

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tinnypark Nursing Home
<b>Centre ID:</b>	OSV-0000707
<b>Centre address:</b>	Derdimus, Callan Road, Kilkenny.
<b>Telephone number:</b>	056 777 1550
<b>Email address:</b>	info@tinnyparknursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Tinnypark Residential Care Limited
<b>Lead inspector:</b>	Breeda Desmond
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	44
<b>Number of vacancies on the date of inspection:</b>	3

**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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
03 September 2018 10:30	03 September 2018 17:30
04 September 2018 08:00	04 September 2018 13:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 08: Governance and Management		Substantially Compliant

**Summary of findings from this inspection**

This report sets out the findings of a dementia thematic inspection. In addition, unsolicited information was received by the Health Information and Quality Authority, areas highlighted included staff, staff levels, training and supervision. These were followed up on inspection and were unsubstantiated. Documentation reviewed included residents records, staff files, staff training, allocation of resources, notification, complaints, policies and procedures.

The centre did not have a dementia specific unit and at the time of inspection there were 20 of the 44 residents living in the centre with a formal diagnosis of dementia, and nine residents suspected of having dementia. Residents' dependencies ranged from low to maximum dependency, with many residents requiring a high level of

support due to their dependency and communication needs.

Prior to the inspection the provider had submitted a completed self-assessment questionnaire together with policies and procedures related to dementia care. The provider's judgments and the inspection findings are set out in the table above.

The inspector found that this was a good service, where the provider, the person in charge and care team were committed to delivering a person-centred approach to care. Residents' autonomy and independence was promoted and people gave positive feedback about their life in the centre. The inspector met with many residents during the two-day inspection and observed practices that suggested that care was delivered in a relaxed atmosphere with good support from the person in charge. Safeguarding was paramount to care delivery and the inspector observed that there were no barriers to staff reporting issues to the person in charge.

The design and layout of the centre was comfortable, pleasant and homely; residents' bedroom accommodation was set out in three corridors with interconnecting corridors allowing unrestricted access throughout providing a safe environment for residents with dementia. There was dementia-specific signage to orientate residents and allay the possibility of disorientation and confusion. The parlour and dining room were situated in the beautiful old building and residents stated they loved the high ceilings and décor. There was a seating area between the new and old building with leather armchairs and couch, and the inspector observed that families enjoyed visiting there with their relatives.

The inspector reviewed care documentation and found that while care plans were person-centred, behavioural support plans were inadequate to enable learning and possibly mitigate recurrences of complex behaviours. Deficits related to policies and procedures identified at the start of the inspection were remedied before completion of the inspection. While there was a medication management policy in place it did not comprehensively reflect the new electronic medication system (EMar) and this was also remedied during the inspection. Residents had timely access to medical services including out-of-hours services and allied health professionals.

Staff had access to on-line and in-house training and there was good oversight of staff training needs. Staffing levels were adequate and these were continually monitored in conjunction with residents' dependencies. Residents gave positive feedback regarding staff, their kindness and availability. However, the inspector observed that mealtime supervision was inadequate to ensure that quality care was delivered in a consistent manner.

**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):**

**Findings:**

The inspector tracked the journey of residents with dementia and also reviewed specific documentation of care including medication management, restrictive practice and management of responsive behaviours. There were systems in place to optimise communication between residents and families, the acute hospital and the centre. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information was readily available and shared between services.

In general, the inspector observed good, kind care and interactions with residents and visitors. Residents spoken with said they could raise issues and they would be dealt with appropriately and fast. Observations during the inspection validated this, as an array of topics were discussed during scheduled activities as well as in discussions throughout the day. Pre-admission assessments were completed by the person in charge.

Documentary evidence showed that residents and their families were involved in planning care and assessing care needs. Assessments were carried out on admission of all residents, including those people with a diagnosis of dementia. Validated assessment tools were used to support assessments and care, and these were comprehensively completed. Care plans were person-centred and timely updated. The person in charge outlined that healthcare assistants had received training and were more involved in updating daily records to ensure residents' information was more comprehensive for continuity of care. Nonetheless, behavioural support logs to support people with communication needs were inadequate to mitigate future occurrences. While behaviour was recorded, the possible antecedents to the behaviour were not identified and the interventions to alleviate the situation were not recorded. Therefore, it could not be determined what may have caused the upset and what might have diffused the situation, to enable better outcomes for residents.

Residents gave positive feedback about the quality of their meals, the menu choice and choice in where to dine. There were arrangements in place to meet the nutritional and hydration needs of residents including people with a diagnosis of dementia. The inspector observed breakfast, snack, lunch and supper times on inspection. These were

sociable occasions where people shared all kinds of news and discussions of all sorts occurred. Positive engagement and appropriate assistance was noted on both days of inspection in the dining room. However, there was lack of oversight of residents who took their meals in their bedrooms, to ensure people had an adequate intake, and were provided with assistance and encouragement when necessary. More attention was required to ensure food and fluids were given in accordance with residents' preferences and needs; this may prevent residents becoming anxious or annoyed and enhance their dining experience. In addition, better observation was required for people resting in the main reception area as the inspector noted that one resident, who was thirsty, asked repeatedly for a cup of tea. It was 08:00hrs and staff were very busy organising breakfasts and missed the opportunity to attend to her and allay her anxiety.

Following review of healthcare records and residents' feedback, residents had timely access to health care services including GP services, psychiatry, physiotherapy, speech and language, dental, ophthalmology and chiropody.

The inspector reviewed practices and documentation relating to medicines management in the centre. A new electronic medication management system was in place, EMars, and this was supported by GPs and pharmacy. Nurses on medication management rounds explained the EMars process and practice was in keeping with professional best practice guidelines. In addition, controlled drugs were maintained in compliance with professional guidance. Practices relating to storage and disposal of medicines were in line with best practice professional guidelines. Medication management audits were completed where nurse practice was audited with areas for improvement identified. Issues identified in the last inspection report were remedied.

There were written policies and procedures relating to matters as set out in Schedule 5 of the regulations. They referenced current regulations, national standards, national policies and guidance. Policies submitted and reviewed as part of the dementia thematic inspection preparation were updated by the person in charge on inspection to reflect centre-specific practice.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

**Findings:**

The person in charge and provider were well known to residents and residents reported that they could raise any concerns or issues with management. In general, practices

observed by the inspector demonstrated respect and kindness, and showed that staff were aware of their reporting responsibilities and had no hesitation in reporting matters to the person in charge.

Training records indicated that all staff had up-to-date training related to protection, dementia awareness and managing behaviour that was challenging. Observations confirmed that staff knew and understood residents and engaged and re-directed residents respectfully.

Policies were in place for safeguarding vulnerable adults including information relating to restrictive practice. These were available in an easy read format and displayed at main reception.

A risk assessment was completed prior to using bedrails. There was evidence of trialling alternatives prior to using bedrails such as low low beds. Records were maintained of checks when bedrails were in use.

Residents had free access to the five secure courtyards; while the garden was secure it was vast and there was keypad access to this area, nevertheless, residents reported that they had spent a lot of time out in the garden during the hot weather.

Residents' petty cash were maintained in line with best practice guidelines. The service was not a pension agent for any resident at the time of inspection.

Residents had access to advocacy services and information relating to advocacy was displayed at main reception and formed part of the residents' guide information booklet.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

**Findings:**

There were no restrictive visiting arrangements. Residents' privacy and dignity was respected, including receiving visitors in private. The inspector observed guests visiting in the lounges, residents' bedroom, relaxing in the seating area en route to the dining room. Residents relaxed and enjoyed sitting in the reception area while other preferred the parlour or the day room.

There was a full-time and part-time activities co-ordinator. There was a daily

programme of activities as well as special events, outings and celebrations. There were three volunteers who formed part of the activities team; they had been appropriately vetted; they had completed training in protection and documentation in accordance with the regulations was in place for them. Residents reported that activities were based on their request and choice, and the activities sessions were a hub of chat, banter and bustle. People reported that they participated if they wished and their right to not participate was respected and this was observed.

The residents' committee regularly and it was facilitated by the person in charge. Following from issues raised at residents' meetings a food and nutrition committee was established that formally reviewed all aspects of meals, menu choices and mealtimes. Residents reported that they were quite vocal in their feedback and that they could raise issues for improvement.

The inspector used the validated observational tool (Quality of Interaction Schedule – QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. These observations took place in the day room, the dining room, reception area and seating area. Each observation lasted 30 minutes. Most interactions observed were positive and kind, where staff positively engaged with residents and adapted their approach to reflect the individuality of each resident.

Staff demonstrated good practice, positive engagement and distraction techniques with residents with communication needs and residents exhibiting aspects of responsive behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD).

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

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

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

**Findings:**  
Residents spoken with were aware of their right to raise concerns and they relayed they had no barriers reporting anything. This was observed on inspection.

There were policies and procedures relating to the management of complaints. This was displayed at main reception in an easy-to-read format as well as a synopsis of the complaints procedure. Complaints were recorded in line with the requirements set out in the regulations and resolved in a timely manner. Residents had access to advocacy services and information relating to advocacy was displayed at reception as well.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing*****Theme:**

Workforce

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

Resources were in place with the appropriate skill mix to meet the assessed needs of residents. Residents spoken with gave positive feedback about staff, their kindness, thoughtfulness and liveliness. Care staff had completed or were in the process of completing FETAC level 5 training. Household staff had completed training regarding cleaning solutions and techniques and all staff had infection control and hand hygiene up-to-date training. Overall, there was good oversight of training needs to ensure staff had up-to-date training appropriate to their role and responsibility.

The person in charge worked full time and the provider was on-site and available and provided support on a daily basis. The inspector observed that residents and relatives were familiar with them and conversed freely with them. The inspector met with the newly appointed deputy person in charge. She was knowledgeable regarding the legislation and outlined that her responsibilities would include audits to inform the quality improvement plan.

A sample of staff files were reviewed and documentation was in line with the requirements set out in Schedule 2 of the Regulations.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises*****Theme:**

Effective care and support

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

The design and layout of the centre was suitable for its stated purpose and appeared to meet the needs of residents. The provider discussed the premises and outlined the on-going updating and refurbishment works in the centre. Suitable storage for assistive equipment was available to adequately store equipment discretely.

Residents accommodation comprised single and twin bedrooms with full en suite facilities. Assisted toilets, showers and bathrooms were available throughout and conveniently located adjacent to main reception and the dining room. Residents had access to private storage space including secure storage. Bedrooms were personalised in accordance with individual preferences. Hand rails and grab-rails were available throughout. Overall, the premises was homely, warm, bright with natural light and pleasantly decorated.

Residents had access to five secure courtyards ranging in size with unrestricted access. There was a vast secure garden with keypad access. Seating, walkways and shrubbery were well maintained.

Cleaning regimes were in place for routine cleaning as well as deep cleaning and curtain changing. Nonetheless, areas not included in cleaning were sinks in the nurses' station and the treatment room. In addition, the sink surrounds in the nurses' station were in a poor state and effective cleaning could not be assured.

**Judgment:**

Substantially Compliant

***Outcome 08: Governance and Management***

**Theme:**

Governance, Leadership and Management

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

**Findings:**

Adequate resources were in place to enable safe delivery of care in accordance with the statement of purpose. There was a clearly defined management structure with lines of accountability and authority assigned that detailed specific roles. The appointment of the deputy person in charge provided additional support to the person in charge to enable provision of a safe and appropriate service. The annual review for 2017 was available. The document would be further improved with the inclusion of information on the quality of care delivered and the quality of life initiatives described and observed on inspection, including consultation with residents.

The programme of audit had improved since the last inspection where audits included review of care practices as well as other clinical and non-clinical matters. Cognisant of the current resident profile, the audit process would be further strengthened if residents

were involved in the audit process, for example, their meals and mealtime audit.

**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:*

Breeda Desmond  
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 report<sup>1</sup>**

<b>Centre name:</b>	Tinnypark Nursing Home
<b>Centre ID:</b>	OSV-0000707
<b>Date of inspection:</b>	03/09/2018
<b>Date of response:</b>	26/10/2018

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

The policy relating to behaviours of concern was not implemented comprehensively. While behaviours were recorded in behavioural support logs, the possible antecedents to the behaviour were not identified and the interventions to alleviate the situation were not recorded. Therefore, it could not be determined what may have caused the upset and what might have diffused the situation, to enable better outcomes for residents.

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

**1. Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Staff to be trained in how to record Behavioural Monitoring Logs and the benefits of having a comprehensive report.

**Proposed Timescale:** 30/11/2018**Theme:**

Safe care and support

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

There was lack of oversight of residents who took their mid-day meals in their bedrooms to ensure people had adequate food and fluid intake, and assistance and encouragement provided when necessary.

More attention was required to ensure food and fluids were given in accordance with residents' preferences and needs.

Opportunities were missed to attend a thirsty resident in the reception area early in the morning to provide fluids and allay anxiety.

**2. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Appropriate supervision of residents who take their meals in their rooms by assigned Health Care Assistants. Allowing for better engagement and support of these residents during mealtimes

Recording of meals taken by residents in their rooms.

Residents to be given food and fluids as requested at the time of request.

**Proposed Timescale:** 03/10/2018**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:**

Areas not included in cleaning were sinks in the nurses' station and the treatment room.

The sink surrounds in the nurses' station were in a poor state and effective cleaning could not be assured.

### **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:**

Sink in Nurses Station to be replaced.

Sink in Treatment Room to be refurbished.

**Proposed Timescale:** 30/11/2018

## **Outcome 08: Governance and Management**

### **Theme:**

Governance, Leadership and Management

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

The annual review for 2017 was available. The document would be further improved with the inclusion of information on the quality of care delivered and the quality of life initiatives described and observed on inspection, including consultation with residents.

Cognisant of the current resident profile, the audit process would be further strengthened if residents were involved in the audit process, for example, their meals and mealtime audit.

### **4. Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Residents to be invited to take part in Audits to provide a better insight into the quality of life of the residents who live here.

Annual Review to include audits of quality and safety of care of residents in the home.

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

