<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tí Aire Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005589</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tallagh, Belmullet, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>097 81940</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:scrawley@sonas.ie">scrawley@sonas.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Storey Broe Nursing Service Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Storey Broe Nursing Service Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary McCann</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>42</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</tbody>
</table>
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 October 2017 09:00</td>
<td>13 October 2017 16:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This unannounced monitoring inspection was carried out as part of the Health Information and Quality Authority’s (HIQA’s) regulatory monitoring function to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. This was the first inspection of this centre since the current provider was registered by the Health Information and Quality Authority in April 2017.

Ti Aire Nursing Home is located approximately 1 kilometer outside the town of Belmullet Co. Mayo. It is a single-storey bungalow style building and is registered with the Health Information and Quality Authority (HIQA) to provide care to 48 residents. The centre can accommodate 48 residents in 24 single and twelve twin bedrooms. A visitor’s room/office, 2 sitting rooms, dining room, oratory, smoking room and a secure enclosed garden, showers, toilets and bathroom were available.
There were 42 residents living in the centre at the time of this inspection, 20 of whom were of maximum dependency, 11 were high dependency, eight were medium dependency and three were low dependency. One resident was in the local acute general hospital.

The inspector met with residents and staff members, observed practices and reviewed documentation such as staff files, complaints log, care/medical files, accident and incident log and key policies and procedures. Notifications received since the last inspection were reviewed prior to and during this inspection.

The numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre. Sitting rooms were supervised at all times and call bells were answered promptly. The inspector spoke with some residents with regard to their experience of living in the centre. Residents confirmed that they had control over how they spent their day and confirmed that they were well cared for.

Some residents chatted to the inspector about the day to day service provided and stated they “were happy living in the centre, the staff “helped them in any way they could”.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.
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):
This was the centre's first inspection by the Authority.

Findings:
There has been a change of provider for this centre since the last inspection. The statement of purpose required review to ensure the whole time equivalent staffing was as stated on the staff roster.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and what the reporting structure was. The person in charge had protected time to complete governance and management duties. Staff members spoken with by the inspector demonstrated good knowledge of the residents' care needs.
A system was in place to monitor and review the quality and safety of the care provided. Regular audits were completed in areas such as falls, nutrition and restraint. Where areas for improvement were identified it was difficult to track through how and when these were addressed. There was no sign off as to whether the actions identified had been addressed and no person was detailed with regard to completing the task identified.

An annual review of the quality and safety of care delivered to residents in the designated centre had been completed for 2016. This had been completed to a good standard and there was evidence that this was carried out in consultation with residents and their families. A copy of this review was made available to residents.

**Judgment:**
Substantially 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre has had a change of person in charge since the registration of this centre in April 2017. The inspector met with the new person in charge. She commenced as person in charge of the centre in June 2017. She is suitably qualified, having qualified as a registered psychiatric nurse in 2006. She has the required experience of working in elderly care and was familiar with the residents’ health and social care needs. She ensured all documentation required for review during the inspection was promptly provided and made available to the inspector and displayed a positive attitude towards compliance. She voiced the view that the welfare of the residents was her prime priority and worked on the floor regularly to ensure that she was aware of the standard of the delivery of care to residents and to support and supervise staff.

She has continued her own professional development and had attended courses in crisis interventions, medication management, dysphagia and principles of management in the nursing home.

Her mandatory training in safeguarding vulnerable adults and manual handling and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date. She displayed a good knowledge of fire safety procedures to be adapted in the centre to protect residents.
### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Records listed in Schedules 2, 3, and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were kept secure and easily retrievable.
All policies listed in schedule 5 were available for review but some were not centre specific and required further review with regard to ensuring that would guide staff with regard to local procedures. Current insurance was in place.
Five staff files were reviewed. Documents outlined in schedule 2 were available in all files reviewed.

**Judgment:**
Substantially Compliant

### Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The assistant director of nursing is identified as the primary person participating in the
management of the centre in the absence of the person in charge. He is an experienced nurse who works full-time. The inspector met with this nurse on the day of inspection. He commenced working in the centre qualified as a nurse in 2007 and has been working in Ireland in elderly care since 2012. He works full-time and commenced working in the centre on the 1 May 2017.

He has recently completed a level 6 QQI course in management, safeguarding vulnerable adults at risk of abuse, overview of documentation, assessment and principles of care planning, understanding dementia and nutrition and dysphasia. The inspector was satisfied that the arrangements for the management of the designated centre in the absence of the person in charge were suitable.

**Judgment:**
Compliant

---

**Outcome 07: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Measures were in place to safeguard residents. Staff spoken with were knowledgeable of the policies and procedures to ensure residents were safeguarded against abuse. However, many staff had not undertaken training since commencement of employment at the centre or refresher training in recognising and responding to allegations of abuse. The centre’s policy on safeguarding stated that the provider must ensure that all staff have the relevant training and support to enable them to act appropriately where abuse is alleged or suspected and that training will be provided annually. The person in charge was familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse. There had been two notifications of suspected or alleged abuse since the last inspection. These had been managed appropriately.

There was a policy on the management of responsive behaviours. At the time of inspection there were two residents who presented with responsive behaviour. A positive behaviour support plan was in place to ensure a consistent approach when working with this resident. Staff informed inspectors how they manage the behaviour and the distraction techniques they utilise. The positive behaviour support plans required further review to ensure that it was clear how to recognise the triggers to the responsive behaviour and how to manage the behaviour in a consistent way if a resident
exhibited responsive behaviour. There was evidence of access to psychiatry of later life.

A culture of promoting a restraint free environment with evidence of alternatives such as low-low beds, chair alarms was in place. The national policy, ‘Towards of Restraint Free Environment in Nursing Homes (2011)’ was available. Nineteen residents had bedrails in place at the time of inspection. In discussion with the person in charge on the use of bedrails she described how most were used as an enabling function and were in place for the purpose of positioning or enhancing physical or psychological function. Care plans were in place detailing the rationale for use of the bed rails. Laps straps were in use mainly as a safety measure when moving residents in chairs but some residents had lap belts in place that had not been reviewed by an occupational therapist as safe to use.

Records indicated that restraint was only used following a risk assessment and there was evidence of discussion with the resident and/or their representative. A visitor’s book was maintained and all visitors were required to sign in and out of the centre. The entrance was secure and required a key pad code to open the doors. Residents spoken with stated they felt safe and secure in the centre.

Judgment:
Non Compliant - Moderate

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):
This was the centre’s first inspection by the Authority.

Findings:
Service records reviewed confirmed that the emergency lighting and fire alarm system were serviced regularly. Fire exits, were unobstructed on the day of inspection. Ski sheets were in place for all residents. Review of the fire training records showed that all staff had undertaken training in fire safety and staff spoken with by the inspector were clear as to how they would evacuate residents. Fire evacuation notices were in place throughout the centre detailing the route to the nearest exit.

Fire drills were being completed, however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

Key pad locks were in place on all bedroom doors. These were disabled at night by staff
when residents retired to bed. All locks had a simple two number key code. A risk assessment was in place on their use. A risk management policy and a risk register was in place. Where a risk was identified, they were evaluated and controls were in place to mitigate the risk. Training was provided to staff in the safe movement and handling of residents. There was safe floor covering and handrails on both sides of the corridor throughout the centre.

Two notifications of outbreak of infection had been received since the last inspection. These were well managed with HSE public health involvement. There was a policy in place for the prevention and control of infection. There was access to supplies of gloves and staff were observed using the alcohol hand gels which were available throughout the centre. Staff had undertaken training in infection control.

Arrangements were in place to review accidents and incidents. Residents at risk of falling were assessed using a validated fall assessment tool. The outcome of these assessments was communicated to all staff and a care plan specific to the identified falls risk was in place. Evidence was available that post-fall observations, including neurological observations, were undertaken to monitor neurological function after a possible head injury as a result of a fall.

Judgment:
Substantially 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
A medication management policy which provided guidance to staff was available. The inspector observed a nurse administering medications and found that medication was not administered in accordance with the policy and An Bord Altranais guidelines. Medication was being administered crushed and was not prescribed as safe to crush on the prescription chart. The time recorded on the medication administration charts did not correspond with the medication prescription charts.

The inspector spoke with the nurse administering the medication who confirmed she had recently completed online medication management training and attended a study day on medication management. She was knowledgeable with regard to the medication prescribed. Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. The stock balance was
checked and signed by two nurses at the change of each shift.

Residents had their medication reviewed by the general practitioner (GP) every three months. All medications no longer used were signed as discontinued by the medical practitioner, the maximum dose in 24 hours of as required (PRN) medication was recorded on the prescription.

**Judgment:**
Non Compliant - Moderate

---

**Outcome 10: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted, the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector but some had not been submitted within the statutory time frame.

**Judgment:**
Substantially Compliant

---

**Outcome 11: Health and Social Care Needs**
*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Prospective residents were assessed prior to admission by the person in charge to determine if the centre could meet their needs. On admission a comprehensive assessment was completed and updated in response to changing needs thereafter. Residents had access to the services of a general practitioner (GP) and allied health services such as dietetics, speech and language, physiotherapy and palliative care. An in house physiotherapist attended the centre one day per week.

A computerised care documentation system was in place. The inspector reviewed a sample of residents’ nursing care documents found that each identified need had a care plan outlining the care required by the resident to meet that need. There was evidence of consultation with the resident and their significant other with regard to the care plans. A narrative record was recorded for residents each day. These records described the range of care provided on a daily basis to ensure residents well-being.

Staff described the processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. However, while staff relayed that they provided a letter of transfer and a copy of the current medication record, they failed to keep a copy of the transfer letter or record in the clinical records what information accompanied the resident.

Evidence of a good standard of medical and clinical care at end of life with appropriate access to specialist palliative care services was found. At the time of this inspection there was one resident in receipt of end-of-life care. Pain assessment and monitoring charts were in place. Consistent staff were allocated to care for the resident at end of life. Staff were knowledgeable regarding the wishes of resident’s choice regarding transfer to hospital and respected the wishes of residents who did not want to communicate or discuss this matter at the time of the assessment.

Residents who were assessed as being nutritionally at risk had appropriate care plans in place. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets/thickened fluids was available to catering and care staff. Residents confirmed that they enjoyed the food. The kitchen was open 24hrs per day and snacks were available. The inspector saw residents being offered drinks throughout the day and residents told the inspector that they could have a drink and/or a snack any time they wished. A staff member worked daily from 11:00hrs to 14:00hrs with a specific nutritional role.

**Judgment:** Substantially 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
Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
From a dementia design perspective, the centre was well laid out, consisting of circuit corridors, lined on both sides with handrails, which returned to the central lobby area enabling residents to walk around the premises without encountering dead ends. Signage on hallways required review and consideration needs to be given to the use of colours to direct residents to the communal areas. A safe accessible outdoor space was available.

The centre comprised of single and double occupancy bedrooms across a single level. All bedrooms had adequate storage space including the option of lockable storage for valuables. Bedrooms accommodating more than one resident had appropriate privacy screening between the bed spaces.

There was a room available other than the residents' bedroom for visitors to be received in private. The premises contained two sitting rooms, a dining room, an oratory and a designated indoor smoking room which was equipped with appropriate safety and ventilation equipment. There was appropriate laundry and kitchen facilities onsite to meet the number and needs of residents in the centre.

Areas were decorated in a home-like fashion and the centre was clean and free of major environmental hazards, however there were parts of the centre in need of refurbishment to improve the overall homeliness of the centre and address cosmetic damage caused by general wear and tear.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. An actual and planned staff roster was available. On review of the roster the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times. The inspector observed that staff interacted in a pleasant caring way with residents. Residents spoken with by the inspector were complimentary of the staff. A registered nurse was on duty at all times. An induction process was in place for all new staff with probation appraisals in place. A recruitment and selection policy was available.

The usual compliment of staff on duty in the centre was eight care assistants and 2 nurses from 08:00 to 15:00. This included the person in charge. Post 15:00hrs until 20:00hrs there were two nurses and six care assistants and from 20:00hrs to 23:00hrs there were four care assistants and two nurses. On night duty from 23:00hrs to 08:00 there were two care assistants and one nurse. An activity therapist worked from 10-15:00hrs five days per week – Monday to Friday, and a second activity therapist worked 09:00 to 16:00 four days per week – Thursday to Sunday. An art therapist attended the centre on Wednesday’s and Fridays from 11:00 to 15:00hrs. In addition, catering, laundry, housekeeping, administration and maintenance staff were also available. The inspector reviewed a sample of staff files and found they complied with Schedule 2 of the regulations. The Person in charge confirmed that all staff had up to date Garda Síochána vetting.

An on-going training programme was in place and all staff had completed mandatory training in manual handling but some staff had not completed mandatory training on safeguarding of vulnerable adults. Additional training and education relevant to the needs of the residents profile had been provided for example infection control, nutritional care, behaviour and psychological symptoms and signs of dementia (BPSD). There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

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:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tí Aire Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005589</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13/10/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20/11/2017</td>
</tr>
</tbody>
</table>

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: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required review to ensure the whole time equivalent staffing was as stated on the staff roster.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Residents in Designated Centres for Older People Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Statement of purpose adjusted as set out in Schedule 1 of the Health Act 2007.

Proposed Timescale: With immediate effect.

**Proposed Timescale:** 20/11/2017

**Outcome 02: Governance and Management**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A system was in place to monitor and review the quality and safety of the care provided but where areas for improvement were identified, it was difficult to track through how and when these were addressed. There was no sign off as to whether the actions identified had been addressed. No person was detailed with regard to completing the task identified as requiring improvement.

**2. Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
Going forward we are allocating a member of staff to action findings on identified audits with time scale included. Audits are now reviewed, actioned and completed.

Proposed Timescale: With immediate effect.

**Proposed Timescale:** 20/11/2017

**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:**
All policies listed in schedule 5 were available for review, however some were not centre specific and required further review with regard to ensuring that would guide staff with regard to local procedures.
3. **Action Required:**
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
I am advised that these policies will be completed and made available on the 31st December 2017

**Proposed Timescale:** 31/12/2017

---

**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The positive behaviour support plans required further review to ensure that it was clear how to recognise the triggers to the responsive behaviour and how to manage the behaviour in a consistent way if a resident exhibited responsive behaviour.

**4. Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**
Infection Control and Recognising and Responding to elder abuse in an elderly care home environment training has been completed on the 20th and 21st of October as planned.

All care plans have been reviewed and state how to deal with triggers and manage same in residents that display responsive behaviour.

**Proposed Timescale:** With immediate effect.

---

**Proposed Timescale:** 20/11/2017

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some residents had lap belts in place that had not been reviewed by an occupational
therapist as safe to use.

5. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
Reviewed resident’s assessments and care plans with regard to lap belts. Residents to be referred to private O.T for assessment on safety of use.

**Proposed Timescale:** 31/01/2018

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff had not undertaken training since commencement of employment at the centre or refresher training in recognising and responding to allegations of abuse in line with the centres policy on safeguarding.

6. **Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**
Training taking place in Jan 2018 and will include;
Protection of vulnerable adults, effective communication with person with dementia, person centred care, Recognising and responding to elder abuse in a elderly care home environment and Crisis prevention.

**Proposed Timescale:** 31/01/2018

**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

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

**Please state the actions you have taken or are planning to take:**
Under Regulation 28(1) (e) Planning to demonstrate a partial evacuation with fire officer on allocated date.

**Proposed Timescale:** 01/12/2017

<table>
<thead>
<tr>
<th>Outcome 09: Medication Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td>Safe care and support</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medication was being administered crushed and was not prescribed as safe to crush on the prescription chart.

The time recorded on the medication administration charts did not correspond with the medication prescription charts.

**8. 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:**
This was a clerical mistake when changed over to a new prescription chart, this has been rectified and now all residents on crushed medications have it prescribed.
The timings on the medication administration charts have been changed to correspond to the prescribed time.

**Proposed Timescale:** with immediate effect.

**Proposed Timescale:** 20/11/2017

<table>
<thead>
<tr>
<th>Outcome 10: Notification of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td>Safe care and support</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some notifications had not been submitted within the statutory time frame.
9. **Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
Under regulation 31(1) going forward notice will be given in writing within 3 working days.

Proposed Timescale: With immediate effect.

**Proposed Timescale:** 20/11/2017

---

**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While staff relayed that they provided a letter of transfer and a copy of the current medication record, they failed to keep a copy of the transfer letter or record in the clinical records what information accompanied the resident.

10. **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:**
A copy of all documentation relating to transfer of a resident to hospital or any other centre will be kept in residents medical records.

Proposed Timescale: Immediate effect

**Proposed Timescale:** 20/11/2017

---

**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:
Signage on hallways required review and consideration needs to be given to the use of colours to direct residents to the communal areas.

Parts of the centre are in need of refurbishment to improve the overall homeliness of the centre and address cosmetic damage caused by general wear and tear.

11. **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:**
Refurbishment Works to commence on interior and of building to include paintwork. New signage will then be put in place to create a more Dementia friendly environment for residents.

**Proposed Timescale:** 30/04/2018