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:	Tara Winthrop Private Clinic
Centre ID:	OSV-0000183
Centre address:	Nevinstown Lane, Pinnock Hill, Swords, Co. Dublin.
Telephone number:	01 807 9631
Email address:	mccormackm@tara-winthrop.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Tara Winthrop Limited
Provider Nominee:	Mary McCormack
Lead inspector:	Leone Ewings
Support inspector(s):	Sheila McKevitt
Type of inspection	Unannounced
Number of residents on the date of inspection:	137
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, 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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
17 July 2015 10:30	17 July 2015 17:00

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant

Summary of findings from this inspection

This was an unannounced inspection of the centre to follow up on notifications received from the provider and monitor regulatory compliance. The inspection took place and was for the purpose of monitoring compliance particularly relating to safeguarding and restrictive practices.

An escalation in the number and nature of quarterly returns had been reviewed relating to the use of low, medium and high level restrictive 'holds' used by staff and reported to the Authority. The inspector had requested further information from the provider and person in charge, including policy documents, staff training records and rationale for the use of this restrictive practice relating to times when hygiene supports were provided for residents with cognitive difficulties.

The Authority was also in receipt of unsolicited information relating to complaints management. The inspectors reviewed records and were satisfied that management had responded to the complainant within the framework of their complaints process. The inspectors found that further to observation of practice, interviews with relatives and residents, and staff at the centre that the health and social care needs of residents were met to a good standard. Records confirmed that residents had access to medical care, and to a full range of other allied health services and the nursing care provided was of a good standard.

The designated centre provides long term care for older persons and and people with disability. Inspectors found evidence of good practice in all Outcomes inspected at the time of the inspection. However, improvements were required relating to documentation of the duration of restraint, and accessibility on one unit.

The Authority had been notified of changes to key senior managers at the service, however, the individuals were not on duty and will be interviewed at a later date to confirm information submitted to the Authority.

This report sets out the findings of the inspection and areas identified for improvements.

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 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:
Improvements had been fully addressed by the person in charge and provider since the time of the last published inspection report. The written policies had been updated to guide and inform staff around smoking, fire procedures and restrictive practices. Prior to this inspection the inspector had requested and reviewed policies specific to restraint, and challenging behaviours which were submitted by the provider and person in charge during May 2015.

Each resident's individual records were fully maintained on the electronic record keeping system and nursing and care records held by electronic and paper systems maintained were closely reviewed under this outcome. Samples of residents' records were reviewed by the inspectors with the clinical nurse managers on two of the units. The person in charge and clinical nurse managers evidenced improvements in written policy and records of practice to fully inform and guide staff. Records were maintained to maintain accuracy and completeness and were comprehensive. A clear system of supervision and audit was in place to monitor standards of clinical documentation and drive further improvements. For example, the assistant director of nursing was reviewing all residents with bed rails in use to ensure that an appropriate risk assessment was informing this practice and alternatives had been trialled before commencing use. The person in charge and all clinical nurse managers were responsible for supervising and monitoring the standards of record keeping.

As part of the notifications received by the Authority incidence of restraint and clinical holds were submitted, and followed up as outlined in Outcomes 6 and 9 of this report. The records were reviewed and discussed and found to be comprehensive, with clear

evidence of alternatives used prior to the use of any form of restraint. However, the records of the duration of any restrictive practice (when used) were not always documented in all records reviewed on one of the units. The person in charge and clinical nurse managers agreed to review and monitor this, to ensure that records were maintained in line with legislative requirements. Detailed audit of restrictive practices was evidenced by the person in charge and provider which clearly demonstrated a reduction in restrictive practices used in the centre over the second quarter of 2015. For example, there was a reduction in the use of restrictive practices on both units and the cessation in the use of restraint for one resident.

Improvements were also required relating to the final reports of any investigation made of any allegations of abuse, to fully evidence the final outcome and methodology used to review in a clear manner, as discussed in Outcome 7.

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

Findings:
Measures were in place to protect vulnerable residents from being harmed or suffering abuse. There was a revised detailed policy which provided guidance for staff to prevent and respond to any incidents or allegations of abuse. Staff interviewed were familiar with reporting procedures and the policy. There had been four reports relating to allegations of abuse since the date of the last inspection. The records were reviewed of all correspondence and investigations undertaken, inclusive of any interview records. One report had been notified to An Garda Siochana in line with safeguarding policy and best practice. Updates on all investigations had been forwarded to the Authority. The inspectors confirmed, further to a review of the records that in all cases a robust response was evidenced by the management and person in charge or her deputy to safeguard all residents at the centre during the process.

The inspectors found that improvements had taken place since the last inspection and a review of the use of any restrictive practices was in place and alternatives trialled prior to the use of restraint could be clearly evidenced. Evidence of multi-disciplinary involvement in reviewing the use of bed rails was evidenced and regular reviews of the use of bed rails took place. Inspectors observed the use of alternatives such as low low

beds which allowed for residents to get out of their beds and use of crash mats at the bedside.

A risk register and record of the use of bed rails was maintained by the person in charge. However, the quarterly notifications submitted dated 31 April 2015 did not include any bed rails used at the centre as observed by the inspectors on this visit. Samples of documentation both written and electronic records on the use of and reasons for physical restraints in place were viewed by inspectors. Details of the use of bed rails was noted in each residents care plan and a detailed risk assessment tool completed. One of the clinical nurse managers discussed how reviews of each resident took place and the risks associated with the use of any bed rail were discussed and documented before cessation or continuing use. Safety measures such as padding to the rail to reduce the risk of any skin trauma or injury were in place in line with best practice.

The updated policy, and practices was reviewed and discussed with the person in charge; they were found to be largely in line with the national policy on restraint. However, some improvement was required relating to documentation of the duration of the restraint, and the detail of audit completed specifically relating to monitoring the use of the holding techniques which are restrictive practices for people with dementia living at the centre.

The use of 'holds' including low, medium and high level was reviewed in detail inclusive of staff training, rationale for the use of holds, policy and documentation. Staff have completed training for this technique in order to provide care for residents when standard communication and co-operation techniques do not allow staff to deliver care safely. As such, staff are well informed that this is a restrictive practice and is only used as a last resort when all other interventions have failed and there is a risk of 'wilful neglect' as described in the policy. Inspectors confirmed that residents have access to advocacy supports at the service.

The staff use, frequency and training in relation to this technique was closely examined by the inspectors. Staff were interviewed by inspectors and could demonstrate a good knowledge of the policy and the theory and practice from the training received. Knowledge and practice was largely in line with the provider's policy, apart from the requirement to record the duration of any form of restraint; as outlined in Outcome 5 of this report. The provider and person in charge demonstrated clear evidence of audit of the use of holds and reduction in the frequency, and number of holds used as part of the supports required to implement the assessed care needs of a small number of residents with behaviours that challenge associated with cognitive difficulties. The number and nature of any holds used was found to be decreasing, with clear evidence of a reduction in the use of this technique from records reviewed. Residents had received appropriate referrals to include; medical and psychiatry reviews. Behavioural support care plans were comprehensive, with individual plans in place that staff had full working knowledge of. Residents' relatives and representatives had been involved in the planning of care and were fully aware of the content of the care plans, particularly relating to the use of restrictive practices.

The use of 'PRN' (as required) psychotropic medication, was not evident and records

confirmed that all staff avoided and reduced the use of this as much as possible.

The premises and environment of one of the units on the ground floor had been adapted to accommodate 9 residents with dementia who had high support needs, two residents had one to one staff and supervision requirements during the day to ensure their and other residents safety. Incidents and accidents including falls were audited and followed up on with times, and nature of incidents analysed in a meaningful way to improve care outcomes. However, the environment and facilities on this unit were discussed, and the environment required further review to ensure that access to the outdoor courtyard garden was fully accessible to the smaller group of residents in this area. Inspectors observed that direct access required a staff member to be present to open one of the doors in the main corridor to find additional day and outdoor space.

Judgment:
Substantially 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:
The legislative notifications submitted by the provider on a three day and three monthly basis were reviewed and followed up as part of this inspection and the findings are detailed in Outcome 7 of this report.

Judgment:
Compliant

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

Theme:
Effective care and support

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

Findings:
The inspectors found that overall resident's healthcare and social care needs were met to a good standard and the arrangements to meet residents needs were set out in a care plan with the involvement of the resident or relatives. Residents had access to medical care, an out of hours services and a full range of other services available on referral including occupational therapy, speech and language therapy (SALT), dietetic services. Chiropody, dental and optical services were also facilitated. The inspectors reviewed residents' records and found that residents had been referred to services and records and results of appointments were written up in the residents' notes in a timely manner. The allied health professionals documented the assessments and reviews completed to inform the relevant nursing care plans. The medical officer met inspectors and was fully involved with the day to day medical provision in consultation with the residents own General Practitioner.

Nursing assessments; care plans and additional clinical risk assessments were carried out for each resident. 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.

There was good supervision of residents in communal areas observed and adequate staffing levels on the day of the inspection to ensure resident safety and supports were maintained. There was an adequate policy in place on falls prevention to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall. Records of clinical incidents which were found to be fully completed in a factual manner.

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 of skin breakdown. Records of re-positioning and pressure relieving devices were found to be accurate and evidence based.

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 facilitated to communicate and exercise choice and control over their life and were not restricted, apart from the accessibility of doors outlined in Outcome 7 of this report. Each resident had the opportunity to participate in meaningful activities, in line with his or her personal interests. The inspectors were satisfied that appropriate diversional activity was in place for residents with cognitive impairment, and staff offered choices to residents in their daily life.

Staff were observed by inspectors were respectful in all interactions and conversations with residents. Choices were offered and feedback sought to inform practice. There were arrangements for relatives to meet residents in private.

Residents' communication needs were highlighted in care plans and reflected in practice.

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:

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Action Plan

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

Provider's response to inspection report[1]

Centre name:	Tara Winthrop Private Clinic
Centre ID:	OSV-0000183
Date of inspection:	17/07/2015
Date of response:	15/09/2015

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 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:
The duration of any form of restrictive practice was not consistently documented by the registered provider.

1. 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

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

the Chief Inspector.

Please state the actions you have taken or are planning to take:
The duration of restrictive practice was not recorded and this failure was advised by the Inspectors. We have updated our policies and advised staff to record the duration of each restrictive practice.

Proposed Timescale: Immediate

Proposed Timescale:

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors observed that direct access required a staff member to be present to open one of the doors in the main corridor to find additional day and outdoor space.

2. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
We are in the course of applying for planning permission to accommodate the specific needs of our residents with complex needs. Planning for this building is complex due to the number of
Requirements set out by the local authorities. Outdoor space will be provided within three months. The staff ratio to residents in this particular area is one to two to ensure that all their needs are met accordingly

Proposed Timescale: Three months to eighteen months to finish proposed changes.

Proposed Timescale: