



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	TLC City West
Name of provider:	Cubedale Limited
Address of centre:	Cooldown Commons, Fortunestown Lane, Citywest, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	23 July 2020
Centre ID:	OSV-0000692
Fieldwork ID:	MON-0029755

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

TLC Centre is a purpose-built nursing home designed to meet the individual needs of the older person in pleasant surroundings, whilst facilitating freedom and independence for the more active on either a permanent or temporary basis.

TLC Centre Citywest is ideally located close to the Red Luas line, Citywest Hotel, Citywest shopping centre and Saggart village. It is just off the N7 or the N81 in the other direction and within close proximity to Tallaght Hospital. Citywest is serviced by the 65b, 77a, 77x and 175 bus routes.

The building has four floors and is T shaped which is divided into left, right and middle wing. The details of rooms, sizes and facilities are available in the centres statement of purpose. Each bedroom is fully furnished and has a television and a phone provided.

There are 83 en-suite single rooms and 28 en-suite double rooms in the centre over four floors: Ground, 1st, 2nd & 3rd Floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	100
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 23 July 2020	10:00hrs to 17:00hrs	Margo O'Neill	Lead
Thursday 23 July 2020	10:00hrs to 17:00hrs	Mary O'Donnell	Support
Thursday 23 July 2020	10:00hrs to 17:00hrs	Gearoid Harrahill	Support
Thursday 23 July 2020	10:00hrs to 17:00hrs	Deirdre O'Hara	Support
Thursday 23 July 2020	10:00hrs to 17:00hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

TLC City West had experienced a significant outbreak of COVID-19, which was ongoing since 19 April 2020. Although the centre had no positive cases at the time of this inspection, the outbreak was not declared over by the public health team. During the outbreak, routines and general activity of the centre had been disrupted by the necessary restrictions. Due to public health restrictions, social activities were curtailed and residents spent long periods of time in their bedrooms. As a consequence, many residents appeared bored. Residents reported they were glad to be able to leave their bedrooms to eat in the dining room. Social distancing arrangements had been put in place to protect residents, with a maximum of two residents sitting at each table. Visiting restrictions had eased and residents could receive a visitor for a short period each week. Residents commended staff for supporting them to keep in touch with family through window visits, phone calls and video calls during the outbreak; they were glad that things were beginning to return to normal and that they could now meet with visitors by appointment. Generally residents expressed relief that things were beginning to return to normal.

Inspectors observed that staff had prioritised the safety of residents and significant changes to the day-to-day operations of the centre had been made. To mitigate the risk of COVID-19 being brought in from the community, staff changed into scrubs and masks when they came on duty. Stringent measures were taken to prevent COVID-19 from spreading to residents and staff within the centre. Staff and resident movements in the centre were restricted. An area was reserved to isolate residents with suspected or confirmed COVID-19. A dedicated team of staff cared for these residents only. Clean zones were created with designated staff who remained with the residents in the clean zone. Some residents were moved to a different bedroom, to either cohort positive residents on the same floor or to protect residents who were negative from being in the vicinity of residents who had tested positive for COVID -19 as per public health advice and guidance. Residents who spoke with inspectors understood that these measures were required to keep them safe. They understood the importance of social distancing and hand hygiene. While they were grateful that they did not test positive for COVID-19, the quality of their lives had been impacted nonetheless.

Residents struggled to articulate the impact the outbreak had on them. One lady said 'Nothing is right, I can't explain what is wrong but I just know I'm not myself.' Residents who enjoyed group activities and social interaction felt isolated. One resident said she was really bored and her mood was low because there was nothing to do and nothing to look forward to. A female resident described living in the centre as being "hard" because of COVID-19, and not being able to move around was a particularly hard. Although group activities had restarted on 13 July, not all residents were aware that group activities had recommenced. One resident told inspectors that she missed activities, particularly pottery. She sat in the garden when the weather was fine and was looking forward to activities starting again, although she knew they would be limited to groups of four. She said that the

staff were kind, and she had a good choice of food.

Residents who enjoyed more solitary pastimes were less impacted by the COVID-19 restrictions. Inspectors met with a resident who enjoyed reading a newspaper in her room and visiting the garden every evening. Inspectors noted she was surrounded by her belongings in her room and sweets provided by her son from a recent visit. She told inspectors she would like to be able to move around the centre freely and said that she was in contact with an advocate. One lady who moved from a single room to a twin room was pleased that she had company and someone to chat with during the day. Another lady who was an avid reader said she was very happy in the centre. She did not feel lonely or isolated and was pleased that her son had organised for her to have a supply of books to read during the outbreak. Two residents said they enjoyed their own company and didn't mind spending time alone in their bedrooms, while another resident said they 'liked the centre, there isn't much that I would change'.

Residents were disappointed that they could no longer attend Mass in the centre or go to the oratory to light a candle. Some residents were pleased that they would watch Mass on television.

Despite the staff's best efforts, residents were without social contact or access to meaningful activities for significant periods throughout the day. Activity staff were available to engage socially with residents and to facilitate activities at the weekends. They were occupied organising visits during the week. They told inspectors they made an effort to chat with residents whenever they could during week days, to ensure residents were not too lonely in their rooms. Staff were observed to deliver care in a respectful, kind manner. Inspectors observed that social interaction between residents and nurses or healthcare staff took place predominantly while staff were providing care.

Residents had mixed feedback about staffing. The general feedback from residents was that staff were friendly and they were available to meet your nursing or care needs but staff were not available to call in for a chat or to socialise. One resident said he was glad to see the regular staff were back, as the staff who had replaced them were not so friendly. This resident, who was confined to bed, said it was difficult to get the attention of staff when you could not leave your room. He named a staff member who used to call in to see him regularly for a chat, but nobody had called since she went on leave a week earlier. Inspectors checked the activity log and saw that it had been six days since this resident had participated in a social activity.

In some cases the arrangements for storing residents' clothes was not optimal. Two female residents told inspectors they did not have enough storage space for their clothes. Inspectors checked the wardrobes for six residents. Three residents had adequate storage space but three other residents did not have adequate space to store their clothes. Their wardrobes had no shelving and clothes were stacked on the wardrobe floor. Four residents also had their clothes neatly folded in a chest of drawers but two residents had their clothes tossed and one resident's drawers were

overflowing and could not be closed.

Capacity and capability

The registered provider entity was a limited company called Cubedale Limited. This company was part of the TLC nursing home group which consists of a total of five nursing homes in the Leinster region. Cubedale Limited had three company directors, two of whom were active in the governance and management of all five of the TLC nursing home group designated centres. The group's management had proactively planned and prepared prior to the COVID-19 pandemic to acquire a supply of personal protective equipment (PPE) and had actively recruited additional staff for the designated centre's relief or bank panel of staff as part of the contingency plan for COVID-19.

The person in charge was present in the centre on a daily basis and was responsible for the day-to-day operations of the centre. She was supported in her role by a group director of clinical services, group services manager, group human resources manager and group purchasing officer. In addition two assistant directors of nursing, five clinical nurse managers, administrators, senior nursing staff, carers, activity personnel, a physiotherapist, household, catering and maintenance staff all contributed to the running of the designated centre.

Prior to the recent COVID-19 pandemic, the centre had a good regulatory and compliance history. On previous inspections when issues had been identified, the provider had the capacity and willingness, to make all necessary changes to strengthen and improve the service to ensure the safety of residents and the ongoing provision of effective care. In mid April 2020 there was an outbreak of COVID-19, which at the time of this inspection had not yet been declared over by Public Health. This was still having a significant impact on residents, staff and residents' families. Inspectors acknowledged that this continued to be a trying time.

This was an unannounced risk inspection to monitor ongoing compliance in the centre due to the outbreak of COVID-19. Seventy four residents had tested positive for COVID-19, 45 residents had recovered and sadly 29 residents had passed away.

Despite the group's management having proactively recruited a large relief panel of staff prior to the outbreak in the centre, during a three to four week period in late April and early May, the service had struggled to maintain both nursing and health care staffing levels. The provider managed to maintain a safe service through implementing the following the measures:

- The centre's own staff cohort worked additional hours, leave was deferred and the nursing staff compliment was reduced to one nurse per floor per shift when staffing was at its lowest.
- Additional staff from the centre's established staff relief panel were utilised.
- Additional nursing and care staff were sourced through external agencies.

- Staff with the necessary training and care skills, were redeployed from areas such as activities, reception and household, to assist with providing direct care to residents.
- Additional staff were also sourced from other designated centres in the nursing home group. The provider organised designated transport for staff who were then specifically allocated to work in the centre and were assigned to a designated floor to minimise risk of cross infection and to limit numbers of contacts.
- A member of the senior clinical team was present in the centre at all times during the outbreak and management provided on-call cover to ensure that they were contactable to provide support for staff should issues arise.

Seventy six staff members had tested positive for COVID-19. All staff had now returned to work, with the exception of five who remained on extended leave for various reasons.

Fourteen items of unsolicited information were received by the Chief Inspector since 2019 relating to the centre. These concerns related to the following areas; insufficient staffing, restricted visiting, delayed response to peer to peer incidents and management of falls. Some of these concerns were substantiated during the inspection and will be outlined throughout the report.

On the day of the inspection there was no resident or staff members confirmed or suspected of having COVID-19. The provider and staff had prioritised the safety of residents and were implementing measures to prevent the risk of another outbreak. For example, there was ongoing twice daily monitoring of residents and staff members to monitor for temperatures and symptoms of COVID-19 in accordance with the *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*.

The director of clinical services, person in charge and heads of department liaised closely with Public Health and frequent outbreak control meetings were held via teleconference. Eight sets of serial testing had just been completed for all residents and staff who had previously tested negative. There was a plentiful supply of PPE and hand hygiene gel in the centre; inspectors noted that along all corridors and in each residents' room a hand hygiene gel dispenser was fitted for ease of access. Staff were observed using PPE and performing hand hygiene appropriately.

Findings on the day of inspection identified the following areas that required review and strengthening, these include the following:

- there were insufficient staff available to meet the assessed social needs of residents. Although some small group and intermittent one-to-one activities took place in the centre, occupational and recreational opportunities for residents remained limited.
- monitoring of incidents involving residents in the centre was ongoing however, further analyses and trending of falls was required to inform ongoing safety and quality improvement.

Regulation 15: Staffing

The local management team comprised the person in charge, two assistant directors of nursing and five clinical nurse managers worked in the centre on a full time basis. A member of the management team was on duty until 17:00hrs every day. Adequate contingency arrangements had been put in place to limit staff movement between the floors and ensure that each floor was individually staffed. Arrangements were in place to ensure that only dedicated staff were providing care to residents who were suspected of having COVID-19 symptoms. All staff changed into scrubs at the beginning and end of each shift.

On a daily basis nine staff nurses were on duty and 22 carers during the day to cover the four floors. Four staff nurses and 10 carers worked at night. This was confirmed by duty rosters reviewed by inspectors. The number and skill mix of staff required review to ensure that all assessed needs of residents could be met. Although inspectors observed that residents' physical care needs were being met, their emotional and social care needs were not met to an acceptable standard. Staff were observed to be busy throughout the day and although interactions observed by inspectors were kind and polite, staff had little time for social engagement with residents. Activity staff facilitated activities at the weekends but they had limited availability for social activities during the week as they had to organise scheduled visits for family members.

Changing needs of residents placed additional demands on staff due to:

- Residents dependencies increased while they were ill or recovering from COVID-19 infection.
- The requirement for staff members to supervise residents when they met with visitors.
- More staff required to meet residents social needs. Large group activities were no longer permitted due to social distancing. More staff are required to facilitate smaller groups and one to one engagement with residents in their rooms.
- Most of the residents who previously took their meals in the dining rooms now ate in their bedrooms. Meals were staggered to ensure that residents received assistance with their meals. However, the supervision of residents who ate independently in the dining room was inadequate. For example no staff members enquired why two residents did not eat their meals.

A review of staffing levels and the allocation of staff was required as the emotional and social needs of residents was not being met with current staffing levels. Additional staff would also be required when the centre opened to admissions.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors reviewed the induction and appraisal systems in place for newly recruited staff through review of records and discussion with management, and found that there was a consistent structure to effectively introduce staff to the service and to the residents. New staff would shadow established senior staff before being included in the staffing complement, and this was followed by appraisals of staff performance every three months to ensure they were supported in developing their skills. Established members of staff had annual performance appraisals which identified goals for the year ahead, or areas requiring improvement, and set out a clear action plan on how their respective line managers would support them in attaining these objectives.

Staff had been facilitated to attend remote sessions on mandatory training such as fire safety, manual handling and safeguarding of vulnerable adults to ensure training was kept up to date, and there was a training schedule in place for 2020. Staff attended on-site training sessions in infection prevention and control, effective hand hygiene and use of PPE. Staff were provided with updated guidance on staying safe during the COVID-19 pandemic, including use of the canteen and how to monitor for, to identify and to report symptoms in residents and in themselves.

Staff who spoke with inspectors staff demonstrated good knowledge of the current guidance; Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. In addition inspectors observed that staff implemented good infection control practices in hand washing, wearing and removing PPE and social distancing.

Inspectors reviewed records of staff meetings in which staff were briefed and reminder of protocols on safe management of uniforms, laundry and waste disposal, as well as instructions on how to safely support residents with specific needs or risks. Staff were also provided with information and contact details for an employee assistance programme for additional support during challenging and stressful times. Staff told inspectors they felt supported by management to carry out their duties effectively and safely.

Judgment: Compliant

Regulation 23: Governance and management

An established governance and management structure was in place within the TLC nursing home group and at local level in the centre. During the outbreak a member of the nursing home group senior management team was designated to the centre and was present on a daily basis to provide support to the person in charge and

the management team and ensure timely response as issues arose. All staff were aware of their respective roles and responsibilities and there were clear lines of accountability.

Prior to and during the COVID-19 outbreak the registered provider had ensured that appropriate resources such as PPE was sourced and recruitment of additional staff had begun as part of the contingency plan. Although there had been a significant period of difficulty with maintaining staffing levels during a three to four week period of the outbreak, staffing levels had been maintained at a safe level to ensure delivery of care to residents.

Governance and management meetings were held monthly to review the service; these meetings had continued during the COVID-19 outbreak in the centre. Minutes of these meetings reviewed by inspectors, clearly detailed a comprehensive agenda for each meeting and that action points, responsible persons and time frames for completion of actions were established.

The centre's management team used a number of methodologies to provide oversight when monitoring the quality and safety of the service such as measurement of key clinical parameters, such as number of falls and other incidents, pressure ulcers and transfers to hospital and through completing regular clinical and operational audits. Records of completed audits reviewed by inspectors indicated that these audits had been analysed and action plans and time frames developed to implement change and quality improvement. There was good oversight of clinical care that ensured care provided to residents was effective. However, inspectors found that further analysis and trending of incidents such as falls was required to inform ongoing service improvement and safety. All falls were recorded monthly and inspectors identified that there was a high rate of falls occurring, for example from March to May 2020, 209 falls had occurred. Limited analysis and trending of these falls were available. Further assurances were requested following the inspection and the provider agreed to complete a review of falls in the centre, including times, location of falls and arrangements for the supervision of residents with recurrent falls, to provide assurances that residents have appropriate supervision to prevent falls.

Inspectors followed up on actions from the last inspection and noted that all action plans had been completed.

An annual residents' feedback survey had been conducted in April 2020 and a report was compiled and made available to inspectors. The management team informed inspectors that this would be used to inform changes to improve the overall quality in the service. An annual review for 2019 had been completed and this was also available to inspectors.

A COVID-19 review, as part of a post critical incident review process, is essential to inform learning and the future management and ongoing preparedness of services to manage further COVID-19 outbreaks. The person in charge had commenced a review of the COVID-19 outbreak in the centre and would complete a full comprehensive review once the outbreak had been declared over.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had notified the Chief Inspector regarding adverse incidents involving resident within the required time frames. The person in charge ensured that all notifiable incidents were brought to the attention of the Chief Inspector in a timely manner and had provided daily updates on the progress of outbreak in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy and procedure available for residents or their representatives to make a complaint. Inspectors examined a sample of entries in the complaints log and found them to outline in detail the nature of the complaint, the engagement and correspondence with the relevant parties. The outcome and actions resulting from the matter in addition to how this was fed back to the complainant was also detailed.

Judgment: Compliant

Quality and safety

Despite the challenges imposed by the COVID-19 outbreak, staff had continued to provide and maintain a good standard of care and evidence based nursing care for residents in the centre. All residents were assessed for their individual needs and this information was used to inform person-centred care plans. There was good access to General Practitioners (GP), specialist medical services and other health and social care professionals. Recommendations and directions from health care professionals were documented in care plans to inform staff when caring for residents. Those residents who had a weight loss as a result of COVID-19 had a clear care plan to meet their nutritional needs and were making a recovery.

Residents were supported to make informed decisions to inform advanced care plans. Inspectors found that care plans were implemented and residents wishes were respected. Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and

respecting their dignity at end of life. Staff ensured that residents were not alone during their final journey and families were facilitated to have compassionate visits if a resident was ill or dying.

Residents with 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 supported by staff who implemented person-centred care strategies to support the residents. The use of restrictive practices in the centre was generally in line with the national guidelines. Less restrictive alternatives to bedrails were available and in use in the centre. However, some improvement was required so that the alternatives trialled before bed rails were used were consistently documented.

Visiting restrictions imposed by the outbreak of COVID-19 were easing at the time of the inspection and residents were now being facilitated by staff and with the necessary safety precautions in place, to receive visitors by appointment Monday to Friday. These arrangements were undergoing further review by the centre's management. Arrangements for the storage of residents clothing and positioning of personal effects, especially in some shared rooms was found to be inadequate and required review.

Although there was effort being made to increase the level of activities provided to residents following a challenging period time due to COVID-19, inspectors noted that opportunities for activities available for residents remained limited at the time of inspection. There were some limited activities ongoing, however, inspectors noted that the centre's activation programme remained greatly reduced and staff engaged socially with residents usually while performing care tasks. The social and emotional needs of residents were not met. The provider and person in charge were planning to address this as the centre moved out of the public health emergency.

There were robust safeguarding measures in place and evidence that systems and procedures were working effectively to ensure resident safety and well being. Residents reported feeling safe in the centre.

Infection prevention and control processes and procedures in place and the centre was generally clean. However, there were weaknesses identified which required review. These are discussed in detail under regulation 27, Infection Control.

There were records to demonstrate that ongoing monitoring of fire safety equipment and precautions were appropriate and in place to mitigate risk to residents in the event of a fire.

Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from

risk of contracting COVID-19 infection. Compassionate visiting at end of life was facilitated throughout the COVID-19 outbreak to ensure that residents at end of life received relatives and close friends at this very important time. Video calls between residents and relatives were also facilitated during the outbreak. Families of residents who were COVID-19 positive received a call every day from staff and other families received weekly calls.

Residents expressed their joy and relief about having increased contact with their relatives. Visiting controls now included symptom checking and an online visitor health risk assessment before the visit, hand hygiene, use of PPE, maintaining social distancing, and cleaning the area following every visit. Inspectors noted that there was a safe system in place for residents to receive visitors by appointment in the garden or in their room if a resident was unable to travel to the garden. Window visits were also facilitated. Mobile phones were used to enable residents with hearing impairment to communicate during these visits.

Inspectors noted that visiting was restricted to weekdays and by exception at the weekend. Management undertook to review visiting appointments to ensure that that these arrangements were meeting the needs of residents and their families.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The laundry service was satisfactory, however arrangements for the storage of clothing and personal effects, especially in shared rooms was not adequate. Residents were satisfied with the laundry service. There was a system in place to ensure that clothing was suitably laundered and returned to individual residents. However, storage space for some residents was inadequate. Inspectors followed up on six residents to check the arrangements to store their clothing and personal belongings. Each room had chest of drawers with four drawers and a wardrobe with a bar for clothes hangers but no shelving. Residents in twin rooms shared half a double wardrobe and had two drawers for storage. Inspectors found that this arrangement met the needs of three residents but the space provided was inadequate for three other residents. Inspectors found items of clothing and other personal effects were packed into the bottom of their wardrobes. Three residents had drawers that were clearly labelled to identify what was stored in each drawer and items within were folded carefully. In the case of three other residents their clothes were tossed and disorganised. In one case the resident's two drawers were overflowing and it was not possible to close the drawers.

More consideration was required to ensure that objects which residents enjoyed were placed in a position where they could see them. The social care plan for one resident who was wheelchair bound, stated that she enjoyed looking at her family photographs. Her photographs were placed behind another resident's mini fridge and

not in a position where she could enjoy them.

Judgment: Substantially compliant

Regulation 27: Infection control

During the COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. Regular communication was seen in documentation between the centre and public health. The *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance* was available in the centre.

There was on-going monitoring of staff to identify signs or symptoms of COVID-19, using a computerised application. Staff were aware of the local policy to report to their line manager if they became ill. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in residents baseline. Visitors to the centre were also checked for symptoms of infection before they could enter the centre.

There was appropriate infection prevention and control signs on display around the centre. Staff supported safe communication between residents and their loved ones. Social distancing measures were observed by staff when they were on break. There was a system in place for swabbing both residents and staff for COVID-19 infection, to align with national guidelines. A number of staff were trained to take swabs in the centre.

There were safe laundry arrangements in place. Clean and dirty laundry were separated and laundry staff were knowledgeable about infection prevention and control. There was a Legionella management programme in place.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control. Training records showed that a number of staff had attended training in the use of cleaning chemicals. Staff were seen putting this training into practice during the day of inspection. However some of the equipment which staff used was damaged or had signage stuck to it and this impacted on staffs' ability to clean surfaces properly and fully implement the training. Inspectors noted seats of chairs in the staff changing area were torn and could not be effectively cleaned.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing (putting on the taking off) PPE. However, there were some minor gaps in the knowledge about the correct sequence for this. Hand hygiene practice and correct use of PPE was good on the day of inspection.

Computerised environmental cleaning audits had recently commenced in the centre.

There were cleaning processes in place which was documented in cleaning sign off sheets. However, there were some gaps identified in cleaning documentation labelling and inappropriate decanting of cleaning solutions. Cleaning was overseen by the cleaning supervisor or deputy cleaning supervisor. While cleaning and nursing staff, who spoke with inspectors were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning, knowledge refresher training was needed regarding the day to day cleaning of bedrooms and bathrooms. Although there was a schedule to replace carpets in the centre, the remaining carpets were heavily stained or marked in some areas around the centre.

The waste storage area at the back to the building was found to be open to public access, this was due to the gate being blown off by strong winds two weeks earlier. The provider demonstrated that corrective actions were underway and provided inspectors with quotes which had been obtained to install a new gate to secure the enclosed area.

The following areas for improvement were also noted:

- Clean linen and continence wear were not covered when stored on trolleys and shelves in linen rooms. These practices could lead to cross contamination in the centre
- Flat mop handles were tied onto cleaning carts with dirty gloves.
- Residents sharing hoist slings posed a risk of cross infection.
- Some signs in the centre were not laminated to allow for effective cleaning.
- There was gaps in practice in the cleaning and decontamination of blood glucose monitoring equipment and dressing trays
- There was inconsistencies seen in the monitoring of three residents records for signs of COVID-19 infection.
- Surfaces of doors, tables and trolleys were damaged or had labels stuck to them which would not allow for effective cleaning.
- Shelving in store rooms were too low to allow effective cleaning and used laundry was stored in bags on the floor of the oratory.
- Activity equipment and clothes were stored in boxes on the ground in stores rooms.
- Many foot operated waste bins and linen hampers were damaged or did not open and close properly.
- Two sharps boxes were not labelled or had their temporary closure mechanism engaged when they were not in use.
- One large clinical wheelie bin in the outside storage area contained clinical waste was not locked.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate arrangements had been made for maintaining all fire equipment. Up-to-

date service records were available for the centre's L1 fire alarm system, emergency lighting and fire extinguishers. The fire alarm panel was serviced on 31 Dec 2019. The service scheduled for March did not go ahead because of the COVID-19 outbreak and this had been arranged for the first week in August 2020.

The fire alarm was activated weekly and simulated fire drills were held regularly to facilitate staff to attend a fire drill every six months. Inspectors reviewed the fire drill records and found that the drills simulated various scenarios, including the horizontal evacuation of a compartment with night staffing levels. All residents had a personal emergency evacuation plan in their rooms. Inspectors were assured that fire safety arrangements in place adequately protected the residents from the risk of fire in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans on each floor and found that during the outbreak, staff continued to conduct thorough assessments of residents' needs. Care plans were developed, reviewed and implemented to ensure that residents ongoing needs were met.

Residents were assessed prior to admission to ensure that the service could meet the resident's needs. A comprehensive nursing assessment was done on admission and care plans were developed within 48 hours of admission. Care plans were reviewed formally every four months or earlier if a resident's condition changed. Residents views and wishes informed each part of the care planning process. Inspectors found the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Risk assessments were regularly completed to assess various clinical risks, including risks of malnutrition, pressure sores and falls. These assessments continuously informed the resident's care plans. The nurses and senior carers ensured that care plans were implemented. For example inspectors noted that weekly audits were carried out to ensure that pressure relieving mattresses were set appropriately. There was documentary evidence that residents were repositioned regularly in line with to their care plan and hourly safety checks were recorded.

A sample of four care plans were reviewed and each care plan contained information to address residents' changing needs associated with COVID-19 infection and rehabilitation. Inspectors found that residents identified as at risk of falls were regularly assessed and following a fall each resident had a physiotherapy and a medical review. Care plans were amended to mitigate the risk of further falls. The incidence of falls in the centre was high but the number of falls in the centre had decreased incrementally over the preceding three months. Residents were monitored for the risk of malnutrition and weighed monthly or weekly if they lost 2 kg or more. A number of residents who had recovered from COVID-19 had lost

weight. Inspectors found that a record of their food and fluid intake was maintained and each resident had been assessed by a dietitian. Care plans were amended to include food fortification and supplements which were prescribed and the sample of files reviewed showed that the residents were gaining weight.

Residents with wounds also took prescribed nutritional supplements. They had been assessed by a tissue viability nurse and their care plans updated to reflect specialist advice. Wound assessments were comprehensive and tracked the healing process. One resident whose wound was not healing had been referred to the tissue viability specialist for reassessment.

Advanced care plans were in place if a resident developed COVID-19 and each resident also had an end of life care plan. Residents were provided with information to make informed choices, should they experience a deterioration in their health status or suffer from severe COVID-19 symptoms. Residents who spoke with inspectors explained that they were given information about treatments available to them if they stayed in the centre and additional treatments which would be available in hospital, such as being put on a ventilator. Nurses on each floor had palliative care experience and anticipatory medications were prescribed in advance to ensure that symptoms could be treated without delay.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. Residents in the centre had access to medical services throughout the COVID-19 outbreak. A GP attended the centre daily from Monday to Friday and was also available at weekends if necessary.

Residents were supported during the outbreak by specialist review of a consultant Geriatrician and Psychiatry of old age services, who supported residents remotely during the outbreak.

The provider employed a physiotherapist who worked full time in the centre and was available at weekends if required. Podiatry services had resumed in early July 2020. Other allied health supports continued remotely during the outbreak, for example, the dietitian and speech and language therapist. There was appropriate referral to allied health professionals if required, for example, the dietitian had reviewed residents who had lost a significant amount of weight when they were ill with COVID-19. The centre's team were responsive to the nutritional needs of any residents who had contracted COVID-19; they had organised for residents to have additional fluids, including high energy drinks and their food was fortified to increase the calorific content and nutritional value of the meals.

The provider had suitable arrangements for residents to access dental and optical services on site. Residents were also supported to attend these services in the

community. One resident travelled to their local dentist on the day of inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices in the centre. Inspectors followed up on three residents with responsive behaviours such as, shouting, aggression towards staff, angry verbal outbursts and throwing things. A nurse told inspectors that one resident was more at ease in a quieter environment, since the visiting restrictions were introduced. Staff who spoke with inspectors said they paid particular attention to their body language and tone of voice when interacting with residents. They were cognisant that some residents might not recognise them or respond unfavourably to staff dressed in scrubs and wearing masks. Only one resident exhibited responsive behaviours during the inspection. Inspectors observed that staff responded in a supportive manner to comfort the resident and prevent the behaviour from escalating. Care plans showed that behaviours were assessed and monitored using Antecedent-Behaviour- Consequences (ABC) charts, that were analysed to inform a behavioural support plan, which guided a consistent team approach. Inspectors found that staff first checked for an unmet need such as hunger or pain and person centred interventions were frequently used such as offering the resident a hot beverage with a biscuit or playing their favourite music while spending time with the resident. Chemical restraint was used as a last resort, only when person centred interventions had failed.

Generally restraint use was in line with the national guidelines. Seventeen residents were using full length bed rails and 15 residents used a sensor alarm which alerted staff to intervene and prevent them from falling. Risk assessments were done prior to using rails and hourly safety checks were documented when they were in use. The use of restraint was monitored by the management team and subject to ongoing review. Inspectors noted that a number of residents had used a lap belt and security tags but these restraints were discontinued when the residents were reviewed.

Less restrictive alternatives to bed rails were in use such as, low beds, bed wedges, sensor mats and half length rails. Some improvement was required to consistently document the alternatives trialled before bed rails were used. One of the four files reviewed held this information.

A number of residents smoked and staff held cigarettes for some of these residents. Inspectors reviewed the file of one of these residents and found evidence that the resident had a smoking risk assessment and their care plan set out the rationale for this restrictive intervention. The resident said he was satisfied with this plan as he

was given a cigarette every hour and he could chat with a staff member while he smoked.

Judgment: Substantially compliant

Regulation 8: Protection

Residents who spoke to inspectors reported feeling safe in the centre. The person in charge had developed links with Community Gardai and they visited the centre to speak to residents and also invited residents to community events.

There was a safeguarding policy in place and evidence that systems and procedures were working effectively to ensure resident safety and well being. Safeguarding matters were included on the risk register. Records of thorough investigations by the Person in Charge were viewed by inspectors.

Staff were aware of the centre's safeguarding policy and their responsibility to report any concerns. Staff received ongoing training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Opportunities to participate in activities were reduced during the COVID-19 outbreak. Two activity staff worked in the centre on a daily basis from Monday to Sunday from 10:00hrs to 20:00hrs, however, these staff were occupied with organising outdoor visits for residents from Monday to Friday. This resulted in activity staff having little time to provide meaningful occupational and recreational activities for residents on week days. This had a significant impact on residents with the majority of residents reporting to inspectors they found the days long and had little to occupy their time.

Staff reported that they provided bingo and sing-along sessions in rooms at weekends. The person in charge told inspectors that the receptionist and a health care assistant had cut and coloured residents' hair while the hairdresser was restricted from attending the centre. The activities room was not in use on the day of inspection and there was no evidence of activities taking place in the centre. Activities boards on display did not reflect the level of activity accurately. Records showed limited individual activities for residents. The records for a resident who was confined to bed showed that the most recent activity she engaged in was a hand massage 17 days previously. Another resident who was confined to a wheelchair had a walk in the garden the day before the inspection and a hand massage 16 days prior to this. A number of residents spent all day in their rooms. Communal sitting

areas had been cleared of furniture following infection prevention and control advice from Public Health. The Oratory was used to store furniture from these areas, and was not available for residents' use. Staff reported that prayer services were organised for residents under a canopy in the garden, and that residents had access to religious services using a video camera. A residents survey was completed in April 2020 to gather feedback on the service and this identified activities as an area for review.

Inspectors noted that the residents' satisfaction survey in April 2020 also identified food as an area requiring improvements. Inspectors examined the menus and saw that a choice of two hot dishes was on offer for lunch each day and at tea time residents had a choice of soup or sandwiches or a hot dish. Feedback from residents on the day of inspection varied. Some residents said they were satisfied with the meals and the menu choices on offer. Not all residents were aware of the choices on the menu. Inspectors noted on the day of inspection, that the two lunch options were similar – beef or chicken casserole. Some residents said they had a small appetite and they were pleased that the meals they were served were small. Inspectors observed that second helpings were not offered to other residents. Staff sat with residents who required assistance to eat and drink but inspectors did not see staff supervising the other residents or enquiring if they enjoyed their food.

Residents had access to newspapers, television and radio. Independent advocacy was available to residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for TLC City West OSV-0000692

Inspection ID: MON-0029755

Date of inspection: 23/07/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: By 30th September 2020, the staff complement will be reviewed to enable us to follow the directive of having a small number of staff supervised visits and ensure that there will be sufficient group and one to one activities for residents.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: By 30th September, training will be provided for staff to ensure that they complete all falls reports to include witnessed and unwitnessed falls</p> <p>Each month, we will continue to complete falls reports and review them at quality and safety committee & governance meetings. A falls review will be completed by 15th October to determine what if any additional measures are required.</p> <p>By 15th October 2020, the outbreak report for the centre will be completed.</p>	
Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits: Changes to visiting have been made in line with new guidance (complete) and visiting guidelines will be reviewed weekly from 14th September 2020 to try to normalize them as much as possible in line with guidelines and public health advice and risk assessments.

Pending public health advice and risk assessment, by 30th September 2020, visits will be facilitated at the weekends, once we are satisfied that all visitors and staff are fully familiar and comfortable with ensuring that guidelines are adhered to.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- A quarterly audit of wardrobes/storage to ensure that checks are completed weekly and an observation of wardrobes/storage will be commenced by 30th September 2020.
- This audit will be added to the quarterly Key Performance Indicator (KPI) audits for quarter 4 (30th November 2020).

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- All damaged furniture has been removed (complete) This will be monitored via audits completed monthly by household & catering manager and escalated to governance meeting as required by end October 2020.
- The need for carpet replacement will be reviewed by end October 2020.
- The external bin area has had the door repaired and plans are in place to improve the area significantly by end March 2021.
- The shelving units in the centre are currently being adjusted to facilitate cleaning under them and will be completed by the end of September 2020.
- A review of all bin and storage requirements for linen, PPE and continence wear will be completed by end October 2020
- All signage with sellotape has been removed.

- The infection control policy and risk register will be updated with details of the legionella management system which is currently in place by 30th September 2020.
- Training on covid 19 & other infections will continue to be held for staff on a monthly basis. Compliance with cleaning practices and waste management will be monitored through supervision by managers and audit completed by 30th September 2020.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- Continue with ensuring that staff have appropriate training and that they continue to devise personalized care plans and have behavioural plans in place as required and that they document all alternatives trialled prior to a restrictive practice being employed, by end October 2020.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: By 30th September 2020, the staff complement will be reviewed to enable us to follow the directive of having a small number of staff supervised visits and ensure that there will be sufficient group and one to one activities for residents.

Group activities recommenced on 13/7/20 with the support and specific guidance from the department of public health to balance social engagement and risk.

The oratory has been re-opened (complete) and residents are facilitated to attend it on their own or with a staff member if needed and this will be kept under ongoing review.

A software programme "Magic tables" has been purchased to enhance the activities programme in line with residents only being allowed to attend activities on their own floors (complete)

External entertainers have recommenced attending inside the centre on a phased basis and either outside or on a floor by floor basis (complete)

Outings will be recommenced in the centre by Mid- September 2020.

All dining rooms have menus displayed on tables and outside of the dining room. Staff communicate with residents to inform them of meal choices (Complete).

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	30/09/2020
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/11/2020
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the	Not Compliant	Orange	30/09/2020

	residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/10/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2020
Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	31/10/2020
Regulation 9(2)(b)	The registered provider shall provide for	Substantially Compliant	Yellow	30/09/2020

	residents opportunities to participate in activities in accordance with their interests and capacities.			
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