

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tara Winthrop Private Clinic
Centre ID:	OSV-0000183
Centre address:	Nevinstown Lane, Pinnock Hill, Swords, Co. Dublin.
Telephone number:	01 807 9631
Email address:	rena.galvin@tara-winthrop.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Tara Winthrop Limited
Provider Nominee:	Mary McCormack
Lead inspector:	Helen Lindsey
Support inspector(s):	Leone Ewings;Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	128
Number of vacancies on the date of inspection:	12

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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:
09 May 2017 09:30	09 May 2017 17:30
10 May 2017 09:15	10 May 2017 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration.

Inspectors were satisfied that the residents received a good quality service. There was a high level of compliance with the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During the inspection inspectors met with residents and some of their relatives, observed practice in the centre, and spoke with staff and the management team. They also reviewed a range of documentation including resident's records, medication records, and the organisation's policies and procedures.

Inspectors found residents were receiving a service that met their needs. Individual's routines were respected, and residents were able to make choices about how and where they spent their time. Residents were able to provide feedback on the service, and their views were acted on. They were also aware of their rights, and felt that the staff team respected them.

There were sufficient numbers of staff available during the inspection, and were seen to have good communication skills, were knowledgeable of residents needs and provided appropriate support to meet residents healthcare needs. Staff recruitment followed the centres policies and procedures and all staff had garda vetting in place prior to commencing employment in the centre.

There was a clear management structure in the centre, and the systems in place to ensure the quality and safety of the service provided in the centre were seen to be effective.

Improvement was required in relation to fire safety in centre. This is discussed further in the body of the report and the actions required are included in the action plan at the end.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose outlined the aims, objectives and ethos of the centre. It also outlined the services and facilities that were to be provided to residents. The statement of purpose was up to date and contained all of the requirements of schedule 1 of the regulations.

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:

The registered provider had put in place management systems to ensure the centre provided an effective service to residents.

The service provided in the centre was seen to be in line with the statement of purpose.

There was sufficient resourcing in place to ensure the premises were well maintained, there was sufficient staffing available to meet the needs of residents, and appropriate facilities in the centre for recreation and occupation.

There was a clearly defined management structure. The senior management team was based in the centre and included the provider and person in charge. Roles were clearly defined, and there were clear pathways for sharing information and managing any issues identified. There were formal and informal arrangements for overseeing the day to day running of the centre. The person in charge worked with the clinical nurse managers to ensure each resident's needs were being met. A range of management meetings were held to monitor the centre and ensure it was safe, effective and providing a consistent service to residents.

A range of methods were used to monitor the care and support provided and that legislation was being complied with. Practice included carrying out audits of areas of practice to ensure local policies and procedures were being followed. For example health and safety, complaints, and data protection. The person in charge also monitored key performance indicators such as outcomes for residents at risk of falls, pressure area, and malnutrition. These findings were reported to the management team and where it was identified that practice could improve to ensure positive outcomes for residents, changes were made. For example improvement to garden space including access.

An annual review of the centres performance against the standards had been completed, and an action plan was in place for the small number of areas identified where improvement would benefit the residents in the centre. Information taken from the residents and relative survey had been used to formulate the annual review.

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 person in charge was experienced, suitably qualified and demonstrated good knowledge of the regulations and standards. She continued her professional development and was involved in a range of projects and initiatives to improve services for residents.

The person in charge was actively engaged with the governance, operational management and administration of the designated centre on a day to day basis.

There was an assistant director of nursing who covered when she was absent from 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):

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

Findings:

The action required from the last inspection in the centre had been fully addressed and the duration of the use of restrictive practice was being recorded. All other documents were stored and maintained in accordance with the requirements of the regulations.

Residents' records as per schedule 3 were stored and maintained on an electronic record keeping system. This included residents' medical and nursing records. A directory of residents in the centre was also held and kept up to date.

The inspectors reviewed a sample of six staff files and found that staff records contained all the requirements as per schedule 2 of the regulations.

The standard policies and all other documentation as listed in schedules 4 and 5 were also maintained in the centre

Judgment:

Compliant

***Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or***

suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

Measures were in place to safeguard and protect residents from abuse. There were systems in place to promote a positive approach to behaviours that challenge and the management of restrictive practices were in line with the national policy.

There were a range of policies in place to support staff in understanding their role in the centre in relation to protecting residents from abuse. These included policies required by the regulations on 'safeguarding vulnerable persons at risk of abuse', 'caring for residents with challenging behaviour', and a 'restraint use policy'. There were also policies covering topics such as sexuality and intimate relationships, consent and advocacy, management of self harm and suicide and a privacy and dignity and policy. These documents provided clear and useful guidance to staff in supporting residents and respecting their individual choices.

Inspectors spoke with staff and found them to be knowledgeable about the procedures in place in the centre for reporting abuse, the steps that would be taken to safeguard residents, and the different types of abuse to be vigilant for. Training records showed they had all received training on the topic, and would receive refresher training at least every three years. The person in charge was responsible for dealing with any allegations made, they had a clear understanding of the procedure to follow, and documents showed they had taken the appropriate steps when required.

Where residents were known to experience responsive behaviour this was clearly documented in their care plans. Care plans included information about what may be a trigger for a resident to become anxious or upset, the steps to take to support them, and where necessary how to respond if they remained upset. Care records also provided clear information where residents had dementia and set out how that may affect their communication and their decision making skills, and the most effective way to support them. Inspectors observed staff to be working effectively with residents to ensure they had a good quality of life in the centre, and remained occupied and engaged doing things they were interested in, for example talking about their families and experiences, and walking around the centre.

There was a decision making process in place to ensure any restrictions used in the centre followed the national guidance. Before restrictions were agreed other less restrictive approaches were trialled. For example testing the effectiveness of low beds, crash mats and bed wedges prior to using bed rails. Risk assessments were carried out, and agreements for the use of restrictive practices were signed by the resident and or

their relative where appropriate, the general practitioner and the nurse manager. Reviews were carried out every four months to ensure there had been no changes. A register was kept of all restrictions in the centre, and progress was being made to meet the guidance 'towards a restraint free environment'.

There were systems in place to manage support residents in managing their finances. Where the centre acted as pension agent, there was a clear policy guidance practice, and inspectors observed clear recording and accounting arrangements were in place. There was also a system in place for resident to get cash if required with a clear system in place, including the resident signing the records.

Residents who spoke with inspectors and completed the HIQA questionnaire said they felt safe in the centre and were positive about the support received from the staff team.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents and staff was promoted in the centre. There were systems in place for the identification of risks in the centre. However there were some improvements required around fire safety in the centre.

Inspectors reviewed the service records for fire safety equipment. The records confirmed that both the fire alarm and emergency lighting in the centre had been serviced on a quarterly basis. The fire extinguishers throughout the centre had been serviced in March 2017. The centre had also carried out testing of upholstery material on furniture throughout the centre to test that it was fire retardant. The centre had a policy in place that outlined the procedures to be taken in the instance of a fire breaking out. The inspectors spoke to a number of staff and while they seemed to be aware of their role if the fire alarm sounded, there was no evacuation procedure displayed anywhere in the centre for residents or staff to reference. The inspectors also reviewed the training records for fire safety. Although there were records showing that staff had completed fire training, the records were not clear and the inspectors could not ascertain which staff had completed all aspects of fire training. This was fed back to management who stated that a more robust recording system would be implemented to ensure fire safety training records were clearer.

Each resident had a personal emergency evacuation plan on the back of their bedroom door which detailed the method to assist the resident to evacuate and listed the resident's mobility or if they have sight, hearing or cognitive impairment.

The inspectors noted that in some cases the method of evacuation for residents with high dependency levels was to evacuate them on the duvet of the bed. The management of the centre explained that a number of methods of evacuation had been tested and this method had been the most effective. Staff had been shown a video of how to use a duvet to evacuate but no staff working in the areas where this method would be used had ever practiced the method. Fire drills were being carried out four times a year in the centre. The inspectors were informed that staff would be given a hypothetical scenario and talked through what to do, but not all elements of the drill were practiced such as how to assist people with decreased mobility evacuate a compartment within a certain time frame.

The centre was compartmentalised by fire doors on magnetic self closing mechanisms. Inspectors were informed that the corridor fire doors are one hour fire rated and bedrooms had a 30 minute fire rated. Bedroom doors did not have self closing mechanisms but the policy stated that all doors were to be closed as residents were evacuated. Staff confirmed that this was the procedure to be followed. Inspectors noted that almost every corridor fire door and bedrooms doors had a visible gap underneath them. In most cases the gap was large enough to fit their fingers underneath. This gap could limit the effectiveness of a door slowing the spread of smoke or fire throughout the centre. The inspectors requested that the centre have a fire consultant review the doors to confirm they were suitable to hinder the spread of fire. This was done within two weeks of the inspection, and a plan was put in place to make improvements where a fire consultant deemed them necessary.

The centre had a risk register in place. The register was reviewed on a quarterly basis and categorised risks into global, operational, financial and clinical. The risks were rated based on impact and likelihood and were assigned controlling actions and owners of the risk. There was a risk management policy in place to work in tandem with the risk register. Individualised risks for residents were recorded and reviewed on the electronic document system for the centre. There was a health and safety statement in place for the centre which had been signed within the last year by the safety officer for the centre.

Infection control procedures were satisfactory. The centre had an infection control committee. This committee met on a quarterly basis and discussed topics such as possible infectious disease outbreaks, vaccinations, cleaning of the premises and equipment. A hand hygiene audit was carried out in the centre, with the last audit taken from January to April 2017. The results of this were shared with staff. The centre had carried out an antimicrobial prescribing audit in 2016 to monitor prescribing of broad range antibiotics. The centre had hand hygiene gels available at regular intervals throughout the centre and housekeeping staff were observed to be cleaning the centre throughout the inspection on every unit.

Judgment:

Non Compliant - Moderate

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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 medication policy gave clear guidance to nursing staff on areas such as ordering, transcribing, prescribing, administration, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

The inspector observed staff following the policies in the centre and relevant professional guidelines. A sample of resident's medication records was reviewed. They provided clear information on the medication prescribed and administered to residents. They were signed by the nurse following administration and showed drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet. Medications to be crushed were identified clearly.

Resident's medication was reviewed every four months by their general practitioner.

Inspectors reviewed the arrangements for controlled drugs including storage which was seen to be secure. All controlled drugs were checked by two nurses at the change of each shift against the register, which was then signed as correct. The inspector checked a selection of the medication balances and found them to be correct.

There was an effective system in place to manage the return of out of date and unused medication, with records providing a clear audit trail and storage while waiting for the medication to be returned to the pharmacy.

There was a process for assessing whether a resident was able to manage their own medications that included a risk assessment. Each resident also had lockable storage space.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care.
The arrangements to meet each resident's assessed needs are set out in an

individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Each resident's health and social care needs were maintained by a staff team with the relevant skills and experience.

The inspector reviewed a selection of resident's health and social care records. Pre-admission assessments were carried out before residents were offered a place in the centre. When residents arrived at the centre a comprehensive assessment was carried out by a nurse, and where residents had health or social care needs a care plan was developed that described how those needs were to be met. The care plans were person centred in their approach, covering residents preferred options in relation to care and support, and personal routines. They also focused on the resident's rights, including accepting decisions they make about receiving care and treatment. They also gave clear instructions to guide staff in their practice. Inspectors observed that staff knew the residents well and provided care and support described in the care plans. Each resident had a communication care plan that set out their skills and abilities, any support the required, and how to effectively communicate with them.

Inspectors noted that records of reviews, carried out every four months or more often in required, identified if residents needs had changed and took appropriate steps where they had. For example where pressure areas had healed or where resident's nutritional intake had improved. This showed that staff were responsive to residents changing needs. Residents and relatives conformed they spoke with nursing staff, and were involved in the reviews of their care.

Inspectors reviewed the approach to managing a range of healthcare needs in the centre and found staff had relevant training and there were appropriate procedures in place in the centre to identify any risks and take appropriate action. This included catheter care, nutrition and hydration, pressure area care and falls management.

A range of recognised nursing tools were being used in the centre, and their results were used to inform nursing practice, for example where residents were identified as being at risk of falls, assessments of their balance were carried out, referrals were made to physiotherapist, checks were carried out to rule out any of the signs of delirium and a review of the environment was carried out to identify risks and put appropriate steps in place to reduce them.

There was access to a range of allied health professionals, for example speech and language therapy, dietician, physiotherapist, chiropody and psychiatry of old age. There

was a general practitioner (GP) based in the centre who was very knowledgeable of residents needs, and could be responsive to any changes in residents health. Residents were able to continue to see their own GP if that was their choice.

Records showed that where residents were arriving at the centre or leaving to another service, such as hospital, that appropriate information was with the resident to ensure their needs continued to be met. There were clear record of resident's appointments and results of any tests carried out.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted about the organization of the centre, and opportunities are available for residents to participate in meaningful activities. Overall residents privacy and dignity was respected, however some improvement was needed to screening in some of the shared rooms.

Residents were consulted about how the centre is run, are given the opportunity to provide feedback about the service.

Residents meetings were held in each unit of the centre. The activities coordinators ran the meetings and provided any feedback to the nurse manager. A review of the records showed that topics such as meal options, and activities were raised by residents. Where residents were not able to attend a group meeting the activity coordinator met the resident individually, supported by family where appropriate, and sought their views on the service and any areas for improvement.

There was information in the communal areas of an advocate if residents wanted to contact them, and they were available in the centre on a weekly basis.

Each unit in the centre had arrangements for an activity programme to meet the needs of the residents. The activities provided were agreed with residents and focused on

areas of interest. In some units there was a lot of music, objects of reference, and reminiscence activities, on other unit's activities focused on physical and sensory activities. In the units on the ground floor there was access to outside areas that the residents could access independently. In the upstairs unit residents could choose to go downstairs to access gardens. Residents were seen to be engaging in a range of different activities, some were group based and others were one to one. There were activity co-ordinators in each section, and when they were not on shift the nurse in charge allocated specific staff to focus on engaging the residents in activities. Residents who spoke with inspectors said they enjoyed the activities and felt the staff did a good job. Bingo was a particular favourite of a number of residents and they were supported to access this activity when it was on. There was a programme of trips to places in the community, with a large advert up in the centre for a trip out the following month.

Inspectors found that staff in the centre knew the residents well, speaking with them about things that were important to them (family, previous occupation, routines) and respecting their preferences for how they spent their time. When speaking with staff inspectors found that the rights of the resident were the first thing they considered, for example when asked if they had a schedule for activities, staff responded that they did but it would depend what residents wanted to do on the day. Some residents said they would prefer more variety in the activities available in the centre, and this was passed back to the person in charge during the inspection.

Residents were able to practice their religion in the centre, with Mass being read, and visits from local religious representatives. Residents were also able to vote, with a ballot box being made available in the centre.

There was access to television, radio, DVDs, music, newspapers, magazines and wifi. There was a computer available in the centre if anyone wanted to use it. There was access to a telephone in each unit of the centre, and some residents had their own phones.

All residents spoken with said their visitors were made welcome. Many people were seen visiting during the inspection and using different parts of the centre to meet their family, some enjoying privacy, and others enjoying the company in communal areas. The policy on visitors in the centre confirmed that any limitations would be in agreement with the residents.

Inspectors identified that some improvement was needed in some areas of the centre in relation to privacy and dignity in shared rooms. Privacy screening in some shared bedrooms did not fully go round beds, and could lead to a lack of privacy especially if residents were receiving support with personal care. Inspectors also observed, on a small number of occasions, nursing staff providing treatment without closing curtains, or doors.

In feedback provided to inspectors during the inspection and in the HIQA questionnaires residents and relatives were predominantly positive about the service they received in the centre, and the support of a skilled staff team who supported them to feel safe.

Judgment:

Substantially 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 centre had the appropriate number of staff and a suitable staffing skill mix to meet the needs of the residents. Staff in the centre had access to training and there were suitable supervisory systems in place throughout the centre. Throughout the inspection staff were observed to provide care in a calm, respectful and person-centred manner.

The inspectors reviewed the staff rota and there was a planned and actual staff rota in place. The actual rota accurately represented the staff that were on duty during the inspection. The centre was not using agency staff as the centre had appropriate systems in place to cover any unexpected leave. The staffing numbers were determined by taking residents' dependency levels and the size of the premises into account.

Throughout the inspection it was noted that staff did not feel rushed and the call bells were answered in a timely manner. A number of staff spoken to told the inspectors that they felt there was suitable staffing levels in the centre to meet residents' needs.

There was a clear management system in place which provided appropriate supervision for staff in the centre. In each unit the care staff and domestic staff were supervised by three nurses and a clinical nurse manager who were on duty on a daily basis. Further supervision was provided by three assistant directors of nursing and the director of nursing.

One clinical nurse manager was assigned to be the senior nurse on duty in the centre during night shifts. There was also a minimum of one nurse per unit at nights.

Staff informed the inspectors that they felt supported in their role from the management team in the centre and that they received three monthly supervisory meetings with their clinical nurse manager.

Six staff files were reviewed in the centre. The files contained all the requirements as per schedule 2 of the regulations and evidenced that the centre had good recruitment procedures in place for staff. Records confirmed that all staff had Garda vetting disclosures in place. Inspectors also reviewed nursing PINs and all nurses were

registered with the Nursing and Midwifery Board of Ireland for 2017. No volunteers were working in the centre.

Staff training records were reviewed. There was a training needs analysis in place in the centre. This was used to identify if training was required in various areas in the centre. Training was available to staff in areas such as dementia care, managing responsive behaviours, mindfulness, health and safety, CPR and food safety.

The inspectors reviewed the records for mandatory training. The training records indicated that the majority of staff had up to date training in safeguarding vulnerable adults and in manual handling. Staff with training slightly out of date had already been identified and training dates had been scheduled. The records for fire safety training were reviewed; however the inspectors were unable to determine if this training had been completed for each staff member, this is actioned under Outcome 8.

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:

Helen Lindsey
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 Winthrop Private Clinic
Centre ID:	OSV-0000183
Date of inspection:	09/05/2017 and 10/05/2017
Date of response:	21/06/2017

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The procedure to be followed in the event of a fire was not on display in the centre.

1. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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:

Fire Evacuation Procedure displayed.

Proposed Timescale: 21/06/2017

Theme:

Safe care and support

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

The inspectors were unable to ascertain if all staff in the centre had received up to date training in fire safety.

2. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Tara Winthrop Private Clinic has engaged a fire consultant to review the training with our health and safety officer to ensure best practice is upheld in relation to fire safety training. A complete audit of our training will be undertaken to identify the gaps and ensure that all staff are updated accordingly.

Proposed Timescale: 30/11/2018

Theme:

Safe care and support

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

The procedures followed during fire drills were not reflective of the possible fire scenarios or of the centre's procedures to evacuate residents' with reduced mobility.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire drills are completed and staff are aware of evacuation procedures. Fire consultant completing an audit of all evacuation procedures and recommendations from findings will be implemented. All staff will be updated and made aware of the procedures to be followed in the event of fire.

Proposed Timescale: 30/07/2017

Theme:

Safe care and support

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

There was a visible gap underneath a number of fire doors in the centre which may limit the effectiveness of the fire doors.

4. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Fire Engineer engaged and completed an audit of the building to identify any deficits and consulted with a competent person to complete these works. Works to commence on Monday 26-6-17 to address the issues identified.

Proposed Timescale: 25/08/2017

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:

Improvement is needed to privacy screening in some shared bedrooms.

5. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Dignity screens insitu at present. New overhead rails and curtains on order and will be implemented to ensure the dignity needs of the resident are maintained

Proposed Timescale: 07/07/2017