

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tearmainn Bhride Nursing Home
Centre ID:	OSV-0000399
Centre address:	Brideswell, Athlone, Roscommon.
Telephone number:	090 648 8400
Email address:	info@tbnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aidan, PJ and Teresa Curley T/A Tearmainn Bhride Nursing Home
Provider Nominee:	Aidan Curley
Lead inspector:	Marie Matthews
Support inspector(s):	Mary McCann
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
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 receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 May 2016 12:30 To: 24 May 2016 20:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced monitoring inspection. Tearmain Bhríde Home is a nursing home registered with HIQA since 2009. It provides long term and respite care to 29 residents over 65 years, some of whom have dementia. There were 3 vacancies on the day of inspection. As part of this monitoring inspection, inspectors met with residents and staff. Inspectors focused on regulatory requirements relating to general welfare and protection and reviewed the actions from the previous registration renewal inspection in February 2015. Inspectors observed practices and reviewed documentation such as care plans, medical records, and referrals for allied healthcare, accident logs, policies and procedures and staff files. Inspectors found that the care needs of residents were met and the residents reported high levels of satisfaction with the care but deficits were identified in the care documentation available. A new person in charge was in post and the provider was actively involved in the running of the centre. Residents were safeguarded from abuse and staff had completed training in protection and were knowledgeable regarding the centre's policy on protection from abuse. Unsolicited information was received by HIQA prior to the inspection in relation to the nutrition and medication. Inspectors focused on these areas during the inspection. Deficits were identified in relation to recording of nutrition intake, care planning and ensuring food supplements were appropriately

provided to residents at risk of weight loss but the issues raised in the unsolicited information received were not substantiated by inspectors.

Six of the eight actions from the previous inspection were adequately addressed. However, deficits were again identified in relation to care documentation. Some staff rostered on night duty had not completed a recent fire evacuation drill. Other areas for improvement found related to behaviour support plans for clients with behavioural and psychological signs and symptoms of dementia (BPSD), revision of policies to reflect national policy, improvements to complaint recording and rotation of staff on night duty to ensure supervision. These matters requiring improvement in order 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 were discussed with the provider nominee and the person in charge following the inspection and are included in the action plan at the end of this 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 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:

There was a clearly defined management structure in place in the centre. The provider attended the centre daily and ensured that there were sufficient resources in place. A new person in charge was in post who had previously worked in the centre as a senior nurse and demonstrated a good knowledge the centres procedures and policies and her responsibilities under the regulations.

Systems were in established to ensure the quality of care provided to residents. Audits were carried out in a number of areas including medication management, falls management, admissions and transfers, complaints, care plans and fire evacuations. Data was collated and analysed but a Quality Improvement plan had not been produced in consultation with residents as required by the regulations.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection inspectors identified that the contracts of care did not set out additional fees charged to residents. Inspectors reviewed a sample of contracts which had been amended to incorporate fees for additional services.

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):

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

Findings:

On the previous inspection inspectors identified that the person in charge needed to take on a more clinical role in managing the healthcare needs of the residents. A new person in charge was in post since the last inspection who had worked in the centre since 1997. The person in charge was interviewed as part of this inspection and demonstrated a good knowledge the centres procedures and policies and her responsibilities under the regulations and an understanding of abuse as per the centre's policy. She was engaged in the governance and management and of the centre on a consistent basis and held regular staff meetings to feedback positive outcomes and to direct staff care practices to enhance quality of life for residents in the centre.

She had engaged in professional development (CPD). Review of her staff file evidenced attendance at courses related to care of the older person including wound care and dementia care.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection inspectors identified that staff files did not have Garda clearance for working with vulnerable adults, or photo ID. Staff files reviewed contained all of the information required under schedule two of the regulations. Garda vetting was awaited for one newly recruited staff member.

In general records required by the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval however there were gaps identified in some documentation, for example, the name and address of the residents' next of Kin was omitted from some entries. Some care plans were not person centred and some lacked detail about the resident. This is discussed further under outcome 11.

Food and Fluid intake charts were available for residents assessed as being at risk of weight loss, however these were not completed in sufficient detail to provide a reliable therapeutic record of the residents' nutritional intake over a 24 hour period. This is discussed further under outcome 15.

Judgment:

Non Compliant - Moderate

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:

Inspectors reviewed practice in relation to administration of eye drops which was the subject of unsolicited information received by HIQA prior to the inspection and found that it was administered in accordance with An bord Altranis guidance. Medication administration practices observed were substantially in compliance with relevant professional guidance however inspectors found that medication prescribed in capsule form to one resident was not administered in line with the prescription. This was brought to the attention of the nurse administering the medication and an oral solution was sourced from the pharmacy.

Judgment:

Substantially 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:

On the previous inspection inspectors identified that the clinical care needs of some residents were not guided by evidence-based policies and care plans did not accurately direct the care to be provided. Similar issues were identified during this inspection.

A comprehensive assessments of the residents ability to complete activities of daily living was completed for all residents however, care plans were not always developed to guide care. For example, where residents were assessed as requiring support with activities such as washing and dressing and oral hygiene, a care plan to guide staff was not available.

Residents at risk of developing pressure ulcers had care plans in place and were cared for on pressure relieving mattresses and cushions to help prevent ulcers from developing, however, there was poor evidence that when skin had broken down and pressure wound had developed that a care plan was developed to direct care. In one wound chart reviewed there were gaps in the measurements recorded and care notes were sometimes incomplete which made it difficult to see whether the wound was improving or deteriorating. Inconsistencies were also identified in the descriptions' of dressings recorded.

Some care plans reviewed were generic or in some instances care plans were combined and as a result did not contain sufficient information about the resident to direct care. For example, the mobility care plan for one resident did not give any indication as to the level of assistance the resident required when using a hoist or the size of the sling required. Inspectors also observed that some care plans were not linked to the assessments completed. Care plans evaluations were in general completed on a four monthly basis, however, the staff did not always update the care plan with the findings of the evaluation. For example, one evaluation noted a change in the residents mobility needs but the care plan did not reflect this change. There was evidence that some relatives/significant others were consulted but there was poor evidence of involvement of residents.

Residents were facilitated to keep their own General Practitioner on admission to the centre if this was their choice. There was evidence in the medical files of access to the General Practitioner. Residents had access to allied health professionals including dietetic services, physiotherapy, occupational therapy, chiropody, speech and language therapy (SALT), opticians, audiology, a tissue viability specialist and psychiatry of later life. Hospital discharge documentation was retained on the residents file.

Judgment:
Non Compliant - Moderate

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

Findings:
On the previous inspection the person in charge had not completed an assessment of the residents' decision-making capacity to ensure that the residents were involved in the decision to record a 'Do not resuscitate' (DNR) order in their file. Inspectors reviewed a sample of care plans during this inspection. 'Do not resuscitate' (DNR) orders were signed by the GP.

An end of life care assessment was available on the files reviewed but some of these were poorly completed and some were not dated so it was not possible to determine if they were up to date. An end of life care plan was not developed from the information about the residents' assessment with the residents' physical, emotional, social and spiritual needs and reflected resident's wishes and preferred pathway at end of life. One resident whose health had deteriorated had been referred to the palliative care team but an end of life care plan had not been developed to guide the residents care and ensure that his preferred wishes were carried out.

Judgment:
Non Compliant - Moderate

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

HIQA received unsolicited information of concern regarding assistance for resident at mealtimes. Inspectors observed residents having their lunch in the dining room. Meals were hot and well presented. The kitchen was open 24hrs per day and snacks were available between meals. Some residents choose to stay in their bedrooms and this was facilitated.

Inspectors saw that residents who had an impaired swallow had been reviewed by a speech and language therapist and were seated in an upright position in accordance with the advice of the Speech and Language therapist to prevent aspiration. Adequate staff were available to assist and monitor intake at meal times and staff sat with residents while providing encouragement or assistance with their meal at a pace to match the resident. Inspectors saw residents being offered drinks throughout the day and residents said that they could have a drink and/or a snack any time they asked for them.

A list of residents on special diets including diabetic, high protein and fortified diets, or who required modified consistency diets/thickened fluids was available in the kitchen. Inspectors met with the chef who displayed a good knowledge of the nutritional needs of residents and their likes and dislikes. Residents confirmed that they enjoyed the food and were offered a good choice at meal times.

Food and Fluid intake charts were available for residents assessed as being at risk of weight loss, however on review inspectors found that these were not completed in sufficient detail to provide a reliable therapeutic record of the residents' nutritional intake over a 24 hour period.

Residents were screened for nutritional risk on admission and those at risk were referred to a dietician. However, inspectors saw that some of the residents identified as been at risk did not have a nutritional care plans in place to guide staff in the delivery of care. In one residents care notes inspectors saw that a dietician had recommended a particular supplement which was prescribed by the residents GP. The nursing notes recorded that the resident was not tolerating this supplement however; there was no evidence that the resident had been referred back to the dietician for an alternative supplement and as a result the resident was not receiving any supplement.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

On the previous inspection, the staff numbers and skill mix in the centre at night was found to be inadequate. On the day of inspection there were twenty five residents living in the centre and one resident was in hospital. Five residents were assessed as having maximum dependency residents' needs, nine had high dependency needs, and nine had medium dependency needs. and two had low dependency needs. The staff roster reflected the staff on duty. The person in charge had reviewed staffing levels at night time and extended the twilight shift to ensure residents' needs were met. There were three staff members on duty in the evening until 22.30 and this reduced to two from 22.30 until 08.00 however the person in charge stated that this staff member could work later if required. However, staff on night duty were not routinely rotated onto day duty to ensure appropriate supervision.

A sample of three staff files were reviewed to assess the documentation available, in respect of persons employed. All contained the information required by Schedule 2 of the Regulations was however evidence of vetting by an Garda Siochana was awaited for one recently recruited staff member contain. The person in charge confirmed the staff member was supervised at all times. All nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland).

Training records were reviewed and evidenced that all staff had been provided with training in fire safety, moving and handling and safeguarding vulnerable persons however from care plans reviewed inspectors judged that additional training for staff was needed in care planning and wound care.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Marie Matthews
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Tearmainn Bhride Nursing Home
Centre ID:	OSV-0000399
Date of inspection:	24/05/2016
Date of response:	11/07/2016

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:

Data was collated and analysed however a quality improvement plan had not been produced in consultation with residents as required by the regulations.

1. Action Required:

Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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

Please state the actions you have taken or are planning to take:
Quality improvement plan will be completed

Proposed Timescale: 31/08/2016

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:

Food and Fluid intake charts were available for residents assessed as being at risk of weight loss, however on review inspectors found that these were not completed in sufficient detail to provide a reliable therapeutic record of the residents' nutritional intake over a 24 hour period.

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:

Method of recording food and food intake under review to ensure improved documentation

Proposed Timescale: 31/08/2016

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:

Some care plans reviewed by inspectors were generic and some did not accurately direct the care to be provided.

3. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans to be renewed

Proposed Timescale: 31/07/2016

Theme:

Effective care and support

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

Wound care provided was found not to be evidence based.

4. 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:

Wound care plans renewed, staff training, education folder of evidence based practise to be complied and have available for all staff

Proposed Timescale: 31/12/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

One resident whose health had deteriorated had been referred to the palliative care team however an end of life care plan had not been developed to guide the residents care and ensure that his preferred wishes were carried out.

5. Action Required:

Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

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

All care plans and end of life documentation to be renewed

Proposed Timescale: 31/07/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

A resident was not tolerating a food supplement prescribed by a dietician had been referred back to the dietician for an alternative supplement and as a result the resident was not receiving any supplement.

6. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

All staff aware of need to re refer to dietician if required

Proposed Timescale: 11/07/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff members on night duty were not routinely rotated onto day duty to ensure appropriate supervision.

7. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

While some of the regular night staff have worked day duty also, nursing rota is under review, PIC and proprietor always available should it be required by night staff

Proposed Timescale: 31/12/2016

Theme:

Workforce

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

Evidence of vetting by an Garda Siochana was not available for a staff member as required by Schedule 2 of the Regulations .

8. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance

with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

New e vetting system in place, all new staff forms completed

Proposed Timescale: forms currently being processed

Proposed Timescale: 11/07/2016