

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tara Care Centre
Centre ID:	OSV-0000107
Centre address:	5/ 6 Putland Road, Bray, Wicklow.
Telephone number:	01 286 3931
Email address:	nirocan@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Nirocon Limited
Provider Nominee:	Paul Costello
Lead inspector:	Deirdre Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	1

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 July 2016 09:30	12 July 2016 18:00
13 July 2016 08:30	13 July 2016 16:00

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

Summary of findings from this inspection

The inspector assessed compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland. The inspector reviewed documentation submitted to the Health Information and Quality Authority (HIQA) by the provider to renew the registration of the designated centre.

As part of the inspection, the inspector met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. In addition, residents and relatives had submitted questionnaires prior to the inspection. Overall, positive comments were made about the service.

The inspector found the provider ensured there were robust governance arrangements in place with clear lines of authority in place. There were systems to continuously review the quality and safety of care provided to residents. The inspector was satisfied with the on-going the fitness of the person acting on behalf of the registered provider (the provider) and the person in charge.

The provider was committed and willing to ensuring a good standard of compliance with the regulations. The staff were familiar with the residents and their healthcare needs. Staff treated the residents in a kind, patient and dignified manner. Care was provided to residents in a timely and effective manner, with medical, pharmaceutical and a range of allied health professionals readily available to the service.

Residents were afforded choice in how they went about their day, and what services they availed of. There were complaints procedures in place and there was evidence that residents were consulted with about the running of the centre with access to independent advocacy services.

There were adequate staffing levels and skill mix to meet the residents' assessed needs and there were suitable staff recruitment processes in place.

However, there were a number of non compliances identified during the inspection and these were in relation to:

- the monitoring the quality and safety of care,
- aspects of restrictive practices,
- reporting of notifiable incidents to HIQA,
- care plan documentation,
- aspects of the premises,
- provision of meaningful activities for some residents.

There were 10 actions identified that required attention. There were no actions from the previous inspection of July 2014.

The issues identified at this inspection are outlined in the report and the Action plan at the end of the report.

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 inspector was satisfied a written statement of purpose and function was developed for the centre that met the requirements of regulation 3 and Schedule 1 of the regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided.

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 a clearly defined management structure that outlined the lines of authority and accountability in the designated centre. There were systems in place to review the safety and quality of care of residents living in the centre however, these required

improvement.

The centre is operated by Nirocon Limited. There is a senior management team was in place that included a representative of the provider (the provider), the person in charge and a clinical nurse manager (CNM). The senior management team had delegated clear lines of authority and accountability of roles were in the centre. The provider was based in the centre most days of the week and would regularly meet the person in charge. There were weekly senior management team meetings held to report on the operation of the centre. The minutes of two most recent meetings were read. The minutes included a standard agenda on staffing matters, accidents and incidents, restrictive practices, medicine management, and HIQA. The minutes included corrective actions and the persons responsible to take action.

There were systems in place to monitor the quality and safety of care provided to residents. However it was unclear how the findings in the audits were actioned to drive improvement in resident care. A programme of auditing the service was in place. The inspector read a sample of audits from 2015 and 2016. The audits were completed on a monthly basis for a number of key performance indicators (KPIs) such as falls, wound care, weight management, restrictive practices medicine management, medication errors and complaints. A monthly audit was also carried out to review staff interaction with residents. The results of the audit findings were presented and reviewed at the staff and management meetings. However, there was lack of evidence of the actions and improvements being brought about from the audit findings. For example, some of the issues identified by the audits were found on this inspection, as outlined in Outcome 9 (medicine management) and Outcome 15 (residents' rights dignity and consultation). There were some matters identified during the inspection that had not been picked up on by the audit process, such as the deficits in the care planning as reported in Outcome 11 (health and social care needs).

An annual report on the review of the safety and quality of care provided to residents was seen by the inspector. It was a comprehensive document that included detailed findings and actions to bring about improvements in the centre. However, as outlined in the paragraph above improvements in learning and improvement from audits was required.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident had an agreed written contract and a guide to the centre was provided on their admission.

A sample of contracts of care was reviewed. Each contract was signed within one month of entering the centre. The contract included the services provided and the fees charged.

The contract of care stated there was a fixed monthly charge for the social programme payable regardless of residents' participation in activities. This was discussed with the provider who said residents were informed prior to their admission about the additional charges. The provider stated that the programme was available to all residents irrespective of their dependency levels. This was evidenced during the inspection as outlined in Outcome 11 (Health and Social Care Needs).

There was a residents' guide that clearly summarised the complaints process, the visitor's policy, services provided in the centre and the emergency procedures.

Judgment:

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 inspector was satisfied that the centre was managed full time by a registered nurse with experience in care of older people.

The centre is managed by a suitably qualified and experienced manager. She was a registered general nurse with many years experience in the area of care of older people and in the management of the centre.

The person in charge was knowledgeable of the residents and their health and social care needs. It was evident she very familiar with the residents, and was observed stopping to spend time and talk with residents. The residents and family members in turn told the inspector the person in charge was always available to them and she regularly stopped by to talk to them.

The person in charge had post registration management qualifications in health related areas. She continued her own professional development, through attendance at various training courses, seminars and talks. She was supported in her role by the CNM who worked full time in the centre.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:

The inspector found that all of documents outlined in Schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure accuracy and ease of retrieval. An area of improvement regarding the documentation of nursing records was identified.

There were daily nursing records completed for each resident living in the centre. However, the records did not consistently outline the full range of care and treatment provided to residents. This was discussed with the person in charge during the inspection who assured the inspector that appropriate action would be taken.

There were policies and procedures in place as required by Schedule 5 of the regulations. The policies were up-to-date, centre specific, and guided practice. The person in charge reviewed policies on an annual basis and updated them to reflect legislation, standards and evidence best practice. The staff were knowledgeable of key operational policies.

There was evidence to confirm the centre was adequately insured against loss or damage to residents' property, along with insurance against injury to residents.

A hard copy directory of residents' information was maintained and it met the requirements of the regulations.

Judgment:

Substantially 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 HIQA of any proposed absence of the person in charge for a period of more than 28 days.

There were appropriate contingency plans in place to manage any such absence. The CNM would deputise for the person in charge in any planned absence.

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 provider ensured there were systems in place to protect residents from being harmed or suffering abuse. A positive approach to manage responsive behaviours was promoted in the centre. Restrictive practices carried out, were done in accordance with the regulations and national policy.

There was a detailed policy on the protection of vulnerable adults. It referenced the Health Service Executive (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014. The policy included information on the types of

abuse, the reporting arrangements and the procedures to investigate an allegation of abuse.

There had been allegations of abuse notified to HIQA since the last inspection. There was evidence that appropriate action had been taken and the person in charge was familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse. However, reports were read by the inspector of allegations of abuse which had not notified to HIQA. This was brought to the attention of the provider and the person in charge. There was evidence of appropriate action taken and the incidents had been investigated by the person in charge. This is actioned in Outcome 10 (notifications).

Records read confirmed all staff had up-to-date training in the safeguarding of vulnerable adults. Staff spoken to were knowledgeable of the different types of abuse and where they were suspicious an abuse had occurred, the reporting arrangements in place.

There were systems in place to safeguard residents' personal monies. The person in charge outlined the practices in the centre. The inspector reviewed these practices and found them to be satisfactory.

The inspector spoke to some residents who said that they felt safe and secure in the centre. Residents attributed this to the management and staff who they said they were caring and trustworthy. There was a secure entrance to the centre, which was alarmed if the front door opened. A visitor's book was provided and all persons visiting the centre were required to sign it.

The inspector read a policy on the management of responsive behaviours which guided staff practice. At the time of inspection there were a small number of residents who presented with responsive behaviours. Nurses spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs. There were regular assessments completed and care plans were developed. However, the care plans did not fully guide practice. For example, the behaviours that the resident displayed, potential risks to other residents, additional safeguarding measures, and the de-escalation measures to mitigate behaviours were not consistently included (this is actioned in Outcome 11).

Staff informed the inspector how they would handle certain situations with residents. They used evidenced based tools to record incidents when required. Where psychiatric or psychological services had been referred to or appointments made, there were records on file of visits from these professionals and their recommendations.

There was evidence that the National Policy "Towards of Restraint Free Environment" was being implemented in the centre. However, it was not comprehensively so. For example, of the 46 residents in the centre there were 17 who required bedrails. The person in charge said bed rail usage was regularly reviewed and residents were encouraged to remove bedrails. The majority of bedrails were in place to prevent risks to residents and when they were specifically requested by a resident. A small number of residents were prescribed an "as required" (PRN) medicine if they became anxious.

There was no administration of these medicines in the centre.

A comprehensive centre specific policy on the use restrictive practices was in place. As reported above, the use of restrictive practices was mainly in the form of bedrails. There was evidence these were routinely risk assessed, alternatives trialled, and care plans developed to guide care to be delivered.

Judgment:

Non Compliant - Moderate

***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):

No actions were required from the previous inspection.

Findings:

The provider had ensured there were systems to protect and promote the health and safety of residents, visitors and staff. There were arrangements in place for the prevention and containment of fire.

The inspector reviewed an up-to-date safety statement for the nursing home. There were risk management policies that met the requirement of the regulations. There was a clinical risk register and separately, environmental risks were maintained within the safety statement. A sample of the risk assessments read were clear and detailed the controls in place to mitigate the likelihood of an adverse event, the risk rating, and the actions to protect residents from harm. Assessments included risk of assault through challenging behaviour, choking risk, wounds and medication errors.

There were systems in place to manage and document accidents and incidents. The inspector read records of accidents and events in the centre. The records included details of the incident, actions taken, and learning to prevent reoccurrence. The majority of incidents occurring in the centre were falls. It was noted that a very low number of serious injuries resulted from the falls. The inspector observed that residents were encouraged to mobilise and staff supervision was a priority. A monthly falls audit was completed and there was an analysis or trending of falls data by at the weekly management meetings to identify any area for change or improvement.

There were measures in place in to prevent the risk of injury to residents. Staff completed training in movement and handling and in the use of assistive equipment such as hoists. There were nonslip safe floor surfaces. There were handrails provided on staircases and hallways and call bells, to support residents and to mitigate the risk of harm coming to residents in the centre. The centre was clean and well maintained.

A small number of residents smoked in the centre. There was an internal smoking area which was adjacent to the dining area. There were individual risk assessments carried out for the residents who smoked in order to determine their ability to smoke independently or with assistance. However, one assessment read did not reflect the resident's assessed needs. For example, it was unclear if the resident still smoked or not and therefore whether the controls in place were adequate. This was discussed with the person in charge who provided an update on the resident which clarified the matter.

A full time maintenance officer was based in the centre, and he spent time with the inspector giving an overview of the role he played in relation to risk management and fire safety management. There were systems in place to report any health and safety issues, which were formally documented by staff for the maintenance office to address and action. There were a range of health and safety checks completed which included the surfaces of radiators and hot water, to ensure the temperatures were within the minimum standard.

There were systems in place to reduce the risk of infection. There were wash hand basins in communal areas, and a sufficient supply of hand gel dispensers, plus disposable gloves and aprons. There were infection control guidelines to guide staff practice. The staff had also completed training in infection control measures.

There was an emergency plan in place that included the procedures in place to potential risk such as flood, fire or water shortage. There was alternative accommodation available locally if an evacuation from the centre was required.

There were adequate arrangements in place for the containment and prevention of the spread of fire. Suitable fire fighting equipment was provided for example, extinguishers, fire doors, emergency lighting and alarm equipment. There were service records of the equipment maintained that confirmed regular servicing took place and they were in good working order.

Fire evacuation procedures were prominently displayed in the centre. All staff had been trained in fire safety management, which they attended on an annual basis. The staff were knowledgeable of their role and the evacuation of residents in the event of a fire. There were fire drills completed regularly and at a minimum every six months. This was confirmed by records read, which included any outcomes and observations to bring about improvement in efficiency of evacuation. All fire exits were unobstructed and records were read of the daily checks completed by the maintenance officer.

Judgment:
Substantially 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 provider ensured residents were protected by the centre's policies and procedures for medicine management. An area of improvement was identified.

The inspector viewed a sample of completed prescription and administration records with a nursing staff who were knowledgeable of the policy and professional guidelines. However, an area of improvement in the prescription practices was identified. For example, "as required" (PRN) medications were administered without the maximum dose in a 24 hours period prescribed.

There was a medication policy which guided practice and administration practices were observed to be of a good standard. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements.

Temperature controlled medicines were stored in a refrigerator in a locked store room. The temperature was monitored and checked daily by the nursing staff, and record of the check maintained. The inspector found the temperatures were within acceptable standard limits.

There was evidence of detailed and regular medicine audits carried out. These took place every month.

Written evidence was available that three-monthly reviews of residents' medicines were carried out. The general practitioner (GP) and the pharmacist was involved in the review, and a review form was completed for each resident. The CNM coordinated the dates of reviews.

Where medicine errors had occurred in the centre there were incident forms completed that included details of an investigation carried out. There was evidence of appropriate action taken, and shared learning with staff to bring about improvements in practice.

Medicines that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balance of a sample of medicine and found it to be correct.

Staff nurses involved in the administration of medicine had all completed training.

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 notification to HIQA of certain incidents that occurred in the centre requires improvement.

The person in charge had been reporting certain notifiable incidents to HIQA, and submitted a report every quarter of all other incidents occurring in the centre. However, two incidents of staff misconduct and two potential allegations of abuse had not been notified. As reported in Outcome 7, there had been appropriate action taken to investigate the incident of alleged abuse. These matters were discussed with the provider and the person in charge as a matter of urgency. The person in charge acknowledged they should have been notified and that improvements were required. The person in charge submitted the appropriate notification forms to HIQA following the inspection

Judgment:

Non Compliant - Moderate

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 inspector found residents' healthcare needs were maintained by a good standard of evidenced-based nursing care, with very good access to appropriate medical and allied health care. Residents' assessed needs were set out in individual care plans however, some improvements in the review of care plans were identified.

Residents were comprehensively assessed on admission to the centre, and regularly thereafter. There were recognised tools used to assess residents' clinical needs for a range of healthcare areas. However, the falls assessment was not comprehensively completed on a four monthly basis. For example, there were unclear records of how the risk rating was calculated. There were care plans developed in most instances where a healthcare need was identified. The documentation and review of care plans in the centre require improvement:

- Some care plans did not fully reflect the care being delivered to residents. For example, skin integrity and weight loss.
- Care plans were not formally reviewed on four monthly basis or as residents' assessed needs changed. There was a large amount of historical and at times out-of-date information alongside updates in the care plan which could lead to confusion in the care to be provided.
- The recommendations of allied health professionals were not consistently incorporated into care plans e.g. tissue viability and dietician professionals.
- Care plans were not developed for all assessed needs for example, wound-care management.

These matters were discussed with the person in charge who assured the inspector that appropriate action would be taken. An action plan was shown to the inspector prior to the end of inspection that outlined the improvements to be taken.

There was evidence of regular consultation with residents and their loved ones to discuss the care plans. This was confirmed by residents and some family member who spoke to the inspector. Some comments in questionnaires from family members stated "a personal plan was given in draft and I agreed its content".

The inspector reviewed comprehensive policies for the management of nutrition, the prevention of falls and wound care. Staff were familiar with these policies and there was evidence of good practice carried out.

There were daily nursing notes maintained within each resident's file. An area of improvement in the detail contained in nursing notes is outlined in Outcome 5 (documentation). Residents' vital signs records completed on a monthly basis for example, body mass index, weight, blood pressure, temperature. The nursing staff were familiar with the residents and spoke knowledgeably of their healthcare needs.

Residents' healthcare needs were supported by good access to general practitioner (GP) services and an out-of-hours GP service was available. If residents wished that could retain the services of their own GP also. There was access to a range of allied health professionals for example, dietician, speech and language therapist and psychiatric services. Letters of referrals and appointments were seen on residents' files and recommendation made were seen to be implemented in practice by nursing staff, with an area of improvement as outlined above.

The inspector found good practices were in place to meet the social care needs of residents. Residents' social care needs were regularly assessed. However, the assessments process were not fully comprehensive to identify residents' level of ability

to participate in activities. There was a detailed programme of activities displayed in the reception area of the centre. The inspector noted activities took place two or three hours a day and consisted mostly of group activities such as exercise classes, bingo, and on other days, music sessions. Residents who spoke to the inspector confirmed there were interesting things to do during the day. In addition, a number of external service providers also visited the centre to facilitate activities.

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 inspector found the design and layout of the centre is suitable for its stated purpose, and meets the needs of residents to a adequate standard . There was inadequate access to toilets on one of the floors .

There were four three-bedded rooms. One of these rooms was located in the basement floor, it was serviced by a lift, and provided with an en suite shower, toilet and wash-hand basin. The other three multi-occupancy rooms were located on the first floor. The inspector visited each of these rooms and spoke to a resident in one room. While the residents spoken to did not voice any negative feedback at the time of inspection, the inspector found that there were some potential negative outcomes for residents. For example, these bedrooms were not provided with en suite and there was a reliance on keeping commodes in a number of the bed rooms which did not promote dignity, privacy and good management of continence and independence. Adequate screening was provided around the beds and there was sufficient space to manoeuvre assistive equipment. One of the rooms had been reconfigured in response to a finding at a previous inspection.

There were a sufficient number of assisted toilets and bathing facilities (which included showers and access to one assisted bath) however, the distribution of toilets on the first floor was not satisfactory. The first floor provided accommodation for 13 residents in total including the three three-bedded rooms, one double room and two single rooms none of which were en suite. There was one assisted toilet with shower and wash hand

basin on this floor for all 13 residents. A further two toilets were located in relatively close proximity however, these toilets could only be accessed by a number of steps or by using the lift. The inspector was informed of construction plans for three new shower rooms with toilet and wash hand basin and that the proposed works would be completed by October 2016. This was an action at a previous inspection and was not addressed. The provider had stated the works would be addressed by 2015.

Of the remaining bedrooms in the centre there were 15 single rooms and a further 10 double rooms. Thirteen of the single rooms and four of the double rooms had en-suite shower, toilet and wash-hand basin. The inspector visited a number of other bedrooms with residents' permission. The rooms were nicely decorated and had been personalised with residents' possessions such as family pictures and furniture .

There was suitable and sufficient communal space for residents. There were two large sitting rooms, a large dining room and a small private sitting room on the ground floor. There was an additional open plan sitting and dining area and a smoking room on the basement floor. The person in charge was focussed on making the environment homely and inviting for residents with dementia. There was good signage and the corridors and communal areas were decorated with art work and interesting items of various colours and textures which would appeal to residents with dementia. Football memorabilia was displayed for residents who had an interest in this area and staff stated that it stimulated conversation. Other artwork and memorabilia was placed around the centre to appeal to individual residents' interests in areas such as fashion and travel. Grab rails and hand rails were provided in all communal areas.

A safe and secure patio garden was available and was accessible directly off one of the sitting rooms, with garden furniture was provided.

Appropriate assistive equipment was provided to meets residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date. A lift serviced all floors in the centre and records were available to show that it was regularly serviced.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. A good sized sluice room was also provided and this room contained a bed pan washer, sluice sink and wash-hand basin.

A satisfactory standard of hygiene and cleanliness was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored. Inspectors spoke to cleaning staff and found that that they were knowledgeable in relation to infection control and they described appropriate procedures such as the colour coding of cloths and mops and the correct procedures for cleaning in the event that a resident had an infection.

Separate changing facilities were provided for all staff. Staff spoken to said they were happy with the facilities provided.

Judgment:

Non Compliant - Moderate

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 provider demonstrated a positive attitude towards complaints. There was complaints policy that was comprehensive and met the requirements of the regulations.

A complaints procedure was prominently displayed at the main entrance reception area. It contained sufficient guidance on how to make a complaint. The inspector reviewed the records of logged complaints and good practice was found in the investigation of complaints by the complaints officer. There was a timely response to each complaint along with a record of the action taken and each complainant's satisfaction.

The policy in the centre was that all complaints would be resolved locally before progressing to the formal complaints procedure.

The residents and relatives told the inspector they would talk to the person in charge or a member of the senior nursing staff if they had any complaints, and that they were approachable. Residents' comments in questionnaires included "I would go to (person in charge or CNM) if I had any complaints".

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 care which was guided practice and there was

evidence of good practice in this area.

The person in charge stated that the centre maintained strong links with the local palliative care team. Residents at this stage of life were offered a single room where possible and facilities were made available for family members to stay overnight if necessary. No resident was receiving end-of-life care at the time of inspection.

The records showed that a number of staff had received training in this area in the past. The nursing staff also stated that residents at this stage of life had access to a priest or other religious ministers as required.

Judgment:
Compliant

Outcome 15: Food and Nutrition

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

Theme:
Person-centred care and support

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

Findings:

The inspector found residents were provided with refreshments, snacks and meals that were varied, wholesome and in accordance with their assessed needs.

There was a nutrition and hydration policy in place that guided staff. Systems were in place to ensure residents did not experience poor nutrition or hydration, through regular assessment of their needs.

The inspector spent time with residents in one dining room during the lunchtime meal. The atmosphere was observed to be calm and sociable. The room was nicely laid out and maintained in a clean condition. Tables were provided with table cloths and were nicely set.

The meals served during lunchtime were observed to be wholesome and nutritious and nicely presented. There was a variety of choice available at each mealtime, and catering staff took residents meal requests each day.

There were good practices to support residents who required assistance and staff were observed discreetly and respectfully assisting some residents with their meals.

The inspector spoke to a number of residents who confirmed there was a good variety,

choice and quality food provided. One resident told the inspector she sometimes requested a different meal to that on the menu and it was always provided. Comments in one resident's questionnaire stated " I am told by the chef the menu for the day".

A pictorial menu was displayed in the dining room. This enhanced choice for residents with communication difficulties. It was a rolling four week menu, which ensured there was a range of options for residents to choose from. The residents on a modified consistency diet received their prescribed diet, and systems were in place for nursing staff to communicate their needs with the catering staff.

There was plenty of refreshments and snack available during the day. The inspector saw residents being offered water, fruit juices and hot drinks. There was fresh fruit left out in the communal sitting rooms and snacks were provided for example, cakes, soup and sandwiches.

The inspector visited the kitchen and met the chef. There was good communication with the nursing staff who provided up-to-date information on each residents assessed needs and dietary requirements. There was plenty of food in stock to ensure residents received meals and snacks in quantities and at a regularity that met their assessed needs.

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 with and participated in the organisation of the centre. Residents' right to privacy was respected and their right to exercise choice was taken into account in the planning, design and delivery of services. There was a range of interesting things for residents to participate in during the day, both as a group and individually. However some improvements were identified regarding engagement with residents who were unable to participate in group activities or independently.

As reported earlier in the report, there was a range of organised group and individual

activities taking place. A planned activity programme was displayed in the reception area. Overall, there was evidence of meaningful activities for residents most of the day. However, the inspector found at times of the day in one unit, there was limited interactions with some residents due to their dependency levels or because they were unable to participate in group activities. For example, in one room after lunch there were a number of residents sitting around a dining table and on chairs around the room, and although there was an adequate number of staff present, the staff did not engage in meaningful conversation with the residents. At one point a game was commenced with a resident who immediately engaged and was interested however, the game was stopped after a few minutes and the resident was left alone. This was a finding from internal audits carried out by the provider. However, as identified in the findings above, there was lack of evidence of improvements brought about (this is also discussed in Outcome 2). The inspector discussed this with the person in charge and the provider during the inspection.

There were good systems in place to meet and discuss the running of the centre with residents. A residents' committee was in place and it met every month. The minutes of the most recent meeting were displayed on an information notice board in the centre. Inspectors spoke to some residents who attended the meetings. The person in charge oversaw any issues that were raised at the committee by residents and took action to address any issues being brought up. There were information and contact details available on an independent advocacy service, which were displayed in the reception of the centre. There is also a member of staff who acts as a resident's advocate who will support residents who may wish to discuss matters.

The privacy of residents was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There were mainly positive comments in the comments to the inspector and in questionnaires such as "whenever something is wrong with me I am looked after", treated (resident name) with...the utmost courtesy, cheer and respect". In addition, comments read included "we have nothing but good to say about the centre"; "I feel at home with all of the staff and have many discussions" and "I am exceedingly happy and well care for".

A sample of comments in the residents' questionnaires confirmed residents were happy that their right to choice and autonomy was respected. However, some comments indicated a need for more improvement in this area. For example, "one or two decisions I was not consulted with" and "there are times (residents name) should have been consulted with and wasn't".

Residents' civil and political rights were respected. The provider said that residents' from all religious denominations were supported to practice their religious beliefs. There were Roman Catholic religious services held on the centre.

The provider told inspectors about the arrangements with the local county council for residents to vote in-house at each election.

There was an open visitor's policy to the centre. There was a private sitting rooms and

where residents could meet visitors in private. The inspector was told by family members that they would use the private sitting room.

There were televisions provided in the sitting rooms and in each resident's bedroom. There was access to a hands free telephone if residents' needed to have private conversations. A telephone could be installed in bedroom if requested.

Judgment:
Substantially 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 inspector was satisfied that there were adequate arrangements in place to protect residents' possessions. Residents had control over their own possessions.

There was suitable storage space for residents' clothing and their personal possessions. A lockable safe was available in each resident's bedroom. On admission, a list personal possessions belonging to each resident was drawn up.

There were suitable laundry facilities available in the centre. A member of staff spoke to the inspector, and outlined the laundry arrangements that were in place. Each piece of clothing was labelled by the staff if requested. After clothing was laundered it was then returned to the residents' bedrooms.

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:

The inspector found the provider ensured there was an adequate staff skill mix in place to meet the assessed needs of residents in the centre, and staff were provided with suitable training to meet the assessed needs of residents.

There was an appropriate number and skill mix of staff to meet the assessed needs of the residents. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a minimum of two nursing staff on duty over a 24 hour period, including a regular pattern of rostered care staff. Residents and staff spoken with felt there was adequate levels of staff on duty. An issue with staffing levels was commented on by a family member during the inspection. This was examined by the inspector who did not observe issues with staff levels at that time.

The person in charge told the inspector that she was satisfied with the staff skill mix and she regularly reviewed the staffing number and skill mix as per the dependency levels of the residents. The person in charge was based full time in the centre and was supported by the CNM.

A bank of staff was available if staff went on unexpected leave. There were teams of ancillary staff directly employed in the centre, e.g. an office manager, housekeeping staff, laundry staff and catering staff.

The staff were familiar with the health and social care needs of the residents'.

A sample of staff files reviewed contained the information and documentation required under Schedule 2 of the regulations.

The person in charge ensured all staff had access to training to meet the assessed needs of residents. There was a training plan in place and records of training completed by staff. The records read confirmed staff had completed up-to-date mandatory training in fire safety and management, and the prevention, detection and reporting of abuse.

Training had also been provided to staff in movement and handling, medicine management and cardio-pulmonary resuscitation (CPR), dementia care, wound care and nutrition.

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:

Deirdre Byrne
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:	Tara Care Centre
Centre ID:	OSV-0000107
Date of inspection:	12/07/2016
Date of response:	30/08/2016

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 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 systems in place to ensure care was continuously and monitored were not fully effective for example, how to bring about improvement or changes in the care delivered to residents.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Adhere to our comprehensive policies , environmental and clinical risk register

Continue with regular auditing schedules

Discuss outcome of audits at management and staff meetings

Develop plans to implement audit findings

Close out the audit trail to ensure that audit findings have been completed

Staff training in care planning and auditing organised for 30/09/16

Proposed Timescale: 30/11/2016

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 completion of daily nursing records requires improvement.

2. 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 nurses informed to include all relevant information and results in the daily notes to include GP visits other healthcare professionals and changes in the health status of the residents.

Care plans will be generated for specific problems

Documentation writing will be included in the training in September

Proposed Timescale: 15/07/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The implementation of the National Policy in terms of bedrails requires improvement.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Staff training on Culture and Restraint 9th September 2016

We endeavour to comply with the National policy "Towards a restraint free environment" .

This can be achieved by undertaking a full assessment of the resident prior to any episode of restraint. The assessment will include physical, medical, psychological, emotional, social and environmental needs.

Side rails are only used after (comprehensive risk assessment is completed) and all other measures have failed.

Bed rails are only in place to prevent risk of injury to residents who are at risk of rolling out of bed or at residents' request. Bed rails are never used to prevent mobile residents from getting out of bed to control behaviour.

Usage of bed rails is regularly risk assessed 4 monthly or on a needs basis.

All residents are checked hourly at night.

Proposed Timescale: 30/11/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The assessment process for residents who smoke requires review.

4. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Currently Environmental and clinical risk register in place.

Health and safety statement being updated by outside service provider. Risks will be identified and appropriate controls put in place.

Health and safety meetings bi monthly

Proposed Timescale: 30/09/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

Nursing staff administered as required (PRN) medicines without the maximum dose in 24 hours prescribed.

5. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All psychotropic PRN medications have maximum dosage in 24 hours prescribed(Completed)

Following discussion with our GP's all other PRN medications prescriptions will be rectified as new prescription sheets are generated

Proposed Timescale: 30/12/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

The reporting of notifiable incidents within 3 working days to HIQA requires improvement.

6. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

3 Notifications have been submitted retrospectively

Going forward all notifications will be sent within the required time scales

Proposed Timescale: 11/08/2016

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:

Care plans did not consistently reflect the care being delivered to residents. For example, skin integrity and weight loss.

Care plans were not consistently reviewed on four monthly basis or as resident assessed needs changed.

The recommendations of allied health professionals were not consistently incorporated into care plans.

Some care plans were not developed for all assessed needs for example, wound-care management.

7. 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:

Education in Care planning and auditing planned for September (30/09/16)

All care plans are being currently reviewed by the nursing staff

All nurses have responsibility for identified residents and are responsible for their assessments and generating the necessary care plans , continuing to conduct regular reviews 4 monthly or as the care needs change .

Recommendations from allied health care professionals will be incorporated into the care plans

Any assessed needs will have care plans generated going forward

All care plans will be continued to be reviewed 4 monthly with the residents and / family members

Proposed Timescale: 30/11/2016

Theme:

Effective care and support

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

The completion of some assessments required improvement e.g. falls prevention and socialcare needs.

8. Action Required:

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

Training on social care assessments to be sourced for the Activity Staff

Falls prevention assessment tool being upgraded currently
Currently prior to admission we use a pre assessment , which includes the personal details of residents , past and present medical condition , activity of daily living needs .
Perspective residents and families are asked to complete "THIS IS ME" assessment (as per Alzheimers Society of Ireland), which gives the life history of the person including their links and dislikes.

Proposed Timescale: 30/09/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Access to toilet facilities on the first floor was not adequate.

9. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

We are preparing to have three wheelchair assessable toilets, showers and handbasins to provide for the residents of the first floor as per schedule 6 of the Nursing home Regulations. This work will be completed by November 2016

Proposed Timescale: 30/11/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The provision of meaningful activities in one unit requires improvement.

10. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

2 Activity staff to attend QQI level 6 training Creative Exchanges (Age& Opportunity).

Training to be completed by December 2016

3 staff are Sonas practioners

We conduct monthly QUIS audits and discuss outcomes with staff and discuss improvements.

We encourage staff to enhance each activity of daily living for our residents whether it's personal care, mealtime , "butterfly moments "hand massage" etc. in particular for our residents who have advanced in their dementia and find it difficult to communicate . Training for activity staff in meaningful activities is planned for September

Proposed Timescale: 30/12/2016