

**Health Information and Quality Authority  
Social Services Inspectorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Tara Care Centre
<b>Centre ID:</b>	0107
<b>Centre address:</b>	5/6 Putland Road
	Bray
	County Wicklow
<b>Telephone number:</b>	01 - 2863931
<b>Email address:</b>	nirocan@gmail.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered provider:</b>	Nirocon Limited
<b>Person authorised to act on behalf of the provider:</b>	Paul Costello
<b>Person in charge:</b>	Anne Costello
<b>Date of inspection:</b>	20 November 2012
<b>Time inspection took place:</b>	<b>Start:</b> 09:30 hrs <b>Completion:</b> 16:00 hrs
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector:</b>	Angela Ring
<b>Type of inspection</b>	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
<b>Number of residents on the date of inspection:</b>	42 + 1 in hospital + 1 on leave
<b>Number of vacancies on the date of inspection:</b>	3

## 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 their 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
- 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 well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This inspection report sets out the findings of a monitoring inspection, in which 11 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1:</b> Statement of Purpose	<input type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input checked="" type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input checked="" type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Inspectors were satisfied residents' healthcare needs were met to a high standard and that each resident had opportunities to participate in meaningful activities. Care plans were in place and the documentation was regularly reviewed. Further work was required on the use of restraint.

The provider and person in charge had prioritised the safety of residents although further improvement was required to the risk management policy. Medication management practices had improved.

Improvements were required to the structure of the premises in order to comply with the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Other improvements required related to the use of restraint, insurance and the management of residents' finances.

#### **Section 41(1)(c) of the Health Act 2007**

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

#### **Theme: Governance, Leadership and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

#### **Outcome 3**

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

#### **References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

#### **Inspection findings**

Anne Costello is the person in charge. She is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

Inspectors observed that she was well known to staff, residents and relatives. The person in charge had maintained her continuous professional development. She had undertaken a Further Education and Training Awards Council (FETAC) Level 8 diploma course in gerontology and a Level 9 course in advanced pain management. She had also recently completed a diploma course in person-centred care for residents with dementia with some other staff members. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by inspectors was readily available.

The person in charge networked with other residential centres in the area and was part of a group for developing practices and sharing learning and documentation. She was supported in her role by a clinical nurse manager (CNM) who deputised for the person in charge in her absence.

**Outcome 4**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**References:**

- Regulations 21-25: The records to be kept in a designated centre
- Regulation 26: Insurance Cover
- Regulation 27: Operating Policies and Procedures
- Standard 1: Information
- Standard 29: Management Systems
- Standard 32: Register and Residents' Records

**Inspection findings:**

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

**Residents' Guide**

Substantial compliance  Improvements required \*

**Records in relation to residents (Schedule 3)**

Substantial compliance  Improvements required \*

**General Records (Schedule 4)**

Substantial compliance  Improvements required \*

The system for managing residents' finances needed strengthening. This is discussed in more detail under Outcome 6.

**Operating Policies and Procedures (Schedule 5)**

Substantial compliance  Improvements required \*

The risk management policy required further development work and is discussed under Outcome 7.

### **Directory of Residents**

Substantial compliance

Improvements required \*

### **Staffing Records**

Substantial compliance

Improvements required \*

### **Medical Records**

Substantial compliance

Improvements required \*

### **Insurance Cover**

Substantial compliance

Improvements required \*

The insurance policy did not meet the requirements of the Regulations as it did not specify that the liability to any one resident shall not exceed €1,000 for any one item.

### **Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

### **Outcome 6**

*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.*

#### **References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

Inspectors found that measures were in place to protect residents from being harmed or abused although the system for managing residents' finances required strengthening.

The person in charge managed small amounts of money for some residents. A policy was in place to guide practice. Inspectors saw that this was securely stored in a locked press and balances checked were correct. However, this system could be made more robust by the issuing and maintenance of receipts for all deposits and withdrawals. This was being addressed by the person in charge prior to the end of the inspection.

A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Inspectors viewed the attendance records and saw that all staff had received training on identifying and responding to elder abuse. Inspectors found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if they received information about suspected abuse of a resident.

Residents spoken to confirmed to inspectors that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

### Outcome 7

*The health and safety of residents, visitors and staff is promoted and protected.*

#### References:

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

#### Action required from previous inspection:

The risk management policy did not meet the requirements of the Regulations.

## Inspection findings

Inspectors were satisfied that the provider had prioritised the safety of residents although further improvement was required to the risk management policy.

The health and safety statement was in place. The risk management policy had been updated since the previous inspection but further action was required as it did not meet the requirements of the Regulations. For example, it did not specify the precautions in place to control a resident absent without leave or aggression and violence. Separate policies were available which specified the procedures to follow should these events occur.

Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

Inspectors were satisfied that thorough fire precautions were in place. This had been identified as an area for improvement at the previous inspection. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced on a three-monthly basis and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Inspectors read the training records which confirmed that all staff had attended training within the last year. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire. The provider had introduced additional documentation in relation to fire training. This was completed by trainer and trainee on an annual basis and included competencies such as location of fire extinguishers and evacuation procedures.

At a previous inspection it was noted that the emergency plan was not detailed enough to provide adequate guidance to staff. This had been addressed and inspectors saw that the plan identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary. In addition the person in charge and provider had put in place a fire proof locked box which contained details and photographs of the residents, space blankets and a memory stick with relevant resident details.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and inspectors saw staff using this equipment appropriately.

**Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

**Action(s) required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

Inspectors were satisfied that appropriate medication management policies and procedures provided adequate protection to residents. Action required at the previous inspection which related to the records maintained for medications that required special control measures, had been addressed.



Medications that required strict control measures (MDAs) 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 MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balances and found them to be correct.

A medication fridge was available in a locked room and inspectors noted that the temperatures were recorded twice daily and were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

A comprehensive policy was in place which guided practice. Inspectors read completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The supplying pharmacist provided additional support and advice for staff. Inspectors saw that additional education sessions had already been planned for early December.

#### **Outcome 9**

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

#### **References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

#### **Inspection findings**

Inspectors were satisfied that practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

#### **Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

**References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Actions required from previous inspection:**

Further work was required around the use of restraint.

**Inspection findings**

Inspectors were satisfied that residents' wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare although further work was required on the use of restraint.

Inspectors noted ongoing improvements in the management of restraint. However, further development work was required. Inspectors found that improvements were required in the initial assessment for the use of bedrails as there was no consistent evidence of the risks of using restraints being considered or evidence of alternative strategies being tried prior to the use of restraint in line with the centres policy.

Comprehensive person-centred care plans were in place for all residents' needs. Residents and relatives had signed that they were involved in the development of these. Nursing assessments and additional risk assessments were carried out for residents. There was evidence that care plans were reviewed on a three-monthly basis.

Inspectors reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to all staff and there was a policy in place which provided guidance to staff. Inspectors reviewed residents' files and noted that appropriate assessment and intervention strategies were in place. Possible triggers

had been identified and staff spoken with were very familiar with appropriate interventions to use.

Inspectors read a sample of care plans for residents who had fallen and noted that comprehensive assessments had been completed including a falls diary and action plans to minimise reoccurrence. Various strategies had been implemented including review by the physiotherapist and medication review. Practice was guided by a comprehensive policy.

There was no resident with a wound at the time of inspection but inspectors saw that a comprehensive policy was in place should it be required. Weight management is discussed under Outcome 15.

General practitioner (GP) services were provided and regular medical reviews were undertaken. All residents spoken with expressed satisfaction with the service. Residents had access to a range of allied health professionals and inspectors noted that records of appointments and referrals were maintained in residents' files. Peripatetic services such as physiotherapy, occupational therapy (OT) and speech and language therapy (SALT) were available on a referral basis by the GP. Ophthalmology and chiropody services were also available and the dietician visited as required.

There were opportunities for all residents to participate in activities appropriate to his or her interests and capacities. There were two activity coordinators employed full-time in the centre and they provided service over seven days. There was evidence that residents engaged in activities such as bowls, quizzes, prayers, newspaper reading, reminiscence, art and walks outside. The activity coordinators knew the residents well and was seen responding to each of them as individuals. They provided individual sessions for residents with high dependency needs and these included massage and Sonas (a therapeutic activity based on communication).

**Outcome 12**

*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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**

Regulation 19: Premises  
Standard 25: Physical Environment

**Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

## Inspection findings

Inspectors found that the centre was warm, comfortable, clean and maintained to a high standard. The communal areas were decorated to resemble traditional sitting rooms which gave a homely and inviting ambience. Inspectors visited some of the residents' bedrooms with their permission and found that they were personalised with their possessions. There was evidence of domestic items being placed around the centre such as scarves, handbags and coat stands to promote interest, discussion and reminiscence. Inspectors saw that following additional training for staff, extensive efforts had been made to make the premises more dementia friendly and this included additional signage and specific artwork using appropriate colours. Inspectors met with the person responsible for maintenance who explained that he performed weekly checks of the premises. Inspectors reviewed records of regular servicing and maintenance of hoists, lift, call bells and pressure relieving mattresses from an external company.

Inspectors visited the kitchen and found that it was clean and well stocked with fresh fruit and vegetables.

Although it was small, the laundry was clean, well ventilated and had industrial sized machines. There was a shelf for each resident's clothes and adequate room for storage and segregation of soiled clothing.

A new sluice room had been provided in response to the action identified at the previous inspection. Inspectors saw that it was clean and spacious and had a bed pan washer and sluicing sink. In order to provide choice for residents, bathing facilities had also been provided since the previous inspection.

There were four three-bedded rooms and the provider was aware of the need to reduce the bed numbers by 2015 to meet the requirements in the Authority's Standards.

### Theme: Person-centred care and support

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

### Outcome 13

*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.*

### References:

Regulation 39: Complaints Procedures  
Standard 6: Complaints

**Action(s) required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

The provider and person in charge demonstrated a positive attitude towards complaints. The complaints policy had been updated to include details of the independent appeals process and inspectors found that it was comprehensive and met the requirements of the Regulations. The complaints procedure was on display in the centre.

The complaints log was read and inspectors found evidence of good complaints' management including a record of the complainant's level of satisfaction with the outcome. In addition inspectors read minutes of the monthly management meeting and saw that the incidence of complaints was monitored and actions identified to minimise reoccurrence.

**Outcome 15**

*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 discreet and sensitive manner.*

**References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors were satisfied that residents' mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Inspectors saw residents being offered a variety of snacks and drinks. Jugs with water or fruit juices were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time they asked for them. Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. They told inspectors they could have anything they wanted at meal times and inspectors saw where a wide variety of dishes were served. Inspectors also noted that residents had their meals at times of their choice. For example, inspectors saw a resident enjoying an early lunch at 11.30am.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. Inspectors reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

### **Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

### **Outcome 18**

*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.*

### **References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

### **Action(s) required from previous inspection:**

Staff files did not meet the requirements of the Regulations.

### **Inspection findings**

Although there was a robust recruitment policy, staff files did not meet the requirements of the Regulations. A random sample of four files was reviewed. Three of these did not contain evidence of physical or mental fitness and one did not contain photographic identification as required by the Regulations. A checking system had been introduced by the provider to ensure that all staff files contained the information required by the Regulations and he explained that all staff had been informed of the need to provide additional information.

Several out sourced service providers such as the hairdresser attended the centre and provided services which the residents said they appreciated. Inspectors noted that all had been vetted appropriate to their role and level of involvement. There was a written agreement setting out their roles and responsibilities. There were no volunteers in the centre at present.

There was a strong emphasis on staff training and development. Most of the care staff had completed Further Education and Training Awards Council (FETAC) Level 5 training. There were records to indicate that staff had received training on fire procedures, the prevention, detection and response to elder abuse and manual handling, infection control, care of people with dementia, wound management and medication management.

Inspectors found that there were good induction arrangements for newly employed staff members. There was also evidence of the person in charge monitoring the performance of staff through the use of performance appraisals. This included details of further training needs and inspectors saw where a staff member had requested additional training on medication management and was scheduled to attend the upcoming training.

Inspectors did not see any evidence to suggest that there were inadequate staffing levels. Staff, residents and relatives agreed that there were adequate staff on duty.

## **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the clinical nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

## **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

21 November 2012

Action Plan

Provider's response to inspection report \*

Centre Name:	Tara Care Centre
Centre ID:	0107
Date of inspection:	21 November 2012
Date of response:	3 December 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

***Outcome 4: Records and documentation to be kept at a designated centre***

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

The insurance policy did not meet the requirements of the Regulations.

**Action required:**

Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

**Reference:**

Health Act, 2007  
Regulation 26: Insurance Cover

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



Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Our insurers have agreed to have a limit of €1,000 per item per resident, with an upward threshold limit	Completed

***Outcome 6: Safeguarding and safety***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The system for managing residents' finances was not sufficiently robust.</p>	
<p><b>Action required:</b></p> <p>Maintain the records listed under Schedule 4 (records in relation to residents) of the Regulations in a manner so to ensure completeness, accuracy and ease of retrieval.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007            Regulation 22: Maintenance of Records            Standard 32: Register and Residents' Records</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  We have amended our internal policy "Security of Residents Monies and Financial affairs" to include more robust procedures - receipts are issued to the residents on all transactions.	Completed

***Outcome 7: Health and safety and risk management***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The risk management policy did not meet the requirements of the Regulations.</p>	
<p><b>Action required:</b></p> <p>Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.</p>	

<b>Reference:</b> Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We are in the process of amending our risk management policy to include the identification of risks throughout the centre and the precautions and controls that are in place to reduce risk paying particular attention to unexplained absence of a resident, assault, accidental injury to residents or staff, aggression and violence and self harm	1 month

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  There was only limited documented evidence that the risks of using restraints were considered or that alternative strategies had been tried prior to the use of restraint.	
<b>Action required:</b>  Provide a high standard of evidence-based nursing practice.	
<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  It is our intention to provide more training and discussion around the area of restraint, in particular to the use of side rails. We continue to monitor monthly our overall usage of side rails. Since our last inspection we have strengthened our risk assessment to include alternative measures to the use of side rails and have had some modest success. We will continue to strive to a restraint free environment.	Ongoing

**Theme: Workforce**

***Outcome 18: Suitable staffing***

**The provider is failing to comply with a regulatory requirement in the following respect:**

Staff files did not meet the requirements of the Regulations

**Action required:**

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

**Reference:**

Health Act, 2007  
Regulation 18: Recruitment  
Standards 22: Recruitment

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

**Timescale:**

Provider's response:

Since our inspection two weeks ago, we have met with all staff and have started the process (with the help of our GP) of obtaining medical certification for all our staff. We have amended our recruitment policy to ensure going forward that all the documents in Schedule 2 are in place before employment commences.

2 weeks

**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

We continue to strive to improve the quality and safety of the service that we deliver to our residents

**Provider's name:** Paul Costello

**Date:** 3 December 2012

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