The person in charge was unable to access resident information on the computer and he was dependent on staff to access this information on his behalf.

**Action Required:**

Under Regulation 14(4) you are required to: If the person in charge is in charge of more than one designated centre provide evidence to the chief inspector that the person in charge is engaged in the effective governance, operational management and administration of the designated centres concerned.

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

Contracts will be amended to incorporate any additional fees

**Proposed Timescale:** 29/05/2015

### **Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

Four staff files inspected two did not have Garda clearance for working with vulnerable adults, or photo ID.

**Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All garda vetting forms had been sent but due to long waiting times for return of these we were waiting for some to be sent back to us, all staff files are now up to date with garda vetting and photo ID

**Proposed Timescale:** 28/04/2015

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

The clinical care needs of some residents were not well managed and guided by evidence-based policies as a resident's care plan did not accurately direct the care to be provided to a patient.

**Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All care plans are up to date, more frequent GP visits will be requested for any resident with a wound, the nursing home endeavours to secure the services of an independent tissue viability nurse

**Proposed Timescale:** 26/02/2015

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

Do Not Resuscitate' (DNR) orders were not signed by the General Practitioner.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

All DNR orders are signed by GP and next of kin

**Proposed Timescale:** 28/04/2015

**Theme:**

Person-centred care and support

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

The person in charge had not completed an assessment of the residents' decision-making capacity to ensure that the residents were involved in the decision to record a Do not resuscitate (DNR) order in their file.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

New integrated care plan system includes an end of life care plan which will ensure a complete assessment of the resident

**Proposed Timescale:** 30/05/2015

## Outcome 18: Suitable Staffing

**Theme:**

Workforce

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

This allocation of staffing at night was inadequate to meet the needs of the residents and requires review.

**Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Overall review of shift patterns to be completed

**Proposed Timescale:** 30/06/2015