

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tí Aire Nursing Home
Centre ID:	OSV-0000401
Centre address:	Tallagh, Belmullet, Mayo.
Telephone number:	097 819 40
Email address:	tiairenursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Michael & Clare Storey, Noel & Dolores Broe T/A Tí Aire Nursing Home
Provider Nominee:	Michael Storey
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 30 January 2017 09:00 To: 30 January 2017 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This unannounced monitoring inspection was carried out as part of the Health Information and Quality Authority's (HIQA's) regulatory monitoring function to check progress on actions from the previous inspection which was carried out on the 27/28 June 2016 and to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013.

Tí Aire Nursing Home is located approximately 1 kilometre outside the town of Belmullet Co. Mayo. It is a single-storey bungalow style building and is registered

with the Health Information and Quality Authority (HIQA) to provide care to 48 residents. There were 46 residents living in the centre at the time of this inspection, 18 of whom were of maximum dependency, 9 were high dependency, 13 were medium dependency and 6 were low dependency. One resident was in the local acute general hospital.

The inspector met with residents and staff members, observed practices and reviewed documentation such as staff files, complaints log, care/medical files, accident and incident log and key policies and procedures. Notifications received since the last inspection were reviewed prior to and during this inspection. There was a varied programme of activities and residents stated that there was 'always something to do'. Residents and relatives were consulted both formally and informally with regard to the running of the centre. There was a comprehensive programme of audits and evidence of action in response to issues identified.

The healthcare needs of residents were well met and residents had good access to General Practitioner (GP) services. The numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre. Sitting rooms were supervised at all times and call bells were answered promptly. Some residents chatted to the inspector about the day to day service provided and stated they "were happy living in the centre, the staff treated them well, and the food was good". There were five actions detailed post the last inspection, four of these were complete and one relating to consultation with residents regarding their care plans was partially completed.

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

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose required minor review to ensure all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It also required a commencement date to be added.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

Lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and what the reporting structure was. The person had protected time to complete governance and management duties.

Many staff had worked in the centre for a substantial number of years and there was

evidence that polices were discussed at team meetings. Staff members spoken with by the inspector demonstrated good knowledge of the residents' care needs.

A system was in place to monitor and review the quality and safety of the care provided. An audit system was in place and regular audits were completed audits in areas such as medication, nutrition, care documentation, wound care and end of life care. Where areas for improvement were identified these were actioned.

An annual review of the quality and safety of care delivered to residents in the designated centre had been completed.

There was evidence that this was carried out in consultation with residents and their families. A copy of this review was made available to residents.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Samples of residents' contracts of care were viewed by the inspector. The inspector found that contracts had been signed by the resident/relative. The contract was clear and outlined the services provided and fees payable.

A Residents' Guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure with regard to complaints and arrangements for visiting. This guide was found to meet the requirements of the legislation

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre has had a change of person in charge since the last inspection. The inspector met with the new person in charge. She commenced as person in charge of the centre in September 2016. She is suitably qualified, having qualified as nurse in 1978 and has many years of experience working in elderly care. She was familiar with the residents' health and social care needs. She ensured all documentation required for review during the inspection was promptly provided and made available to inspector and displayed a positive attitude towards compliance.

The person in charge has continued her own professional development and had attended course in dementia care, tissue viability, dignity respect and compassion, medication management, infection control and auditing.

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

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3, and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were kept secure and easily retrievable. However, some documentation was incomplete. On review of the staff rosters some staff rosters had only their first name documented and some dates in

care documentation were incomplete. It cited a day and month but no year was detailed.

Policies listed in Schedule 5 of the regulations were available and up to date. A sample of staff files reviewed contained all of the documents required by the regulations.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. A copy of the 2014 HSE Safeguarding Vulnerable Persons at Risk of Abuse policy was available in the centre.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

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

Findings:

The action from the previous inspection regarding the use of CCTV in communal areas was addressed. This practice had been discontinued.

Measures were in place to safeguard residents. Staff spoken with were knowledgeable of the policies and procedures to ensure residents were safeguarded against abuse. All staff had undertaken training in recognising and responding to allegations of abuse. The Health Service Executive (HSE) policy on "Safeguarding Vulnerable Persons at Risk of Abuse" 2014 was available in the centre.

The person in charge was familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse. A visitor book was maintained and all visitors were required to sign in and out of the centre. The entrance was secure and required a key pad code to open the doors. Residents spoken with stated they felt safe and secure in the centre.

A culture of promoting a restraint free environment with evidence of alternatives such as low-low beds, chair alarms in place was available. The national policy, 'Towards a Restraint Free Environment in Nursing Homes (2011)' was available in the centre. 21 residents had bedrails in place and enabling. In discussion with the person in charge on the use of bedrails she described how most were used as an enabling function and were

in place for the purpose of positioning or enhancing physical or psychological function. Care plans were in place detailing the rationale for use of the bed rails. Laps straps were in use mainly as a safety measure when moving residents in chairs. Records indicated that restraint was only used following a risk assessment and there was evidence of discussion with the resident and/or their representative.

There was a policy on the management of responsive behaviours. At the time of inspection there was one resident who presented with responsive behaviours. A positive behaviour support plan was in place to ensure a consistent approach when working with this resident. Staff informed inspectors how they manage the behaviour and the distraction techniques they utilise. There was very good evidence of access to psychiatry of later life and the community mental health nurse attends the centre regularly to assess and support residents.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Service records reviewed confirmed that the emergency lighting and fire alarm system were serviced regularly. The fire extinguisher equipment had been serviced in December 2016. Through walking around the centre the inspector noted that fire exits were unobstructed. Ski sheets were in place for all immobile residents. Review of the fire training records showed that all staff had undertaken training in fire safety and staff spoken with by the inspector were clear as to how they would evacuate residents. Fire evacuation notices were in place throughout the centre detailing the route to the nearest exit.

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

Keypad locks were in place on all bedroom doors. Staff informed the inspector that these were disabled at night by staff when residents retired to bed. Staff informed the inspector that many residents and relatives had positively commented on these locks. However, there was no risk assessment completed on their use and the implications for

swift evacuation in the event of an outbreak of fire in the centre. Additionally, when these locks were used on doors where residents were unable to open, residents could be confined to the bedroom and there was no risk assessment with regard to this procedure. The person in charge gave a firm commitment to address these issues.

An up-to-date safety statement was in place. The risk management policy was not reviewed on this inspection. A centre specific risk register was in place. Where a risk was identified, they were evaluated and controls were in place to mitigate the risk.

Training was provided to staff in the safe movement and handling of residents. There was safe floor covering and handrails throughout the centre.

There was a policy in place for the prevention and control of infection. There was access to supplies of gloves, and staff were observed using the alcohol hand gels which were available throughout the centre.

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

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence of good medication management processes. A medication management policy which provided guidance to staff was available. The inspector observed a nurse administering medications and found that medication was administered in accordance with the policy and An Bord Altranais guidelines.

There were procedures in place for auditing medication practices and improvements had been made as a result of completing these audits. The inspector spoke with the nurse administering the medication who confirmed she had recently completed online medication management training and attended a study day on medication management. She was knowledgeable with regard to the medication prescribed. She also confirmed

there was a procedure in place for the management of medication errors and these would be reported, investigated and used to promote learning and improve safety.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. The stock balance was checked and signed by two nurses at the change of each shift.

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

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A record of all incidents occurring in the designated centre was maintained. Notifications had been submitted to HIQA as required and the person in charge was aware of her responsibilities in relation to submission of notifications.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Prospective residents were assessed prior to admission by the person in charge to determine if the centre could meet their needs. On admission a comprehensive assessment was completed and updated in response to changing needs thereafter.

Residents had access to the services of a general practitioner (GP) and allied health services such as dietetics, speech and language, occupational therapy, and palliative care. An in-house physiotherapist attended the centre one day per week.

A computerised care documentation system was in place. The inspector reviewed a sample of residents' nursing care documents found that each identified need had a care plan outlining the care required by the resident to meet that need. For example, where a resident was assessed as having a risk of falling, a falls prevention care plan was in place.

Care plans were reviewed at four-monthly intervals and there was some evidence of consultation with residents and where appropriate their families. This was an action at the time of the last inspection. To ensure that this is meaningful consultation a narrative note should be recorded to ensure the resident and or their family have input into the care plan. This was not occurring and the action is repeated in the action plan at the end of this report.

Some staff knew the residents and their families prior to their admission to the centre and staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was well maintained and was noted to be clean and clutter free. An adequate number of baths, showers and toilets for residents' use were available. All bedrooms were spacious and had en-suite toilets, showers, wash-hand basins and call bells. The centre had a secure courtyard garden and residents spent time outdoors when the weather was fine. This area requires upgrading to ensure it provides a pleasant area in winter time.

A wardrobe, locker and chair were available for each resident. The inspector noted that wheelchairs were inappropriately stored in the 'Sean Chistin', a reminiscence room.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed on entry. Verbal complaints were documented, investigated and outcomes recorded. Advocacy services were available if required. There was no evidence that would indicate that any resident who had made a complaint had been adversely affected by doing so.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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:

Evidence of a good standard of medical and clinical care at end of life with appropriate access to specialist palliative care services was found. At the time of this inspection no one was in receipt of end-of-life care, however one resident had recently passed away. A holistic and person centred approach to end of life was in place. A plan of care to identify and manage key aspects of care such as pain, nausea and anxiety was in place. Residents' emotional, social and spiritual needs were met and consistent, and staff were allocated to care for the resident at end of life. Staff were knowledgeable regarding the wishes of residents' choices regarding transfer to hospital and respected the wishes of residents who did not want to communicate or discuss this matter at the time of the assessment.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

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

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving

visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with residents meetings scheduled to take place every two months. Minutes were available of these meetings. Information with regard an independent advocacy services was available to residents. Residents' independence and autonomy was promoted. Residents were seen to mobilise around the centre according to their capabilities. Residents spoken with by the inspector told the inspector they could get up or go to bed when they wished. Residents had the option to meet visitors in the visitors' room or in communal areas based on their choice. An activity schedule was in place and residents were complimentary of the activities on offer. An activity therapist worked five days a week in the centre.

Judgment:

Compliant

*Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on residents' personal property and possessions. A property book was available and all residents' property was documented on admission and updated as further property was acquired by residents. The inspector spoke to the laundry staff on duty who stated that all relatives and residents were informed that any new property should be checked in at the reception desk and it was then given to her and she labelled all new clothing.

She informed the inspector that it was seldom that clothes would go missing but when

they did, they were generally found. One complaint was documented with regard to the loss of a cardigan. The person in charge informed the inspector that the provider had agreed to purchase a replacement cardigan for this resident.

The laundry person confirmed that she had attended training in infection control and was knowledgeable with regard appropriate procedures in regard to infection control. Bedrooms were personalised and residents were facilitated to bring in their own items of interest such as furniture and pictures. There were adequate facilities to store clothing and personal items in residents' bedrooms.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector observed that staff interacted in a pleasant, caring way with residents. Many of the staff had worked in the centre for significant periods of time and knew the residents well. Some staff knew the residents as neighbours before they were admitted to the centre. Residents spoken with by the inspector were very complimentary of the staff.

An actual and planned roster was available. The inspector reviewed the roster for a three week period. A separate roster was available for nursing, care and catering/housekeeping/administration and activity staff. An out of hours on-call roster was also available. A registered nurse was on duty at all times. The usual compliment of staff on duty in the centre was eight care assistants and two nurses from 08:00 to 11:00. An activity therapist worked from 11-16:00hrs five days per week, a further care assistant was rostered for nutritional care from 11-14:00hrs daily. There were two nurses and six care assistants post 15:00hrs and one nurse and three care assistants on night duty. In addition catering, laundry housekeeping administration and maintenance staff were also available. The inspector reviewed a sample of staff files and found they complied with Schedule 2 of the regulations. The person in charge confirmed that all

staff had up to date Garda Síochána vetting

Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times. The inspector noted that when a call bell was activated, staff responded swiftly. No volunteers were attending the centre at the time of inspection.

Copies of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 were available in the nurses office.

An ongoing training programme was in place and all staff had completed mandatory training in manual handling and safeguarding of vulnerable adults. Staff spoken with were aware of the procedures to follow if evacuation was required due to fire or any other emergency. Additional training and education relevant to the needs of the residents profile had been provided for example nutritional care, end of life care, behaviour and psychological symptoms and signs of dementia (BPSD), infection control and hand hygiene. The activity therapist had completed training in SONAS (a therapeutic activity for residents who are cognitively impaired).

There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Tí Aire Nursing Home
Centre ID:	OSV-0000401
Date of inspection:	30/01/2017
Date of response:	14/02/2017

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose required minor review to ensure all matters listed in schedule 1 of the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013. It also required a commencement date to be added.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose has been reviewed to ensure all matters listed in Schedule 1 of the Health Act 2007 (Care & Welfare of Residents in Designated Centres for Older People) Regulations 2013. Commencement Date & Page Numbers added.

Proposed Timescale: completed

Proposed Timescale: 14/02/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

On review of the staff rosters, some staff had only their first name documented and some dates in care documentation were incomplete. It cited a day and month but no year was detailed.

2. Action Required:

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

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

Staff Rosters now have complete names in place. Day, Month & Year are included on all Documentation.

Proposed Timescale: 10/02/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

There was no risk assessment completed on the use of keypad locks and the implications for swift evacuation in the event of an outbreak of fire in the centre. Additionally, when these locks were used on doors where residents were unable to open them, residents could be confined to the bedroom.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk Assessment completed on the use of Keypads to include implications for swift evacuation in the event of an Emergency in the Centre. Keypads now remodelled as to allow easy access and some are disabled at night time

Proposed Timescale: Completed

Proposed Timescale: 14/02/2017

Theme:

Safe care and support

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

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

4. Action Required:

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

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

A member of staff will be trained as Fire Marshall for the Centre. Weekly tests are being carried out and all Fire Drills will be carried out with minimum amount of staff to focus on High Risk areas.

Proposed Timescale: 10/03/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

To ensure that there is meaningful consultation with residents with regard to the care plans a narrative note should be recorded to ensure the resident and or their family have input into the care plan.

5. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Meaningful Consultation with Residents/Families will take place in Care plan Evaluations and as required. Same to be included on the Relative/ Resident Section on Epiccare. Care Plans to be drawn up in collaboration with Residents and where appropriate their Families

Proposed Timescale: 14/02/2017

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

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

The external courtyard garden required upgrading to ensure it provides a pleasant area for residents in the wintertime.

Wheelchairs were inappropriately stored in the centre.

6. 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:

Courtyard to be upgraded over the coming weeks as to ensure a pleasant and meaningful area for our Residents.

Wheelchairs to be stored in allocated storage areas.

Proposed Timescale: 01/04/2017