<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tara Winthrop Private Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000183</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Nevinstown Lane, Pinnock Hill, Swords, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 807 9631</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:rena.galvin@tara-winthrop.com">rena.galvin@tara-winthrop.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Tara Winthrop Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Mc Cormack</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
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<tr>
<td>Support inspector(s):</td>
<td>Helen Lindsey</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>136</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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</table>
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 08 May 2018 09:00  
To: 08 May 2018 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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</table>

Summary of findings from this inspection

This was an unannounced inspection conducted by two inspectors over one day. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. In order to determine this inspectors focused on six outcomes. Inspectors reviewed notifications and information received and followed up on two action plans from the last monitoring inspection which took place in May 2017.

98 residents in the centre had a diagnosis of cognitive impairment, alzheimers disease or dementia. The centre has an eight bedded dementia specific unit.

Inspectors found the healthcare needs of residents with dementia were met. The environment enabled residents with dementia to wander within a safe environment.
Residents with dementia had choices in relation to all aspects of their life and their personal choices were respected by all staff. Improvements in the provision of activities and staff interaction with residents with dementia was required. Staffing levels and skill mix were appropriate to meet residents' needs. Staff had received training in caring for residents with dementia although the need for further training was identified. Complaints were well managed by the management team.

The action plans at the end of this report reflect where improvements need to be made. The management had identified most of these issues on their self assessment and had already put plans in place to make improvements where necessary.
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: Health and Social Care Needs

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Safe care and support</th>
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**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The healthcare needs of residents were met. Improvements were required in the provision of activities to meet the needs of residents with dementia.

Residents had access to medical and allied health care professionals. They had chosen a general practitioner to care for them. They had access to a geriatrician and a consultant psychiatrist of older age. There was no delay in referring residents for assessment to any of the allied health care team members. Inspectors saw evidence of referrals made, assessments completed and recommendations made in resident files. Residents had access to their general practitioner when required. There was evidence that all residents had a full medical review every four months, medications, including psychotropic medications were included in these reviews.

Residents had comprehensive assessments completed on admission. Those reviewed reflected the resident’s individual needs. Care plans were in place to reflect the care required to meet most needs identified on assessment. Improvements were required as a sample of care plans reviewed did not always reflect the care required by the resident to meet their need. For example, a care plan for a resident who had epilepsy did not reflect the care or medication being provided to a resident when they had a seizure. Overall the care plans required more specific detail to ensure care being delivered was person-centred. Assessments and care plans were updated on a four monthly basis with input from the resident and their family.

Staff provided end of life care to residents’ with the support of their general practitioner and the palliative care team if required. Residents had their end of life preferences recorded. A sample of records reviewed reflected each resident’s wishes and preferred pathway at end of life care. They were detailed and included input from the resident, their family and general practitioner. Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.
Residents nutritional needs were met and they were supported to enjoy the social aspects of dining. Inspectors saw table settings in the dining room promoted independence. Residents' were given the choice as to where they wanted to eat their meals, their choice was respected and facilitated by staff. The menu provided a varied choice of meals to residents, those with a diagnosis of dementia had the same choice as other residents. Residents who required support at mealtimes were provided with timely assistance from staff. Residents had a malnutritional risk screening tool (MUST) completed on admission and this was kept under review. They were routinely weighed on a monthly basis. Those with nutritional care needs had a nutritional care plan in place. Inspectors saw that residents likes, dislikes and special diets were all recorded.

**Judgment:**
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
Measures to protect residents with dementia from harm or abuse were in place. Residents spoken with stated they felt safe in the centre. There was a policy and procedure in place for the prevention, detection and response to abuse. There was evidence that reported incidents were investigated in line with this policy. Staff spoken with had a good knowledge of what constituted abuse and they all had up-to-date refresher training in place and all had been garda vetted. The management held petty cash on behalf of a number of residents' practice observed was safe and reflected the policy. A number of residents pensions were managed by the provider. The practice reviewed reflected the centres policy. The accumulative pensions for these residents were lodged into the companies account and then into a residents' account. Residents did not have individual interest bearing accounts. This practice required review.

The centre was moving towards a restraint free environment. This was reflected in the low use of restraint and the high use of alternative non restrictive equipment. Residents with bed rails in place had assessments completed, these stated what alternative s were trialled prior to bed rails being used. Residents had care plans in place to reflect the care provided when using bed rails.

Staff spoken with had good knowledge of residents displaying behaviours that challenge. They knew the triggers, diversion therapies and psychotropic medications for individual residents and these were reflected in a sample of care plans reviewed.

**Judgment:**
Substantially Compliant
### Outcome 03: Residents' Rights, Dignity and Consultation

**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:**
Residents with dementia were consulted with in the organisation of the centre.
Residents privacy and dignity was respected. They had choice in relation to how they lived their life. Only some residents had access to activities and where they were being delivered, improvements were required to ensure they were meeting the needs of residents with dementia.

Residents with dementia had access to advocacy services. An advocate visited residents in the centre on a weekly basis and contact details for the national advocacy service were available throughout the centre. Residents and their relatives contributed to the running of the centre. Minutes and attendance at meetings held by the activities staff reflected this.

Residents were treated with dignity and respect. Residents spoken with confirmed this to inspectors. Inspectors observed staff including, nurses, care assistants, catering and household staff treat residents with respect.

Residents privacy was respected. The screening issue identified on the last inspection had been addressed and the screening in twin rooms now ensured the privacy of each resident. Residents' received personal care in their own bedroom or a bathroom which could be locked. There were no restrictions on visitors and residents could receive visitors in their own bedroom or in either of the many communal sitting rooms. Relatives told inspectors they were made feel welcome.

All residents were registered to vote. They were facilitated to vote within the centre or at the local polling station. Residents confirmed that their religious needs were met.

There was a poor choice of activities available to residents. Inspector were told there was a vacant activities post on Shennick unit. Activities delivered on the second unit were not meeting the needs of residents with dementia and required review. During an observation study on both units, inspectors findings were similar. Residents' spent a large period of time in the morning watching a movie dvd that few residents appeared to have any interest in. Residents in both rooms spent large periods of time with no interaction or communication with staff, they were observed staring into space or sleeping. The activities staff on the first floor was observed spending a lot of time assisting residents to and from the afternoon activity cutting short the actual scheduled activity time. This required review.
Residents had access to daily newspapers if requested and residents in single bedrooms had their own television those in twin bedrooms shared a television.

**Judgment:**
Non Compliant - Moderate

### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

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

**Findings:**
The complaints of each resident with dementia, his or her family, advocate or representative, and visitors were listened to and acted upon.

There was a complaints policy in place which met the regulatory requirements. A copy was on display on both units inspected. Residents with dementia told inspectors that they would complain to the person in charge or any of the staff. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process. Complaints were discussed at management meetings and were analysed in detail on an annual basis.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

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

**Findings:**
There were appropriate staff numbers and skill mix to meet the assessed needs of residents with dementia and for the size and layout of the centre.

There were effective recruitment procedures in place. A sample of staff files reviewed contained all the required documents outlined in schedule 2. A sample of staff nurses
files checked had an up-to-date registration with the relevant professional body in place and a copy of annual staff appraisals were available for review.

Staff had up-to-date mandatory training in place, including fire and fire evacuation. A significant number had attended training on providing care to dementia residents and MAPA (Management of Actual or Potential Aggression). Inspectors observed care being delivered on two units of the centre, the level of communication was neutral or task orientated. This evidence supported the need for more training for health care staff on communication with residents who have dementia.

A volunteers file reviewed contained an outline of their roles and responsibilities and evidence that they had garda vetting in place.

**Judgment:**
Substantially Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The issues identified on the last inspection in relation to fire practices had been addressed.

The layout and design provided a good standard of private and communal space and facilities. Residents and visitors were observed enjoying the different spaces provided. The environment was bright, clean and well maintained throughout. Hand rails were available to promote independence. Colour was used in some bathrooms and ensuites for example, toilet seats and hand rails were coloured red or blue. This enabled residents to find their way to these facilities independently.

Gaps beneath fire doors had been filled and the procedure to following the event of a fire was on display throughout the two units inspected.

The premises offered an appropriate environment for people with dementia. Residents in both the dementia specific unit and the adjoining main unit had access to a secure garden areas. Inspectors saw residents using this outdoor space.

Bedrooms were comfortable, had adequate wardrobe space and storage for personal possessions. There were a mixture of single and twin rooms, some were ensuite. There was an assisted toilet close to the sitting and dining room areas. There was a
functioning call bell in all bedrooms, bathrooms and in most communal areas. There was no call bell in the newly developed communal room in the dementia specific unit, although there was access to a call bell outside the door. This could be reviewed in view of the unpredictable behaviours of some residents living in this secure unit and the large size of the room.

Residents had a choice to have a wall mounted memory boxes outside their bedroom door. Those in place were filled with personal items which enabled the resident recognise their bedroom. Staff had developed signage with residents for their bedroom door. The sign included their name and an item of interest to them. This again enabled residents with dementia to find their room independently. Improved directional signage and an increase use of colour and may assist residents' with dementia maintain their independence for longer.

The centre and its grounds were maintained to a good standard. Inspectors observed a high standard of cleanliness throughout, and residents and relatives expressed satisfaction with the facilities provided and with the standard of maintenance and cleanliness.

**Judgment:**
Compliant

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**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:**

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report¹

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tara Winthrop Private Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000183</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/05/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25/06/2018</td>
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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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans reviewed did not reflect the care being delivered to residents.

1. 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.

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:
Further training and reviews are underway to address the shortfalls in the care plans. A new documentation audit and feedback system has been implemented to highlight any shortfalls in the care plan.

Proposed Timescale: 31/07/2018

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents pensions being collected on their behalf by the provider were not going into an individualised interest bearing account.

2. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
Tara Winthrop has always operated a client account for those who are unable to look after their own financial affairs. The company would prefer not to manage individual resident accounts and there is no legal basis to support the company in this matter. The process in place was the Department of social welfare cheques were forwarded by bank transfer in one payment to the Tara Account and fees were paid accordingly, the remaining balance went into an individualised interest bearing client account. The inspectors rightly requested that the Department cheques be lodged to the client account in the first instance and arrangements were made for this to take place. The authority is aware of the difficulties in obtaining an individualised account for those residents that lack capacity.

Proposed Timescale: 01/07/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
All residents did not have opportunities to participate in activities in accordance with their interests and capabilities.

3. 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:
Tara Winthrop has actively recruited a new member of staff to lead out in activities in Shenick unit the post will commence July 1st. There is also a quality improvement project underway to review the efficacy of the programme of activities at the centre.

**Proposed Timescale:** 31/12/2018

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents sharing a twin bedroom had access to one television, therefore had to share the television.

4. Action Required:
Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

Please state the actions you have taken or are planning to take:
The registered provider currently is meeting their obligations in that each resident does have access to a television as per the legislative requirements.

**Proposed Timescale:** 25/06/2018

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Further training for staff was required in how to communicate with residents with dementia.

5. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
All staff are trained in communication and dementia. All staff are MAPA trained. MAPA training focuses extensively on communication strategies in dementia. Further training and audit in this dementia will focus on communication and culture.

**Proposed Timescale:** 31/10/2018