

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	TLC Centre Maynooth
Centre ID:	OSV-0000684
Centre address:	TLC Centre, Straffan Road, Maynooth, Kildare.
Telephone number:	01 654 9600
Email address:	maynooth@tlccentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	TLC Nursing Home Limited
Provider Nominee:	Noel Mulvihill
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	81
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 an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 February 2016 09:30 To: 10 February 2016 19:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This announced inspection took place in response to an application to vary the conditions of registration for TLC Centre Maynooth.

The application was made by the provider subsequent to the completion of a large extension to the premises and facilities of the centre. The provider applied to vary the conditions of registration in relation to the maximum number of persons to be accommodated at any one time in the centre. The application requested an increase from 84 to 141 persons to be accommodated at any one time.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All required documents were submitted by the provider and were found to be satisfactory.

The inspector met with the nominated person on behalf of the provider and the person in charge for a discussion on the governance of the new centre. An inspection of the building was also carried out and documentation such as staffing rosters, quality and safety reviews, care plans and policies and procedures were reviewed.

The design and layout of the new building which is separate to the original centre

was found to fully meet the needs of the current resident profile. It was noted to be furnished and decorated to a high standard and provided a comfortable spacious and inviting living environment.

A full registration inspection was conducted in TLC Centre Maynooth on 2 July 2014 covering all regulations within an 18 Outcome framework.

The determination of fitness of the provider and person in charge was previously and successfully undertaken by the Authority with the provider nominee and the person in charge.

Considerable preparations were made by the provider nominee and person in charge for this variation application and this report outlines the findings of the inspection. The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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

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:

A written statement of purpose that broadly described the service and facilities in the centre was available and contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The statement of purpose had been revised to reflect the changes to the design and layout of the new building, the maximum number of residents the centre intends to accommodate and the staffing to be provided.

The document meets the requirements of the Regulations and Schedule 1 in all other respects.

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):

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

Findings:

A clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose was in place. The person in charge (PIC) was a registered nurse with the relevant experience as required by the regulations and worked full-time in the centre. The provider is based on site and works full time within the overarching TLC Group which comprises four centres in total. Currently the Person in Charge (PIC) is supported by two ADON's and 4 CNM's. The management structure had been recently increased to include an additional Assistant Director of Nursing (ADON) in order to ensure governance in line with the proposed increase in capacity. The additional 57 bed capacity will be provided in a separate new building and it is proposed that this second ADON will be responsible for the governance of the new beds. It is also proposed that 2 additional clinical nurse managers (CNM) will also be appointed to support operational governance on both day and night shifts. Increased staffing for both direct and indirect care were also planned. These were discussed in depth with the PIC who was clear on the need for staffing to be linked to the both the number of additional residents proposed and their dependency. A proposed phased admission plan was submitted to the Authority at the Inspector's request subsequent to this inspection. The plan stated that the maximum number of residents to be admitted per week would be no more than four.

A quality and safety review system was in place which included a formal audit process by the senior nurse management team to monitor the standard of care delivered to residents. However findings in relation to care planning and assessment under Outcome 11 of this report indicate that some improvements to this auditing process was required.

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:
To date, notification of a proposed absence of the person in charge has not occurred, however, appropriate arrangements for the management of the designated centre during an absence of the person in charge were in place. The fitness of the ADON's to replace the person in charge in the event of her absence was determined through interview and observation during the inspection and were found to have sufficient experience and knowledge as required by the legislation.

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:

All lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety, fire safety and risk management systems and were found to be compliant. These findings were replicated on this inspection and robust systems were found to be in place for the repair, replacement and maintenance of the premises equipment and supporting infrastructure. All fire records were checked and appropriate servicing was in place. In addition written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied was available.

On review of fire records it was noted that a fire incident which occurred in late 2015 had been managed appropriately safely and swiftly by staff. The incident occurred at night and staff demonstrated they were clear on the procedures to follow and implemented them fully. Following the incident the PIC requested a review of the fire safety aspects by the local fire officer who made some minor recommendations which were subsequently addressed.

Fire compartmentalisation was in place and electro-magnetic doors were provided which closed automatically once the fire alarm was activated. All internal doors were fire retardant. Smoke detectors were located in all bedrooms and general purpose areas. Emergency lighting and fire fighting equipment was provided throughout the building. Directional signage, appropriate fire procedures and exit directions were available throughout the building.

The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors and a register of visitors was available. A CCTV system was in place both internally on corridors and externally. The centre was found to be visibly clean and clutter free. Emergency plans and procedures were in place for evacuation and in the event of a resident absent without staff knowledge.

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:

There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Residents had access to GP services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services.

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by dietician speech and language therapists and physiotherapy reviews. Access to community liaison teams such as palliative care, psychiatry of old age and geriatrician services were reported as available.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

Transfer of information within and between the centre and other healthcare providers was found to be good.

Inspectors were told that where residents attended clinic appointments they were usually accompanied by a member of staff, relative or other responsible person.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need. But it was noted that some of the assessments in use were not comprehensive enough to accurately determine the level of assistance required to inform the care plan. In particular the assessment of continence did not provide clear information on which to base a decision on the type or level of assistance a resident would require. For example the assessment did not help to clarify the reasons for the incontinence such as, lack of bladder or bowel tone, lack of recognition/ or absence of urge to toilet. This negatively impacted on the formation of an individually tailored and person centred care plan to meet the residents needs in full. The continence care plan was not specific enough to guide staff and manage the residents needs. For example it did not identify if the resident could verbalise or otherwise indicate a need to use the

toilet; to what extent or type of assistance was required; the care plan referenced the need to encourage continence but did not state how this was to be provided. Similar issues were found in other care plans such as nutrition where the plan did not guide staff on how to identify triggers for refusal to eat; level of ability to eat unaided or the level or type of encouragement required to ensure an adequate intake was not included. A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place. Although in general care plans reflected the care delivered, further improvements were found to be required. The checks in place, although regular, did not consider the effectiveness of the plans to make sure they were detailed enough to maintain or improve a resident's health. Other improvements to the documentation of care were required, particularly in relation to the monitoring and recording of food or fluid intake for residents who required same. It was noted that all staff had not been informed of the need to closely monitor the fluid intake of some residents and timely recording of intake was not found for all residents. In one instance it was noted that there was only one recording of fluid intake between 11:00 am and 18:00 pm although the inspector was told and a relative could verify that the resident had drunk several glasses of fluid which was not recorded.

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 design and layout of the centre was found to be appropriate to meet the needs of the current resident profile. The new building was found to be finished to a high standard.

The New build called Kinvara House is all one level and consists of;

The main entrance lobby was a bright spacious and tastefully furnished area with a comfortable seating area for visitors and residents to enjoy.

The Reception desk was located to the left of the large glass entry doors. An office is located close to the reception for the ADON. Two nurses' stations are situated at opposite ends of the building. A clinical treatment room is available for use by in house and visiting multi disciplinary clinicians. Communal areas include; two sitting rooms; guest/overnight room; family meeting room; activities room dining area with kitchenette

and main kitchen/severy. There are six wheelchair accessible bathrooms one containing a large hydrotherapy bath.

There are 41 single and 8 twin rooms. A memory box was located outside each room to facilitate orientation of residents with cognitive impairment. All bedrooms contained full ensuite facilities and were appropriately furnished with call bells; over bed lighting; profiling low low beds; bed lockers with lockable drawer; bed table; table lamps and standard lamps; large wall mounted TV; wardrobe and tall boy and comfortable seating. Appropriate screening was in place in the shared bedrooms.

All furnishings and fittings were of high quality, colour co ordinated and contributed to providing a warm relaxed and tasteful environment. All bedrooms met the standards in terms of size.

Each ensuite contained toilet, wash hand basin, dished wheelchair accessible shower area, moulded plastic shower chair/commode with built in foot rest. The ensuites were fully tiled with safe flooring, automatic lighting system on entry, ventilation and call bell. The heating system installed in the new building enabled residents to adjust the heat and the centre was comfortably warm on the day of inspection

A sluice room contained stainless steel sluice sink and drainer; bed pan washer and stainless steel wash hand basin.

The dining room was a large bright and spacious area capable of comfortably accommodating up to 40 people at any one time.

All communal rooms were furnished with comfortable seating at appropriate height, tables TV and music systems.

Each of the sitting rooms overlooked an internal courtyard accessed via patio doors. The patio has non slip flagstoned paving.

Sufficient storage areas were available including linen with separate rooms for clean and soiled linen.

Grab rails were in place on both sides of the corridors and in all bathroom and ensuites. Stainless steel wash hand basins were located in close proximity to nurses stations and communal areas on the corridors and hand gel dispensers were also strategically located on all corridors.

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:

Information in the form of a concern was received by the Authority prior to the inspection. The concern referred to a reduction in the number of staff available to meet residents' social needs. This concern was not upheld. In discussions with the PIC the inspector was told that a member of the activities team had retired from the centre in the months preceding Christmas and there had been some disruption to the activities programme as a result. But the PIC had enlisted the assistance of the TLC group's dementia specific specialist and the TLC group's activities manager to ensure both group activities and 1;1 sessions were continued. The PIC told the inspector that the activities manager was onsite for the full month of December to assist with the delivery of the Christmas programme.

On the day of inspection, a varied programme of activities was observed to be delivered and included; early morning newspaper readings followed by an exercise class delivered by the physiotherapist in the foyer. The staff demonstrated the exercises and encouraged participation. In the afternoon arts and crafts took place in the Courtyard unit. The inspector noted that a relief activities staff member was scheduled to take a group of residents shopping in the afternoon. Individual sessions were also noted to be provided. .

Residents' life stories were collated by staff and a review of the activity programme was currently being undertaken by staff to make the programme more relevant to residents past lives and interests.

The inspector met the dementia specific specialist who was spending one to one time with residents with more severe dementia or cognitive impairment who could not participate in the group activities. This time was used for reminiscence or sensory stimulation. It was found throughout the inspection that there was a heavy emphasis on residents' mental health and well being and also on their involvement in the local community. This was reflected in the amount of resources allocated to the social care needs of residents, with the number of activity co ordinators being increased from one to three in line with the proposed increased capacity. The centre had it's own mini bus to facilitate residents individual and group outings.

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):

No actions were required from the previous inspection.

Findings:

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Agency staff were not used and cover was provided from within the existing staff compliment.

Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on residents' condition.

The PIC gave verbal assurances that staffing numbers and skill mix would be monitored and take account of residents dependency levels. The PIC had considered that the baseline ratio of staffing numbers would be 1:5 for day shift and 1:10 for nights. The PIC also proposed to have a skill mix ratio of 25% nurses with 75% healthcare assistant for direct care staff.

Increases in staffing would be linked to this phased admissions process. For example; for between 1-10 new residents, in addition to the ADON, there would be 1 nurse and 2 healthcare staff on duty.

This would incrementally increase until full capacity is reached at which point overall staffing would reflect 13.5 whole time equivalent staff on day shift and 9 on night shift. A written plan containing a full breakdown of the incremental increase in resident numbers and associated staffing was forwarded to the Authority subsequent to the inspection.

The PIC had already undertaken a recruitment process and five nurses and 6 healthcare assistants had been appointed. These had completed a two week induction process and were at the time of this inspection undergoing an 'adaptation' programme which involved being mentored over the period of a month to become familiar with the environment and organisational policies, procedures and work systems.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. Additional training in wound care, end of life care, malnutrition screening and venepuncture was also provided.

The inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

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:

Nuala Rafferty
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 report¹

Centre name:	TLC Centre Maynooth
Centre ID:	OSV-0000684
Date of inspection:	10/02/2016
Date of response:	23/02/2016

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 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:

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

Complete comprehensive nursing assessments were not carried out for each resident.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

A comprehensive Pre-Admission form has been developed ensuring that even prior to admission, a comprehensive assessment is undertaken by an appropriate health care professional. This includes the health, personal and social care needs of each resident. On admission a competent keyworker is assigned to each resident to carry out comprehensive assessments.

Proposed Timescale: 23/02/2016

Theme:

Effective care and support

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

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

2. 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:

Each individual residents care plans are formally reviewed at intervals not exceeding 4 months. Each Residents care plan is then audited by an assigned Clinical Manager to determine the effectiveness of the plans in place to manage the residents identified needs. Where appropriate, and necessary, the care plan is revised in consultation with the resident and/or family.

Proposed Timescale: 23/02/2016

Theme:

Effective care and support

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

The documentation of care was not sufficiently accurate to ensure that appropriate care was being delivered in a timely manner to fully meet some residents' personal and healthcare care needs.

3. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared

under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Care Plans will be sufficiently accurate to ensure that residents care is being delivered in a timely manner to fully meet all residents' personal and health care needs. Accurate handovers from shift to shift identifying each residents current needs. Going forward each residents care plan will reflect the exact level of assistance required for each resident regarding all ADL's.

Proposed Timescale: 23/02/2016