

**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
Provider Nominee:	Noel Mulvihill
Lead inspector:	Leone Ewings
Support inspector(s):	Ann Wallace
Type of inspection	Announced
Number of residents on the date of inspection:	123
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 1 day(s).

The inspection took place over the following dates and times

From: 14 November 2017 09:00 To: 14 November 2017 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was carried out in response to the provider's application to renew the certificate of registration. The provider's application is for ongoing registration of 128 beds.

The centre accommodates mainly people over 65 years, some of whom may have physical and sensory difficulties. A number of residents living at the centre also had a diagnosis of dementia, mental health difficulties as described within the statement of purpose.

The provider had addressed one non-compliance from the last inspection on 3 August 2016. Improvements completed related to details of additional charges on the contract of care. The inspectors found that the residents received a good quality

service, and had positive feedback about the quality of life living at this centre.

Unsolicited information and notifications received were also considered as part of this inspection. There had been no changes in management and governance at the centre notified to HIQA.

As part of this inspection, the inspectors met with residents, relatives and staff members. They observed practices and reviewed documentation such as care plans, audits, management meeting minutes and policies and procedures. The inspectors also met the provider, person in charge and the director of clinical services at the centre on the day.

The inspectors found that residents were supported by a staff team who knew them well. Staff were skilled and experienced in providing health and social care to residents. They had completed relevant training for their roles. Twenty-three residents and 20 relatives provided written feedback to say that overall they were well supported by the staff team, good communication took place, with staff who were kind and treated them with respect.

A review of residents records showed that relevant assessments were carried and where residents required support, care plans were in place with guidance to staff about how it was to be provided. Overall, staffing in place on the day of the inspection was found to adequate to meet the assessed needs of residents.

The governance and management systems operated in the centre were seen to be effective and provided assurance that the provider and all staff were providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and reviewed. Reviews and requests for feedback, including satisfaction surveys were also carried out with residents and relatives which informed any improvements planned. Some improvements were required in medications management, otherwise this service was substantially compliant in terms of the Regulations.

The findings are discussed throughout the report and areas for improvement are outlined in the action plans at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:

There was a written statement of purpose dated November 2017 that adequately described the service and facilities that are provided in the centre. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People).

The management have kept the statement of purpose under review and revised the content at intervals of not less than one year.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were effective management arrangements in place to monitor the quality and

safety of the service.

Inspectors found that there was a clearly defined management structure in place. The organisational structure helped to ensure that staff were clear about reporting arrangements within the centre. The person in charge (PIC) worked full-time at the centre. Residents and staff told the inspection team that they were clear about who to raise any issues with and that the person in charge and senior staff were approachable and available to them.

The person in charge was supported in her role by two experienced Assistant Directors of Nursing (ADON), four Clinical Nurse Managers (CNM) and the director of clinical services. Each of the four floors had an allocated CNM who took the lead in clinical practice, providing support and supervision to nursing and care staff on the unit including night staff.

The inspectors found that the care and services provided were found to be in line with the centre's statement of purpose. Well established systems in place helping to ensure monitor that safe and effective care was provided. Monitoring systems included health and safety and risk management processes and a comprehensive audit programme were discussed at management meetings.

Audit documentation reviewed by the inspection team showed that information was gathered about practices in the centre and was used to identify areas for improvements and staff training needs. Audits completed included falls prevention, medications, care plans, wounds and pressure ulcers, nutrition and accidents and incidents.

The annual review of quality and safety, and quality of care report for 2016 was shown to inspectors. This report was completed with detailed feedback and input of residents and relative and was reflective of inspection findings within this report.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspectors reviewed the revised contract of care. Terms and conditions were now in place and contracts were completed for all residents. Any additional charges were now

clearly outlined in this contract of care.

A guide to the centre for residents included a summary of the centre's services and facilities, the terms and conditions of residence, the complaints procedure and visiting arrangements for residents.

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 had not changed since the time of the last inspection. She is a registered nurse, meets the requirements of the Regulations, and works full-time within the centre. She has the required skills, knowledge and experience to hold the post of person in charge.

She was found to be very knowledgeable about each resident's nursing and social care needs. Evidence of her continuous professional development was up-to-date.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records as listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness and accuracy. Overall, a good standard of record-keeping could be evidenced throughout the inspection, and records requested were accessible. However, some improvements were required with records as outlined in Outcome 9 Medication Management. The records of resident food and fluid intake did not include sufficient detail and were not consistently maintained by staff.

A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations, inclusive of Garda Síochána vetting disclosures were in place.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19.

The designated centre had all of the written operational policies which had been kept under review as required by schedule 5 of the regulations. Policies were evidence-based and guided staff practices.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that procedures were in place to safeguard and protect residents from abuse. Inspectors found evidence that the provider was working towards a restraint-free environment.

There was a policy in place that set out clear procedures for the prevention, detection

and response to elder abuse. The provider informed the inspectors that all staff working in the centre were Gardaí vetted.

The staff training records documented that all staff had attended training on safeguarding and elder abuse during induction and ongoing training in the centre.

Inspectors spoke with staff and found that they were able to articulate the policy and procedure to follow in the event of an allegation, suspicion or disclosure of abuse. Staff were also clear about who to go to report concerns regarding abuse. The inspectors reviewed the documentation relating to a recent investigation that had been carried out in the centre and found that the allegation was appropriately managed and that the safety of residents was protected. There was evidence of learning from the investigation. Inspectors were satisfied that the person in charge knew how to respond to an allegation of abuse if it was reported to them.

Residents who spoke with the inspectors said that they felt safe at the centre.

Inspectors reviewed the centre's policy on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The policy described the types of responsive behaviours and the approaches that should be used for identifying causes of responsive behaviours. Staff had attended training on the management of responsive behaviours.

Staff who spoke with inspectors knew the residents who might display challenging behaviours and were able to describe the triggers for such behaviour and the most appropriate way to respond to reassure and support the resident. This information was documented in individual resident's care plans. Residents with responsive behaviours had good access to specialist services such as community mental health teams and psychiatry of later life.

During the inspection staff were observed using a positive approach to calm and support residents who became agitated. Inspectors noted that care provided was person centred.

The centre was working towards a restraint free environment in line with national best practice guidance. There was a comprehensive policy in place for managing restraints within the centre. Risk assessments had been completed for residents who required equipment such as bed rails, floor and bed sensor mats and bracelet alarms. Resident's records showed that these restraints were reviewed regularly and that resident/family consent was obtained. However inspectors found that improvements were required in how equipment such as wander guards and tilt and space chairs were recorded in resident's care plans.

The centre had introduced new guidance on the use of psychotropic medications to manage responsive behaviours. Records showed that the psychotropic medications had reduced in the centre as a result of the guidance and staff training on the new processes.

The centre had transparent systems in place in relation to resident's finances. Money and valuables kept on behalf of a resident were stored securely. For those residents for whom the centre was a pension agent residents' accounts were in place in line with the Department of Social Protection guidance.

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, visitors and staff was seen to be promoted in the centre.

Detailed risk management policies and procedures were in place. The policy contained the procedures required by regulation 26 and schedule 5 to guide staff. Staff were familiar with the contents of the emergency plan. The risk register in place was well maintained and updated on a monthly basis, this was overseen by the person in charge. Each risk assessment set out the identified risk, the level of risk identified, the steps taken to mitigate the risk and the person responsible for taking the action. The documents were thorough and covered a wide range of areas. Incident and accident reporting provided information to support the reduction of identified risks. There was also an up-to-date health and safety statement available signed and dated by the provider. The health and safety committee met regularly and any issues raised were minuted. All meetings were minuted with an associated action plan in place to address matters raised.

The fire safety policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Records showed that there were routine checks to ensure fire exits were unobstructed, automatic doors closer were operational and fire fighting equipment was in place. Annual checks were carried out on the fire safety equipment, and the fire alarm was serviced on a quarterly basis. Clear signage was in place throughout the centre guiding residents, visitors and staff to the nearest exit.

The procedure to follow in the event of a fire was posted in different parts of the centre, and staff were able to describe their role in evacuation when the inspectors spoke with them. Evidence was reviewed that all staff had completed annual refresher training in fire safety procedures. A record of fire drills showed they were carried out monthly, and the maintenance department were responsible to ensure all staff, including night staff,

had been involved in a drill.

Identified clinical risks were well documented and addressed in a timely manner, with the involvement of the person in charge and senior staff. For example, the follow-up on any falls and incidents included referral and review by the on-site physiotherapist who undertook mobility assessments, gait and balance reviews. Moving and handling assessments were up-to-date and the use of any assistive equipment monitored closely to ensure adherence to best practice including servicing and staff training.

There were safe procedures in place for the prevention and control of infection and the centre clean, hygienic and well presented. Personal protective equipment was available in each unit of the centre, and there were hand gel sanitizers available throughout the centre. Staff were observed practicing hand hygiene and had easy access to hand washing facilities to meet their needs. Arrangements were in place to manage infection control in the laundry.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were appropriate management systems in place to ensure safe medication practices however improvements were required in two areas; the centre's procedure for administering medications under strict controls (MDAs) and the administration of nutritional supplements at the prescribed time.

There was a comprehensive medication policy in place which gave clear guidance to nursing staff on the procedures to follow for ordering, monitoring, documenting, administering and the disposing of un-used and out-of-date medications. The policy included the procedure to follow in the event of medication errors. The centre completed monthly medication administration audits and a comprehensive pharmacy audit of all areas relating to medications was completed every three months.

A sample of medication records was reviewed. Inspectors found that the records included the name of the drug and the time of the administration and that the nurse signed the medication record after each administration. Although medications were administered within the prescribed timeframes the inspectors found that one nutritional supplement was given outside the prescribed times.

Administration records documented the reasons why a medication had not been given. Drugs being crushed were signed by the general practitioner (GP) as suitable for crushing and liquid alternatives had been sourced where possible. Residents' medication was reviewed regularly by their GP.

Medications were stored securely. Controlled drugs were stored in a locked cupboard within a locked cupboard in the medications room. Nurses kept a register of controlled drugs. They were checked by two nurses at the change of each shift. The inspector checked a selection of controlled drug medication balances and found that a controlled medication had been administered to a resident as prescribed and recorded on the resident's drug administration record but had not been recorded in the MDA stock register. As a result the stock balance was incorrect.

Medications that needed to be stored in the fridge were stored as directed. Opened medication was labelled with date of opening. Inspectors found that the temperature of the drugs fridge on one unit had been recorded daily in line with best practice guidance and the centre's own medication policy.

There was an effective system in place to manage the return of out-of-date and un-used medications with records providing a clear audit trail.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Each resident had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were devised with input from residents and or their families.

There was a comprehensive policy in place that set out the processes that should be used to assess each individual resident prior to admission and on admission to the centre.

A selection of residents' records was reviewed. The inspectors found that each resident had a pre-admission assessment completed prior to coming into the centre. Following admission, nursing staff worked with the resident and or their family to complete a comprehensive assessment of the resident's needs including actual and potential risks such as weight loss, falls or responsive behaviours.

Where health or social care needs were identified, a care plan was drawn up and agreed with the resident and or their family. Care plans were found to provide clear information to staff and were found to reflect the resident's current needs. A daily record was made of the care and support that each resident had been given. This included personal care, activities, diet and fluid intake, positional changes and a summary of the resident's wellbeing. As outlined in Outcome 5 inspectors found that improvements were required in how fluid and dietary intake were recorded, as some records did not accurately reflect the resident's intake for each day.

Care plans were person centred and often included residents' preferences for care and support, for example, what time they liked to get up and retire at, and what activities they preferred. Clinical risk assessments were completed for skin integrity, falls, nutrition, continence, moving and handling needs and responsive behaviours. Risk management plans were seen to promote residents' independence and self-care abilities where possible. Risk assessments and care plans were reviewed three monthly and records showed that residents and their families were involved in the review process.

Families who spoke with the inspectors confirmed that they were kept informed about any changes in their relative's health or wellbeing. Residents and their families reported high levels of satisfaction with the care and support provided in the centre.

Inspectors found that residents had good access to GP services and a range of allied health care professionals and specialist teams such as the palliative care team, community mental health services and psychiatry of later life.

Referrals were made appropriately, and where allied professionals had made recommendations for care these were found to have been implemented. For example; modified diets as recommended by the dietitian or speech and language therapist.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also, when residents returned from another care setting to the centre there was a clear summary of the resident's needs and plan of care.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and

Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The premises were purpose-built in 2007 and now accommodate for up to 128 people. The plans submitted by the provider as part of the renewal process were not reflective of the centre and its facilities including room sizes. Revised plans were requested at the time of the inspection, to reflect improved day space and the conversion of some communal assisted bathrooms to storage.

Residents are accommodated over four floors. The designated centre is located in an urban setting in Northwood on the outskirts of the city centre. The main building is accessed from the reception area and parking for visitors is available in an adjacent car park.

Access to the building is controlled at a reception area, where all visitors are asked to sign in and undertake hand hygiene. The design and layout of the premises is suitable for the stated purpose as outlined in the statement of purpose. There were adequate toilet, shower and bathroom facilities for residents' use. Two resident passenger lifts and three stairwells are in place. The main kitchen is located on the basement floor which serves each of the four dining areas.

The layout of the accommodation for residents:

- 60 single bedrooms with full en-suite facilities
- 34 twin bedrooms with full en-suite facilities

Each floor had private space where visitors could meet with residents

The inspectors noted the grounds and premises were well maintained. Overall, there was adequate lighting, ventilation and heating in place throughout the building. The provider had put in place a system of replacing the existing carpeting in some bedrooms.

The laundry facilities were found to be adequate and were well equipped with appropriate washing and drying machines and facilities to iron linens and clothing. All resident laundry were managed on-site. Staff were clear on their role in management of infection prevention and control in this area whilst dealing with soiled laundry. Hot water was thermostatically controlled to wash hand basins and shower/bath facilities, and the hairdressing room.

Storage facilities were adequate and corridors were wide and had handrails in place. The

landscaped garden was accessible to residents, with an well-equipped outdoor smoking area with appropriate seating. Residents could also access decking in the summer months.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

the arrangements for dealing with any complaints and service feedback was clearly outlined to inspectors.

The complaints policy was displayed in the reception area. The inspectors noted that it met the requirements of the regulations. Arrangements outlined to inspectors that the person in charge was the complaints person, and the director of clinical services oversaw the complaints process. The inspectors reviewed written evidence of how reviews of the outcome of any complaints are monitored on a quarterly basis.

Details of the appeals process should a complainant be dissatisfied with the outcome were clear. The right to access the services of the Ombudsman was also clearly outlined within the policy.

The complaints policy was also provided to each resident within their written residents guide. Residents, relatives and staff spoken with were aware of the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. The inspectors read the complaints records relating to any complaints which were logged over the previous 12 months. Records confirmed that a good complaints management process was in place in line with regulatory requirements.

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:

The inspectors found that there were arrangements in place to ensure that residents could exercise freedom of choice and that care practice reflected that staff had up to date knowledge on the values of rights, privacy and dignity.

Residents informed the inspectors that they were supported to make choices about how and where to spend their time each day and that their rights and choices were respected by staff in the centre. Inspectors observed that staff were courteous and respectful in their dealings with residents and their visitors.

Records confirmed that residents and relatives were involved in decisions about how the centre was organised. There were monthly residents' meetings and an annual meeting for family members, in addition to meetings that took place to discuss residents' care and welfare. Residents meetings were chaired by the clinical services manager and some meetings were attended by the independent advocate allocated to the centre. Meeting minutes included topics such as the daily activities plan and the refurbishment of the store room on each floor to create a quiet sitting room for residents. Residents had requested that WIFI be provided in the centre and this had been organized by the provider.

There was a planned schedule of activities and entertainments for residents. The programme was displayed on the notice boards on each floor. Activities staff worked with nursing and care staff to support residents to participate in activities that they enjoyed and that suited their needs, interests and capacities. Activities on the day of the inspection included rosary/prayers in the morning, arts and crafts including a session with the art therapist and a musical entertainment session in the afternoon. Residents who spoke with the inspectors reported high levels of satisfaction with the activities that they were participating in.

Residents had access to independent advocacy services and information about how to access the service was displayed on the various units. Advocacy was active in the centre for those residents who had identified a need for the service to support them with ongoing financial and personal matters.

Daily newspapers, televisions and radio were available for residents. WIFI had just been

purchased and would be available to residents in the near future. Staff were observed chatting with residents and their visitors about local and national events including upcoming football matches and current affairs. Staff knew what residents liked to chat about and took the time to engage with residents either on a 1:1 or in small groups.

The centre had an open visiting policy with protected access during meal times. A number of visitors were present in the centre throughout the day of the inspection. There was a visitor's book which visitors signed and reception staff were observed meeting with new visitors and directing them to meet with the resident that they had come to see. There were a number of quiet seating areas where residents could meet with their visitors in private if they wished to do so.

Inspectors found that resident's religious rights were respected. Mass was held in the centre on a weekly basis, and there was an oratory. The inspectors were informed that services for other faiths have been provided when requested by residents or family in the past, and could be provided when required.

Residents were facilitated to vote and the centre had arrangements in place to set up a polling station during local or national elections.

Inspectors spoke with the activities manager who was able to demonstrate how residents were consulted about the activity schedule and the changes that had been made in response to resident's feedback and to the changing needs of individual residents.

Activities staff worked in the centre seven days a week. One activities staff was dedicated to carrying out one to one activities two days a week to ensure residents who were unable or didn't wish to partake in group activities had opportunities to take part in activities aligned with their interests.

The centre owned a wheelchair accessible mini bus which was used for weekly outings for residents. Previous outings had included trips to Croke Park, Castletown House, the National Stud and Japanese Gardens, local shopping centres and the Victorian Tea Rooms in Straffan. Residents also recently visited Bloom gardening festival where the TLC group had a dementia garden on display.

A Christmas activity programme was due to commence with daily and evening activities with a festive theme.

Residents also had access to a hairdresser on-site and various treatments when requested.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have

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

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed staffing rosters on the day of the inspection and reviewed staffing in place with the person in charge. Residents and relatives also confirmed their satisfaction with staff availability. Overall there were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Staffing in place for the number of residents at the time of the inspection was adequate. The staffing levels took in to account the layout of the centre. The person in charge kept staffing under review. For example, the person in charge had completed a detailed staffing and supervision review, on the second floor which included analysis of clinical outcomes to inform ongoing staff planning.

Nurses were supported by Health Care Assistants to meet the needs of the residents. The person in charge and the assistant director of nursing on duty, were usually supernumerary to the roster, to enable them to carry on with the day to day running of the centre. There was also a senior management team that contributed to the running of the centre, covering clinical overview and building management responsibilities. Staff rosters were reviewed and found to be planned well in advance, and maintained in line with the regulations. Relief staff were available to be rostered or for when unanticipated leave needed to be covered at short notice.

The inspectors spoke with residents and family members throughout the day of the inspection, and all were very positive about the staff team. Residents gave examples of how they had been supported to maintain their privacy and dignity in the centre. Overall, responses were reviewed centred around staff being helpful and available to support any needs in a pleasant and accommodating way.

The provider had implemented a policy that required staff in the centre to complete, and repeat at agreed intervals, a range of training including moving and handling, fire safety, safeguarding of vulnerable people, infection control and care for people with dementia. Staff were also encouraged to undertake other courses to support them in their role in the centre. The records of staff training and information about dates attended was readily available to inspectors and fully maintained. A training plan was in place that covered the next 12 months, and it was seen to include all staff who needed to attend refreshers of courses. The provider reviewed training needs when staff appraisals took place. Staff who spoke with the inspectors confirmed they had

completed all their mandatory training required by the provider.

There were effective recruitment procedures in place in the centre. Staff files of the four recently recruited staff were reviewed. All of these staff files contained all the requirements as per Schedule 2 of the regulations. All nurses employed in the centre had current registration with the Nursing and Midwifery Board of Ireland. A sample of staff records reviewed by inspectors confirmed that all staff had Garda Síochána vetting disclosures in place prior to commencing work at the centre.

There were no volunteers working in the centre but the provider was aware that any proposed staff would have appropriate checks, including garda vetting disclosures prior to commencing their role in the centre.

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:

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:	14/11/2017
Date of response:	18/12/2017

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Inspectors found that one medication record did not record why the morning medications had not been administered to the resident. This was not in line with the centre's own policies and best practice guidance.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All nursing staff have been reminded of the importance of adhering to the Centre's medication policy, best practice and professional guidance. Training and support has been provided to nursing staff to ensure that their documentation reflects nursing care delivered, including the importance of recording why a resident did not receive the medication as planned in order to ensure appropriate care.

Proposed Timescale: 11/12/2017

Theme:

Governance, Leadership and Management

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

Records of fluid and dietary intake were not kept up to date and did not give a clear record of the resident's diet and fluid intake for the day. As a result nursing and care staff were not assured that the residents had sufficient fluid and dietary intake in line with their care plans.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Strict implementation of care plans for those residents who require careful monitoring of their food and fluid intake will take place and be monitored on a twice daily basis by the registered nurse to ensure optimum adherence to the planned care. Our existing education and audit programmes including awareness building of the importance of fluid and food intake will continue.

Proposed Timescale: Immediate and on-going 1st December 2017

Proposed Timescale: 11/12/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

One controlled drug had been administered to a resident as prescribed and recorded on the resident's drug administration record but had not been recorded in the MDA stock register. As a result the stock balance was incorrect when checked by the inspectors.

3. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

All nursing staff have been reminded of the importance of adhering to the Centre's medication policy, best practice and professional responsibilities. Training and support has been provided to nursing staff to ensure that their documentation is in line with the legal requirements

Proposed Timescale: 11/12/2017

Theme:

Safe care and support

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

On resident was administered a prescribed supplement which was signed as given by the administering nurse at 9am however the resident routinely took the supplement at the evening medication round.

4. Action Required:

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

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

The resident had her prescription altered to facilitate her preference to take the supplement in the evening. All nurses have been reminded that they must ensure ingestion of supplements before recording their administration.

Proposed Timescale: 11/12/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The plans received as part of the application to renew required review and revision to reflect twin and single accommodation and improvements to day and storage space.

5. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The floor plans have been revised to reflect the Centre's efforts to improve the living space of residents and provide enhanced privacy and dignity. The plans now clearly outline the single and twin occupancy rooms

Proposed Timescale: Completed and Submitted

Proposed Timescale: 11/12/2017