

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	TLC Centre Maynooth
Centre ID:	OSV-0000684
Centre address:	Straffan Road, Maynooth, Kildare.
Telephone number:	01 654 9600
Email address:	maynooth@tlccentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	TLC Nursing Home Limited
Lead inspector:	Leone Ewings
Support inspector(s):	Sheila McKeivitt
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	140
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
10 July 2018 09:00	10 July 2018 17:00
10 July 2018 09:00	10 July 2018 17:00

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

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

Summary of findings from this inspection

TLC Centre Maynooth is located in a residential area a short drive from the town of Maynooth. It comprises of two separate buildings; the original building which included Oak House and two further units The Courtyard and Corridor Four. The new building called Kinvara was opened in 2016 is located within a short walking distance from the original building.

Full-time, general nursing care is provided, and care is provided for people with a wide range of needs including long-term care, short-term respite care, dementia, brain injury and mental health difficulties. The majority of residents are living there on a long-term basis.

The purpose of this inspection was to determine what life was like for residents with

dementia living in the centre. The inspection focused on six outcomes and also followed up the actions from the last monitoring inspection. Prior to this inspection the provider had completed a self-assessment document. The judgments in the self assessment were that full compliance was demonstrated. The inspectors found the provider was in substantial or full compliance in all outcomes reviewed.

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

A large number of residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit, but the person in charge and staff identified one unit where a number of people with cognitive impairment were accommodated.

Overall, the inspectors found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well managed by staff with good communication skills and meaningful activities available. Some improvements were required with nursing records, the use and availability of communal space in Oak unit, and ventilation in the dining room.

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

Overall, the care and welfare needs of residents with a diagnosis of dementia, Alzheimer's and those with cognitive impairments were being well met. Improvements in care planning had taken place, and staff were maintaining food and fluid charts.

A detailed admissions policy was reflected in practice. Dementia specific activities including a sensory programme of communication were in place. Staff had been trained to implement the programme and provide meaningful occupation. Residents were observed to participate and were included in each activity. For example, exercise class and outdoor reminiscence activities held in a shaded courtyard.

Residents had access to medical and allied health care professionals and residents' own general practitioners. Where referral was found to be required, residents at the centre also had access to a consultant psychiatrist and mental health services. All referrals for residents for assessments to any of the allied health care team members was found to be timely. All residents assessed needs were found to be well managed to achieve the best outcomes on a daily and long-term basis. The inspectors saw clear evidence of referrals made, assessments completed and recommendations made in residents' files. Each resident was facilitated to have routine assessments of eyesight, dental screening and audiology where required. There was clear evidence that all residents had their medical needs including their medications reviewed by the pharmacist, general practitioner and person in charge or her deputy. The community pharmacist delivered medications on a regular basis and conducted an audit of medication management practices. There was a multi-disciplinary approach to reviewing medicines. Inspectors found that the audit and oversight of the use of psychotropic medicines was reviewed, with sufficient detail in care plans required to inform and guide staff in the use of these medicines, using a non-pharmacological approach as first-line support for residents as outlined in Outcome 2 of this report.

Nursing assessments and care plans were reviewed on a four monthly basis and those reviewed reflected the residents' changing needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. A

sample of care plans reviews read by the inspectors were found to be person-centred and up-to-date. Overall, the care plans in place informed and guided practice and there was evidence of the involvement of residents and relatives in any reviews undertaken. Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Staff provided end-of-life care for residents with the support of the general practitioner and the palliative care team if required. Each resident had their end-of-life preferences recorded and a detailed end-of-life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end-of-life. Many of the samples reviewed were detailed and included input from the resident and their next of kin. However, some end of life assessments had not been completed or recorded by nursing staff.

The nutritional needs of residents were well met and they were supported to enjoy the social aspects of dining. The menu provided a varied choice of meals to residents and independent dining was promoted. Residents who required support at mealtimes were provided with timely assistance from staff. The inspectors saw this was provided in a quiet, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had a choice eating their meal in a number of locations suited to their needs. Opportunities for eating meals in quieter spaces and with support from relatives or care staff were in place.

Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed three monthly. Residents' weights were recorded and had their body mass index calculated on a monthly basis. Those with any identified nutritional care needs had a nutritional care plan in place. Nursing assessments for any resident identified as at risk of malnutrition triggered a referral to a dietician. The inspectors saw that residents' individual likes, dislikes and special diets were all recorded and were well known to both care and catering staff. During the day hot and cold drinks were offered frequently and readily available, staff were observed using plastic cups and spoons. The use of appropriate utensils and crockery should be reviewed to maximize residents' independence and self-service.

Where appropriate wound assessments and care plans were in place. The records were reflective of care provided. Pressure ulcer prevention and management practice was found to be well managed and all staff were knowledgeable and well informed about skin care and records reviewed by inspectors reflected this. The person in charge completed audit on wound and pressure area care and had close oversight of skin condition and equipment used.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

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

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

Records that were reviewed confirmed that since the last inspection, all staff had received training on recognising and responding to elder abuse. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive and respectful. They also spoke highly of the care provided by the staff team.

A small number of residents used bedrails and the person in charge is working towards a restraint free environment based on National policy. Evidence based policies in place about responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and a policy on restraint was in place. The inspectors were informed by the staff that they had training in how to support and communicate with residents with dementia. Training records confirmed that staff had attended training on responsive behaviour and dementia awareness. Further training in communication and dementia care was part of the ongoing training plan for 2018.

Residents who required supports in terms of any responsive behaviour, had a detailed assessment completed and care plans were developed that set out how residents should be supported if they demonstrated responsive behaviours. The inspectors saw that the behavioural support plans described the ways residents may respond in certain circumstances, and what action should be taken, including how to avoid the situation escalating. For example, using a low arousal or a sensory approach with some individualized re-direction techniques. Staff were very clear about any actions to take and used clear communication techniques. Staff also considered how residents were responding to their environment and were supporting people to feel calm. Detailed positive behavioral plans were in place, and following an escalation of behavior, records of any antecedent behavior or triggers were reviewed. However, following the review of documentation some improvement was required with the consistent use of the ABC charts in line with the written policy to fully inform the multi-disciplinary team and care planning.

Judgment:

Substantially Compliant

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

Person-centred care and support

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

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

Findings:

Residents' rights were promoted and dignity was respected. The ethos of the centre to provide a high quality service that promotes dignity, safety, health and well being. This included people living with dementia. Maintaining independence and autonomy was a key part of this approach. The culture observed was person-centred using a model of care for dementia in an appropriate homely environment. Good social activities and positive staff engagement were observed by inspectors.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the three communal areas. The overall quality of the interactions was found to be very positive and staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. The inspectors formally monitored staff and resident interactions during the day using this tool. Staff were observed to be calm and always spoke in a kind, unhurried and friendly manner, this promoted positive connected care. The inspectors observed staff knocking on doors before entering residents' bedrooms. The inspectors also observed that the staff helped put the residents at ease. Mealtimes were observed to be a social occasion and all were well supported to enjoy the dining experience.

Residents were observed to be moving throughout the centre, both independently, using mobility aids and with staff assistance. Staff informed the inspectors that there was an open visiting policy, with a visitor's sign-in book at reception. Residents could receive visitors either in one of the number of communal spaces, or visitor's area which had refreshments available. The reception area had a wide variety of comfortable seating and was a central hub opening out to a sun room and the covered outdoor courtyard.

During the inspection, residents were observed sitting outdoors in the central courtyard, reading newspapers and participating in an art session. Residents also told the inspectors they could engage in personal activities in private. Each resident had access to private space with sufficient space for their photographs, mementoes and personal items. Shared rooms on Oak unit now had adequate screening in place to ensure privacy and dignity between the beds.

Each resident's preferences for pastimes and activity were assessed as part of an individual detailed assessment, and all suggestions for activities were acted upon. Family celebrations, birthdays and other occasions were planned for and residents told the inspectors they enjoyed having meaningful things to do. There was an activities plan in place at the centre, with shopping trips and other outings planned. Staff supported residents who wished to go out with their relative or friends in the community. A lively exercise session took place on the day of the inspection and all staff interacted and engaged well with residents.

There was level access to a number of safe enclosed outdoor gardens for residents with suitable furniture and seating. Vegetables and flowers were growing in raised planter and there was sufficient hard standing for chairs, seating and a walkway. Personal grooming and hairdressing took place on-site in a hairdressing salon.

Residents had access to the provider representative and could also raise any issues through him or the person in charge. Contact details for advocacy services were listed under the complaints procedure displayed at the centre. Regular resident's meetings took place regularly. Any issues raised by residents during these meetings were submitted to the management of the centre, so they could be addressed. Plans for the centre were discussed and feedback received from relatives and residents. There was evidence of the voice of the resident in the day to day running of the service. Surveys and questionnaires had recently been distributed to promote feedback on service provision. Examples of resident and relatives feedback being acted on were discussed, and this included information about planned trips and outings.

Residents were satisfied that their spiritual and religious needs were met in the centre. Residents could use a quiet oratory space for personal reflection, weekly religious services and rosary took place.

Residents were supported to be connected with the community. They had access to a wireless internet connection and land-line telephone. Staff informed the inspectors that a number of residents had their own mobile phones and there was access to a tablets and computers. Newspapers were delivered to residents on a daily basis, and information was available in all of the units and reception areas. Up to date details and information about service provision was available in an up-to-date resident's guide. There was good access to television, video calling and radio in the centre.

Residents' civil rights were respected in the centre. Residents were supported to ensure they were registered to vote, or visit the local polling station. Less mobile residents were also facilitated to vote in the centre.

Judgment:
Compliant

Outcome 04: Complaints procedures

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A complaints procedure and policy was in place that guided practice. The person in charge was the person nominated to deal with all complaints. The inspectors reviewed the records and there had been a number of complaints recorded since the time of the last inspection, all had been investigated and actioned in line with the policy, and the outcomes clearly recorded.</p> <p>The complaints procedure was displayed prominently and this was in line with the information within the complaint's policy. The inspectors confirmed that in the first instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy, which was overseen by the healthcare director at management meetings. There was a clear appeals process outlined within the policy should the complainant remain dissatisfied. Residents were facilitated if they wished to access independent advocacy supports.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 05: Suitable Staffing</i></p>
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The centre had appropriate staff numbers and skill mix to meet the assessed needs of the residents. Throughout the inspection, the inspectors found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Staff did not seem rushed and the provision of care was adequate. Care tasks were appropriately paced to ensure that residents were not rushed. Staff were observed to reassure and communicating in a clear and open manner with residents, offering choice before continuing to assist them.</p> <p>The inspectors reviewed the planned and actual rota in the centre. The person in charge managed staffing planning and provision. The actual rota was found to be representative of the staff that were on duty during the inspection. The inspectors found that there was an appropriate level of staff supervision, with clinical nurse managers on</p>

duty to support the nursing and care staff. An on-call management rota was in place and unanticipated leave was usually covered by existing staff and the centres' own relief staff. Registration and personal identification numbers for all registered nurses were found to be in place.

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

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

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Overall, the location, design and layout of the centre is suitable for the stated purpose and met residents' individual and collective needs in a comfortable way. The reception area was well used by residents and families. A wide variety of suitable seating and comfortable couches promoted social interaction. Residents occupied communal areas for reading newspapers, chatting exercise session and greeting visitors. The premises has landscaped grounds and parking and four additional secure garden areas available, which residents could access from the ground floor. Residents on Oak did were not observed to be able to readily access alternative day space and the garden during the morning, as one of the two large communal spaces was used by a member of staff for their work and contained exercise equipment. The person in charge had outlined plans in progress for a sensory room on Oak unit, inspectors saw sensory equipment stored in the corner of a large sitting room, and the original space for the sensory room had been utilized for storage purposes.

The layout and design provided a good standard of private and communal space and facilities. Large and smaller quiet sitting rooms were available. Overall, the environment was found to be clean and well maintained throughout. Storage on corridor four had improved and hoists and moving and handling equipment was now stored safely. However, storage of oxygen cylinders on Oak unit was not found to be appropriate. The person in charge removed the cylinders on the day of the inspection. The premises was adapted to assist residents with mobility difficulties including ramps, grab rails, handrails and seating areas at regular intervals.

Good natural light and environmental colours used were contrasting and calming. Ventilation was good throughout the building with the exception of the main dining space, where additional air conditioning units were in use during mealtimes. Despite this temperatures of 28 degrees Celsius were recorded in this area, and the windows were seen to be located high in the ceiling. Consideration should be given to how the environment can be cooled on hot days and additional ventilation identified as the hot catering equipment also added heat to the environment. Residents did not report any issues to inspectors on the day, and alternative dining spaces were available in cooler parts of the centre.

Bedrooms were comfortable, had adequate wardrobe space and storage for personal possessions. There were a variety of single and twin rooms, all were ensuite with toilet and showers. Bedrooms were personalized and comfortable with adequate space. There were assisted toilets close to the sitting and dining room areas. There were functioning call bells in all bedrooms, bathrooms and in all communal areas.

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

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	TLC Centre Maynooth
Centre ID:	OSV-0000684
Date of inspection:	10/07/2018
Date of response:	12/09/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

All end of life care assessment records were not completed where required to inform the care planning process.

1. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social,

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

psychological and spiritual needs of the resident concerned.

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

Formal education for nurses will commence in October 2018. Currently discussing assessments with nurses and ensuring completion of assessments that address each residents individual needs and wishes.

Monthly audits of care plans and assessments will occur to monitor progress to ensure improvement.

Proposed Timescale: 31/10/2018

Theme:

Safe care and support

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

Inspectors observed the use of plastic cups and cutlery and ensure appropriate utensils are available to support each residents fluid intake and independence.

2. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

All soft plastic cups and cutlery have been removed from residents rooms and eating areas. Hard plastic glasses are supplied with water jugs daily. Stainless steel cutlery and hard plastic glass or real glass have been provided at meals depending on residents needs.

Proposed Timescale: 07/09/2018

Outcome 02: 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:

ABC charts were not consistently recorded following any behavioural incident in line with the written policy to fully inform the care planning and wider multi-disciplinary team.

3. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

All reported responsive behaviour incidents will be followed up with a spot check on ABC logs. Education will be provided through Responsive Behaviour Training and tool box talks. The auditing of ABC logs and the appropriate completion of same has been added to the Care Plan and Assessment audits.

Proposed Timescale: 01/11/2018

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:

The use of a communal space on Oak unit for staff work and administration in the mornings restricted the residents access to this space and garden areas.

The plans for a sensory space and equipment need review to ensure the environment is suitable.

The temperature of the main dining space in the original building was uncomfortably hot.

4. 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:

Communal space – Restricted access has been lifted, the second communal space in the Oak Unit is accessible at all times.

Sensory space and equipment – This area has been reviewed and plans laid out since the inspection

Dining room – Windows being replaced with ones that open out to provide more ventilation when required. Measurements for these new windows have been taken and awaiting fitting of same.

Proposed Timescale: 08/10/2018

