

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	TLC Centre Santry
Centre ID:	OSV-0000184
Centre address:	Northwood Park, Santry, Dublin 9.
Telephone number:	01 862 8080
Email address:	santry@tlccentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	T.L.C. Centre Limited
Lead inspector:	Leone Ewings
Support inspector(s):	Sonia McCague
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	126
Number of vacancies on the date of inspection:	2

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: 11 May 2018 09:00 To: 11 May 2018 16:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant

Summary of findings from this inspection

TLC Centre Santry is located in Northwood, Dublin 9, in an urban area close to shops and bus routes. The centre is a four-story purpose-built building, with single bedrooms and twin rooms. Full-time, general nursing care is provided, and care for people with mental health difficulties. The majority of residents are living there on a long-term basis; short-term respite care for older people is also available.

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six outcomes and also followed up the actions from the last monitoring inspection. A provider assurance request was issued following a notification of a serious incident. A satisfactory response was received and inspectors were satisfied that risks associated with

residents who smoked were mitigated and managed in line with policy, taking into consideration residents preferences. Some improvements with records of fire drills and staff training were found on this inspection.

Inspectors saw improvements had taken place since the last inspection and all actions relating to storage of medicines and resident's records and were now addressed.

A large number of residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit. Prior to this inspection the provider had completed a self-assessment document. The judgments in the self assessment were that full compliance was demonstrated. The inspectors found the provider was in substantial or full compliance in all outcomes reviewed.

Overall, the inspectors found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours were well managed by staff with good communication skills and meaningful activities available.

Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Overall a good standard of communication and interaction was observed, and staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives respected by staff. Nonetheless, some aspects of staff interactions observed by inspectors required improvement.

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

Theme:

Safe care and support

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

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

Findings:

This outcome was judged to be in compliance in the provider's self-assessment, the inspectors judged it as substantially compliant. Since the last inspection the provider and person in charge had made improvements in the recording of residents intake of drinks and fluids. The nursing, medical and social care need of residents' were met. The actions relating to the records and storage of medicines were found to be addressed. Nonetheless, inspectors observed nursing staff administered medicines on the day of the inspection, in the absence of a signed prescription sheet. The person in charge undertook to have this practice rectified on the day of the inspection.

Overall, the care and welfare of residents with a diagnosis of dementia, Alzheimer's and those with cognitive impairments was being well met. There was a detailed admissions policy which was reflected in practice. Dementia specific activities including a sensory programme of communication were in place. Staff had been trained to implement the programme.

Residents had access to medical and allied health care professionals and residents own general practitioners. Some residents at the centre had access to a consultant psychiatrist and mental health team who visited regularly. Referral for residents for assessment to any of the allied health care team members was timely. All residents assessed needs were found to be well managed to achieve the best outcomes on a daily and long-term basis. The inspectors saw evidence of referrals made, assessments completed and recommendations made in residents' files. Each resident was facilitated to have routine assessments of eyesight and dental screening, and audiology where required. There was clear evidence that all residents had their medical needs including their medications reviewed by the pharmacist, general practitioner and person in charge. The community pharmacist delivered medications when required and conducted audit of medication management practices. There was a multi-disciplinary approach to reviewing medicines, including psychotropic medicines.

Nursing assessments and care plans were reviewed on a four monthly basis and those reviewed reflected the residents' changing needs. Each need had a corresponding care

plan in place reflecting the care required by the resident in order to meet that need. A sample of care plans reviews read by the inspectors were found to be person-centred and up-to-date. Care plans informed and guided practice and there was evidence of the involvement of residents and relatives in any reviews undertaken. 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.

Staff provided end-of-life care for residents with the support of the general practitioner and the palliative care team if required. Each resident had their end-of-life preferences recorded and a detailed end-of-life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end-of-life. They were detailed and included input from the resident and their next of kin.

The nutritional needs of residents were well met and they were supported to enjoy the social aspects of dining. The menu provided a varied choice of meals to residents and independent dining was promoted. Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw this was provided in a quiet, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had their meals with residents in a well laid out dining areas on each floor. Opportunities for fine dining experience and family celebrations were available for residents in a private dining area on the ground floor.

Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed three monthly. Residents' weights were recorded and had their body mass index calculated on a monthly basis. Those with any identified nutritional care needs had a nutritional care plan in place. Nursing assessments for any resident identified as at risk of malnutrition triggered a referral to a dietician. The inspectors saw that residents' individual likes, dislikes and special diets were all recorded and were well known to both care and catering staff.

Where appropriate wound assessments and care plans were in place. The records were reflective of care provided. Pressure ulcer prevention and management practice was found to be well managed and all staff were knowledgeable and well informed about skin care and records reviewed by inspectors reflected this.

Judgment:
Substantially Compliant

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:

Suitable measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The approach used by staff and management team demonstrated a good standard of consent-led service provision. Many elements of good practice to safeguard residents' privacy and dignity and rights were observed during this inspection.

There was an evidence-based safeguarding policy in place, which had been updated since the last inspection. The inspectors spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing.

Records that were reviewed confirmed that since the last inspection, all staff had received training on recognising and responding to elder abuse. There had been no reports or any allegations of abuse notified to HIQA. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive and respectful. They also spoke highly of the care provided by the staff team.

Evidence based policies in place about responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) and a policy on restraint was in place. The inspectors were informed by the staff that they had training in how to support and communicate with residents with dementia. Training records confirmed that staff had attended training on responsive behaviours and dementia awareness. Further training in communication and dementia care was part of the ongoing training plan for 2018.

Residents who required supports in terms of any responsive behaviours, had a detailed assessment completed and care plans were developed that set out how residents should be supported if they demonstrated responsive behaviours. The inspectors saw that the positive behavioural plans described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. For example, using a low arousal or a sensory approach with some individualized re-direction techniques. Staff were very clear about any actions to take and used clear communication techniques. Staff also considered how residents were responding to their environment and were supporting people to feel calm.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents with dementia in the centre were consulted with about how the centre is run. Residents' rights were promoted and dignity was respected. Maintaining independence and autonomy was a key part of the approach.

Residents had access to meaningful activities and had a choice in relation to how they lived their life. A dementia café was advertised in the reception of the centre and links to the community were in place, including local theatre and coffee shop visits.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the three communal areas. The overall quality of the interactions was found to be positive and staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. The inspectors observed that the staff helped put the residents at ease. Mealtimes were observed to be a social occasion with most residents interacting to enjoy the dining experience. Elements of positive connected communication were observed throughout the day. However, one mealtime observed on one floor found that staff interactions required improvement, as some staff remained focused on carrying out their tasks.

Residents were observed to be moving throughout the centre, both independently, using mobility aids and with staff assistance. Staff informed the inspectors that there was an open visiting policy, with a visitor's sign-in book at reception. Residents could receive visitors either in one of the private rooms, library or in private in their bedrooms. Bedrooms were personalized and contained meaningful items of reminiscence.

During the inspection, residents were observed walking in the garden, reading newspapers and attending group activities including a pottery class where positive interactions were observed. Residents also told the inspectors they could engage in personal activities in private. Each resident had privacy in their bedroom, with sufficient space for their own personal items. The inspectors observed staff knocking on doors before entering residents' bedrooms.

There was level access to a safe enclosed landscaped garden for residents and outdoor smoking area. Some residents liked to sit in the sunny reception area or by the front door on comfortable seating provided. A fully-equipped hairdressing room was in place with a hairdresser engaged who attended on a regular basis.

Residents had access to the provider representative and could raise any issues through him or the person in charge. Contact details for advocacy services were listed under the complaints procedure displayed at the centre. Regular resident's meetings took place and any issues raised by residents during these meetings were submitted to the management of the centre, so they could be addressed.

Residents were satisfied that their spiritual and religious needs were met in the centre. An oratory was located on the ground floor and access to religious services was facilitated. Residents were supported to be connected with the wider community. They had access to a wireless internet connection, land-line telephone and could utilize Skype calls. Staff informed the inspectors that a number of residents had their own mobile phones and there was access to a computer. Newspapers were delivered to residents on a daily basis, and these were available in the reception areas and each floor. There was good access to television and radio in the centre.

Residents' civil rights were respected in the centre. Residents were supported to ensure they were registered to vote on-site or visit the local polling station. An up-to-date resident's guide was available to inform and guide residents and relatives on service provision.

Judgment:
Substantially Compliant

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:
A complaints procedure and policy was in place that guided practice. The person in charge was the person nominated to deal with all complaints. There had been a number of complaints recorded since the time of the last inspection. The records of the outcome of the complaint and the level of satisfaction were recorded and was in line with regulatory requirements.

The complaints procedure was displayed prominently on each of the floors inspected, and this was in line with the information found within the complaint's policy. The inspectors confirmed that in the first instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy, which was overseen by the clinical care director. There was an appeals process available and outlined within the policy, should the complainant remain dissatisfied. Records of verbal complaints and issues raised were also recorded by staff one each floor.

Residents were facilitated if they wished to access independent advocacy supports.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The centre had appropriate staff numbers and skill mix to meet the assessed needs of the residents. Throughout the inspection, the inspectors found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Staff did not seem rushed and the provision of care was adequate. Care tasks were appropriately paced to ensure that residents were not rushed. Staff were observed to reassure and communicating in a clear and open manner with residents, offering choice before continuing to assist them.

The inspectors reviewed the planned and actual rota in the centre. The person in charge managed staffing planning and provision. The actual rota was found to be representative of the staff that were on duty during the inspection. The inspectors found that there was an appropriate level of staff supervision. An on-call management rota was in place and unanticipated leave was usually covered by existing staff and the centres' own relief staff. Registration and personal identification numbers for all registered nurses were found to be in place.

Training records were reviewed and found to be up-to-date for training in fire safety, safeguarding and moving and handling. Staff had received training in dementia care, communication skills and responding to challenging behaviours.

The inspectors confirmed safe recruitment procedures and a sample of staff files were reviewed and was found that all contained the requirements listed in schedule 2.

Judgment:
Compliant

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 the stated purpose and met residents' individual and collective needs in a comfortable way. The premises is a large purpose-built four storey building in an urban area for older people which included a large number of people living with dementia. Floors were accessible by stairs and lifts. The centre had a secure garden area with mature trees, which residents could access from the ground floor dining space. Some improvements were required with signage and ventilation in the laundry.

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. Large and smaller quiet sitting rooms were available. However, some residents congregate at the central nurses' stations beside the passenger lifts on the ground, first and second floors. Whilst this appeared to be the residents' preference, alternative seating areas in place were not fully utilized. This observation was discussed with the person in charge, and alternatives to this option should be explored in terms of the seating and changes already made on the third floor communal spaces.

Overall, the environment was clean and well maintained throughout. Hand rails were available to promote independence and mobility. Nonetheless, some corridors were long and lacked natural light over the four floors which accommodated residents. Some colours used were dark and some flooring was carpeted which was not found to be suitable on previous inspections. A programme for changing the carpeting in place to more suitable flooring was in progress. Inspectors were informed by a resident that maintenance was required in one bedroom occupied by two residents. The inspectors noted that some of the carpet around the bedsides of two bedrooms had multiple marks and brown staining consistent with burns. There was no evidence of residents smoking in their rooms at the time of this inspection. A large smoking area was provided in the gardens with suitable facilities for the residents who liked to smoke. The provider and person in charge undertook to address the maintenance and flooring issues immediately.

Bedrooms were comfortable, had adequate wardrobe space and storage for personal possessions. There were a mixture of single and twin rooms, all were ensuite with toilet and showers. There was an assisted toilet close to the sitting and dining room areas. There were functioning call bells in all bedrooms, bathrooms and in all communal areas. Residents could use wall mounted memory boxes outside their bedroom door containing person items of reference, which assisted them identify and recognise that it was their bedroom. This enabled residents with dementia to find their room independently. Improved directional / pictorial signage may also assist residents' with dementia maintain their independence and assist wayfinding.

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

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

Inspectors reviewed a provider assurance report requested following an incident resulting in a serious injury to a resident. Measures to mitigate the risks associated with residents who expressed a wish to smoke were found to be fully mitigated on the day of the inspection. Detailed risk assessments had been completed and supportive care plans were in place to guide and inform staff on this activity. A risk assessment had been implemented by the provider and staff were knowledgeable about supports in place for residents.

Records reviewed confirmed that fire safety training and fire drills took place to practice learning. Some improvements were required with documentation of fire drills completed. A small number of staff on-duty had not completed a fire drill within the last year, the person in charge forwarded training dates to the inspectors in the week following the inspection.

Judgment:

Substantially 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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	TLC Centre Santry
Centre ID:	OSV-0000184
Date of inspection:	11/05/2018
Date of response:	19/07/2018

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 medicines were observed to have been administered in the absence of a signed prescription sheet by nursing staff. This was not in line with professional guidelines and best practice.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

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

administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All medications administered were underpinned by a signed prescription by the GP and the medication administration sheets were generated from the pharmacy computerised system that operates from the signed prescription. However, to ensure best practice in all situations, the GP now signs revised administration sheets daily before he leaves the building which ensures that all new/revised medication orders are reflected on the signed administration sheet before medications are administered by nurses. This practice is audited regularly by the CNMs.

Proposed Timescale: 17/07/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Some staff interactions and communication observed during mealtimes required improvement.

2. Action Required:

Under Regulation 10(3) you are required to: Inform staff of any specialist needs referred to in Regulation 10(2).

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

Nurse managers and senior managers will regularly supervise mealtimes and the staff to ensure that all interactions with residents are appropriate and that mealtimes are a positive experience for all residents. Nurses and healthcare assistants will continue to be invited to dementia training to ensure that they have skills in communicating with residents with dementia and nurses will be empowered to ensure that they support staff whose practices require improvement.

Proposed Timescale: 30/09/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Flooring and re-decoration required review.

Ventilation in the laundry was inadequate.

3. Action Required:

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

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

(A) The planned replacement of flooring will continue, and the identified rooms are scheduled for upgrade in the immediate future. A review of all decoration including flooring will be undertaken and replacement/refurbishment will be scheduled as part of the planned maintenance for 2019

(B) The ventilation in the laundry has been addressed by relocating the fan that was in place, so that it is more effective.

Proposed Timescale: 31/12/2018

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

Documentation of fire drills completed at the centre required review to evaluate effectiveness of the drills.

4. 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:

All staff receive suitable annual training in Fire Prevention and Emergency Procedures. The manner in which drills are performed and recorded has been reviewed to include more details on the type of drill, the learning outcomes and how the learning is shared throughout the centre.

Proposed Timescale: 17/07/2018

