

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tara Care Centre
Centre ID:	0107
Centre address:	5/6 Putland Road
	Bray
	Co. Wicklow
Telephone number:	01 2863931
Email address:	nirocan@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Nirocon Limited
Person authorised to act on behalf of the provider:	Paul Costello
Person in charge:	Anne Costello
Date of inspection:	28 May 2013
Time inspection took place:	Start: 08:05 hrs Completion: 19:30 hrs
Lead inspector:	Gary Kiernan
Support inspector(s):	Deirdre Byrne
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	4

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 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. 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 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*.

This inspection report sets out the findings of a registration renewal inspection, in which all 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.

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

This monitoring inspection for the purpose of assessing an application to renew registration was announced 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.

While overall the healthcare needs of residents continued to be met to a high standard, inspectors found that some aspects of the physical environment did not meet the requirements of 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*. There were a number of multi-occupancy bedrooms which will not comply with the requirements of the Authority's Standards in 2015. Access to toilet facilities in one part of the building was also identified as an issue. There was no plan in place to address these issues with the premises.

The risk management policy did not meet the requirements of the Regulations. Inspectors identified risks in relation to uncovered hot radiator surfaces and also in relation to the poor supervision at the meal time.

The healthcare needs of residents were met and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. Inspectors noted a high standard of care planning. Some improvement was required in the management of restraint and nutrition.

Medication management procedures were satisfactory. There were systems in place to audit and review care. Residents were consulted about the operation of the centre and there was an active residents' committee.

Procedures were in place to ensure all staff were trained in elder abuse and to ensure residents were protected from harm. These matters are discussed further in the report and in the Action Plan at the end of the report.

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: Leadership, Governance 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 1

There is a written statement of purpose that accurately describes the service 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.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose met with the requirements of the Regulations. Inspectors read the statement of purpose and found that it had been updated in May 2013. It described the aims, objectives and ethos of the centre and accurately reflected the services and facilities provided.

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Contracts of care were found to be in line with the requirements of the Regulations.

Inspectors read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The contracts stated the weekly fee and described the services which were covered by the monthly fee and which the resident could expect to receive. Services which were not included in the weekly fee and which incurred an additional cost were clearly described and the additional fee was stated.

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

The arrangements for the post of person in charge met the requirements of the Regulations.

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a thorough knowledge of her role and responsibilities as outlined in the Regulations and also demonstrated good organisational skills. Residents and staff spoke highly of the person in charge and inspectors noted she was a strong presence in the centre. The person in charge had maintained her continued professional development and held a diploma in gerontological nursing and had recently completed a diploma course in dementia care.

She was supported in her role by a clinical nurse manager (CNM) who deputised in the absence of the person in charge. The CNM was present throughout the inspection. She had also recently completed the diploma in dementia care. She fully engaged in the inspection process and demonstrated good clinical knowledge and a clear understanding of her roles and responsibilities.

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 *

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

Directory of Residents

Substantial compliance

Improvements required *

The name and address of the authority, organisation or other body which arranged the resident's admission was not consistently recorded in the directory of residents.

Staffing Records

Substantial compliance

Improvements required *

Medical Records

Substantial compliance

Improvements required *

A record of the nursing care provided to each resident was maintained but entries were not timed in accordance with professional guidelines.

Insurance Cover

Substantial compliance

Improvements required *

Outcome 5

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

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

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:

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

Inspection findings

Inspectors found that measures were in place to protect residents from being harmed or suffering any form of abuse.

A policy relating to elder abuse and whistle-blowing was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and the provider demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken to said that they felt safe and secure in the centre. Residents stated that they attributed this to the staff who they stated were caring and trustworthy. Records were in place to show that regular training in the area of recognising and responding to elder abuse took place. Inspectors found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. The person in charge stated that staff were required to attend this training annually and there was a training matrix and records in place which showed that this was taking place.

Inspectors reviewed the systems in place for safeguarding residents' money. The centre was responsible for safekeeping a small amount of money for some residents. The previous inspection found that improvements were required in the documentation held for monitoring transactions. Inspectors found that this matter had been attended to. A locked, safe was provided for this purpose and it was accessible to the person in charge and the CNM only. Documentation was in place to monitor and record all transactions which were accompanied by at least two signatures.

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(s) required from previous inspection:

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.

Inspection findings

Inspectors found that while procedures were in place to promote the health and safety of residents the risk management policy did not address all the risks specified in the Regulations.

There was a centre-specific risk management policy which identified the procedures in place for the identification and management of risk. The provider had amended the policy since the previous inspection. However, all the risks specified in the Regulations, such as self harm and assault were not addressed although some of these risks such as unplanned absence of a resident were addressed in other separate policies.

There were procedures in place to ensure the environment was safe for residents, staff and visitors. These procedures included documented monthly health and safety checks on the environment, which included issues such as hot water checks. However, inspectors found that radiator surface temperatures were not routinely checked and on the day of inspection some of these radiators were very hot to touch. The provider along with the fulltime maintenance person took immediate steps on the day of inspection to address this matter and ensure the safety of residents.

When any member of staff noted any issue that could pose a risk such as faulty equipment, they were required to complete a written record informing management. The issue was then addressed and the corrective action noted on the form. Inspectors reviewed these records which showed that issues identified were promptly addressed by the maintenance person. There was a safety statement in place which had been developed with the aid of a health and safety consultant. There was also a centre specific risk register in place which recorded the identified risks for the centre and the associated control measures. The risk register addressed all internal and external areas.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection. A recent hand hygiene audit had been carried out and staff stated that this had helped to increase their awareness and improve their practice in this area.

A small number of residents were smokers. There was an internal smoking area which was adjacent to the dining area. Inspectors saw that the smoking room had been risk assessed and the associated control measures entered in the risk register. Individual risk assessments were also carried out for the residents who smoked in order to determine their ability to smoke independently or with assistance.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of an emergency such as loss of heat, water supply or power. The plan also provided guidance with regard to the evacuation of the centre, alternative accommodation and transport.

Systems were in place for the recording and learning from accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required. Neurological observations were carried out in the event of any un-witnessed fall or possible injury to the head. All accidents and incidents were discussed at the weekly management meetings in order to identify interventions to prevent reoccurrence. Inspectors saw that there was a good falls management system in place. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds and hip protectors were provided as appropriate. Inspectors reviewed the records of a resident who had repeated falls. Inspectors saw that the resident had an appropriate care plan in place and further to a number of targeted interventions such as medication review and improved continence management the number of falls had decreased for this resident.

Inspectors reviewed the fire safety procedures and found that there were good systems in place. The records showed that the fire equipment including fire detection and alarm system, fire fighting equipment and the emergency lighting system were regularly serviced by an external consultant. A weekly in-house check on fire exits, fire fighting equipment and the fire alarm system was also carried out. The training records and training matrix showed that all staff had attended annual fire safety training and biannual fire evacuation drills were carried out. All staff members

spoken to by inspectors were able to describe the correct procedure to follow in the event of a fire.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in a daily care plan which was readily accessible to all nursing and care staff.

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:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that policies and processes were in place for the safe management of medication.

Inspectors reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing GP. There was an emphasis on avoiding crushed medications and sourcing alternative preparations. Medications were being crushed for only one resident at the time of inspection and this was appropriately prescribed. "As required" (PRN) medications were administered in line with the centre's policy and the maximum 24 hour dose was prescribed for these medications. There was a system in place to ensure resident's medications were reviewed on a three monthly basis by the GP in consultation with the pharmacist and nursing staff.

A recent medication management audit had been carried out by the pharmacy. This audit found a high level of compliance and inspectors saw that recommendations in relation to the date labelling of bulk products had been carried out by the staff. Medication management practices were not the subject of regular in-house auditing, however, the CNM described her plans to introduce medication practice audits in June 2013.

Inspectors observed and discussed medication management practices with the nurse on duty. Each medication administered was recorded and signed and the nurse was knowledgeable with regard to the procedure to follow if a resident refused prescribed medications. Records showed all nursing staff had received training in medication management in 2013. A comprehensive policy was in place which guided staff on all aspects of medication management including the administration of PRN medication.

A locked medication fridge was provided and the temperature was monitored and recorded daily. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Inspectors noted that a small number of medication errors were recorded. These incidents were recorded in detail and the GP was informed where appropriate. Follow-up action was taken and there was documented evidence of prompt learning and review for all nursing staff following these incidents with the aim of preventing any further recurrence. Nursing staff stated that they were encouraged to report all errors in order to promote learning and improve practice.

The medication policy provided guidance to staff on the management of residents who wished to self-medicate. There were no residents availing of this at the time of inspection.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. Inspectors checked the balances and found them to be correct.

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

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 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.

The person in charge had put a robust system in place to gather and review information on a monthly basis relating to areas of risk such as nutritional status, falls, incidence of pressure ulcers and the use of restraint. This clinical data was used to identify possible trends and alert the person in charge to residents who were at an increased risk, for example, residents who had repeated falls or residents who had significant weight loss. Learning outcomes and targeted interventions for residents were reviewed and discussed at weekly staff meetings.

The person in charge conducted a review of each resident's care plan and associated documentation plan every three months. Inspectors saw that where issues were identified they were promptly communicated to the nursing staff and rectified. Inspectors found that as a result there was a good standard of care planning and documentation was maintained up to date.

There was a schedule of audits in place for 2013. To date a number of audits had been carried out in areas such as nutrition, environmental hygiene, complaints and hand hygiene. Inspectors saw that in general high levels of compliance were recorded, however, where issues were identified they were promptly remedied. For example, inspectors observed that additional hours for cleaning staff had been provided in response to the findings of a recent environmental audit.

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

Action(s) required from previous inspection:

Provide a high standard of evidence-based nursing practice.

Inspection findings

Inspectors found that residents' healthcare needs appeared to be met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, some ongoing improvements were required in the areas of restraint and nutrition.

Residents had good access to general practitioner (GP) services and out-of-hours medical cover was provided. GPs visited the centre on a daily basis. Residents had access to a number of other allied health services including physiotherapy, speech and language therapy (SALT), dietetic services and psychiatry of old age. Chiropody, optical and dental services were also available to residents. Inspectors reviewed residents' records and found that results of appointments were written up in the residents' notes.

There was evidence of some good practice in relation to care planning. Inspectors reviewed a sample of residents' files and found that on admission, a comprehensive nursing assessment and additional risk assessments were carried out for residents. Nursing assessments were updated at routine intervals and care plans were developed based on residents' assessed needs. There was evidence of resident

and/or next of kin involvement in the development of care plans. There was a record of residents' health condition and treatment given completed on a daily basis.

The previous inspection found that improvements were required in the management of restraint. Inspectors found that this matter had not been fully addressed. The person in charge was aware of the need to minimise the use of restraint in accordance with national guidelines and she had completed a "train the trainer" course in this area. She maintained a restraint register to monitor its use. The restraint register showed that there had been a small reduction in the use of bed rails since the previous inspection. Other forms of restraint such as lap belts were not in use at the time of inspection. There was a policy in place to guide practice in this area and risk assessments for the use of restraint were carried out. However, there was inconsistent evidence of resident, nursing and GP consultation in the decision to use bedrails in accordance with the policy. There was also inconsistent recorded evidence that alternatives to restraint had been considered.

While some good practice was noted in the area of nutritional management some improvements were required. Resident's weights were monitored monthly and residents who experienced weight loss were seen by the GP and supplements were prescribed as necessary. There was a clear policy in place which indicated the steps to be taken where residents experienced ongoing weight loss. These steps included weekly weight monitoring and referral to the dietician. However, in the case of one resident who had been experiencing significant weight loss over a 12 month period, inspectors found that these steps had not been implemented in a timely way and there was a delay in referring the resident to the dietician and initiating weekly weight monitoring in accordance with the policy. While these steps had been taken prior to inspection, inspectors found that all options for addressing weight loss had not been considered at the earliest possible stage. Inspectors saw that in the case of other residents there was good access to the dietician and the policy on nutrition was appropriately adhered to.

There was evidence of good practice in the area of wound management. There was a centre specific policy in place which guided practice in this area. There was a low incidence of pressure ulcers overall and no resident had a pressure ulcer at the time of inspection. Inspectors saw that resident's skin integrity was routinely assessed and residents at high risk of skin breakdown had access to pressure relieving equipment. Turning charts were also in place for some residents who required this. Inspectors reviewed the records of a resident who had previously experienced a pressure ulcer and found that there were care plans in place and wound assessment documentation had been maintained. This documentation included clear measurements which allowed the progress of the wound to be monitored. The person in charge stated that she could access the services of a tissue viability nurse (TVN) when necessary.

Inspectors found some evidence of good practice in relation to the management of behaviours that challenged. Inspectors reviewed the records of a resident who had recently exhibited an escalation in behaviours that challenged. Behaviour monitoring records had been implemented in order to identify the triggers to this behaviour and possible interventions. Meetings had also been held with the resident's family and details of this meeting had been recorded in detail. A care plan had been developed

based on this information. The resident had also been reviewed regularly by the psychiatry of old age team and the care plan was appropriately updated. Inspectors spoke to the staff involved in the care of this resident and found that they were knowledgeable about meeting the needs of this resident in accordance with the instructions set out in the care plan.

Inspectors found that residents had many opportunities to participate in activities and pursuits appropriate to their interests. Two activities coordinators were organising activities for residents on the day of inspection. There was a comprehensive schedule of activities which was displayed with the aid of pictures and photographs to aid communication with residents who had dementia. Residents stated that they found these activities varied and interesting. For example, on the day of inspection residents were seen enjoying singing, piano playing and Sonas (a therapeutic technique based on communication). Residents also spoke enthusiastically about a recent trip to a nearby garden attraction. Inspectors met with the lead activities coordinator who explained that she carried out an activities assessment with each resident and developed an activities plan based on this information. The activities coordinator explained that she also developed a programme of activities for residents who were unable or declined to participate in group activities. Individual activities included pet therapy, hand massage and nail care.

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:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that while many aspects of the physical environment met the needs of residents to a high standard there were a number of bedrooms which did not comply with the Authority's Standards and there was inadequate access to toilets on one of the floors.

There were four three-bedded rooms ranging in size from 29 metres squared to 31 metres squared which will not meet the requirements of the Standards. Inspectors discussed this matter with the provider and person in charge and found that there was no plan in place detailing how these rooms would meet the Authority's Standards in advance of 2015. One of these rooms was located in the basement

floor, which was serviced by a lift, and had an en suite shower, toilet and wash-hand basin. The remaining three multi-occupancy rooms were located on the first floor and were not provided with en suite facilities. Inspectors visited each of the rooms and spoke to residents who occupied these rooms. Adequate screening was provided around the beds and there was sufficient space to manoeuvre assistive equipment. While residents did not voice any negative feedback at the time of inspection, inspectors found that there were negative outcomes for residents. For example, a number of residents used commodes at their bedside which did not afford all residents adequate privacy and dignity. Additionally inspectors found that one of the beds in one of the rooms was located directly adjacent to the door to the bedroom. As a result all visitors to the room were required to walk in very close proximity to this bed which did not afford adequate privacy.

Inspectors found that while overall in the centre there were a sufficient number of assisted toilets and bathing facilities (which included showers and access to one assisted bath) the distribution of toilets on the first floor was not satisfactory. Inspectors found that as a result there was a reliance on commodes in a number of the bed rooms which did not promote dignity, privacy and good management of continence and independence. The first floor provided accommodation for 13 residents in total including three three-bedded rooms, one double room and two single rooms none of which were en suite. There was one assisted toilet with shower and wash hand basin on this floor for all 13 residents. A further two toilets were located in relatively close proximity, however, these toilets could only be accessed by a number of steps or by using the lift.

Inspectors visited a number of other bedrooms and found that they were well decorated and had been personalised with residents' possessions such as family pictures. There were 15 single rooms and a further 10 double rooms. Thirteen of the single rooms and four of the double rooms had en-suite shower, toilet and wash-hand basin.

Inspectors were satisfied that there was suitable and sufficient communal space for residents. There were two large sitting rooms, a large dining room and a small private sitting room on the ground floor. There was an additional open plan sitting and dining area and a smoking room on the basement floor. The person in charge was focussed on making the environment homely and inviting for residents with dementia. There was good signage and the corridors and communal areas were decorated with art work and interesting items of various colours and textures which would appeal to residents with dementia. Football memorabilia was displayed for residents who had an interest in this area and staff stated that it stimulated conversation. Other artwork and memorabilia was placed around the centre to appeal to individual residents' interests in areas such as fashion and travel. Grab rails and hand rails were provided in all communal areas.

A safe and secure patio garden was available and was accessible directly off one of the sitting rooms. Garden furniture was provided and a number of residents stated that they enjoyed sitting in this area.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing records and maintenance records for equipment and found they were up-to-date. A passenger lift serviced all floors in the centre and records were available to show that it was regularly serviced.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. A good sized sluice room was also provided and this room contained a bed pan washer, sluice sink and wash-hand basin. This room had been provided in response to a previous inspection and inspectors found that it was finished to a high standard.

A satisfactory standard of hygiene and cleanliness was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored. Inspectors spoke to cleaning staff and found that they were knowledgeable in relation to infection control and they described appropriate procedures such as the colour coding of cloths and mops and the correct procedures for cleaning in the event that a resident had an infection.

Separate changing facilities were provided for all staff. Staff spoken to said they were happy with the facilities provided.

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:

No actions were required from the previous inspection.

Inspection findings

There was evidence of good practice in the area of complaints management.

Inspectors noted that there was a policy in place which provided guidance to staff on the management of complaints. The complaints procedure was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer.

Complainants who were not satisfied with the initial response to their complaint were directed to the provider who acted as the appeals officer for complaints.

The person in charge demonstrated a positive attitude towards complaints. 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 of a complaint investigation. Residents and relatives said that they felt comfortable making a complaint and stated that all feedback was welcomed by the person in charge.

Outcome 14

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.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found evidence of good practice in this area. There was a comprehensive policy on end-of-life care which was centre specific. No resident was receiving end-of-life care at the time of inspection. The person in charge stated that the centre maintained strong links with the local palliative care team. Residents at this stage of life were provided with a single room where possible and facilities were available for family members to stay overnight if necessary.

The records showed that a number of staff had received training in this area. The nursing staff also stated that residents at this stage of life had regular access to a priest or other religious ministers as required.

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 received a varied and nutritious diet that offered choice, however, improvements were required in the management of mealtimes for residents who required assistance.

The inspectors observed the main meal time and spoke to residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Inspectors found that this was a social and unhurried experience. However, the evening meal for residents with higher dependencies was not well managed and could have posed a risk to some residents. Inspectors observed that although there were sufficient staff on duty a number of residents who required assistance were not assisted by staff in a timely way even though it was clear that the residents could not reach food and pour drinks for themselves and were trying to do so independently. Due to this lack of supervision a resident was given solid food even though the care plan stated that the resident was to be given a pureed diet. Inspectors found this lack of supervision and coordination of the mealtime posed a risk to the residents. This matter was brought to the attention of the provider and person in charge who were seen to take steps before the end of the inspection to address the matter.

A detailed review of the four week menu cycle had been recently conducted by a dietician. Inspectors read this report which found that the meals offered to the residents were balanced and nutritious. Inspectors noted that some suggestions which had been made by the dietician, such as the provision of additional fish, were being acted upon by the catering staff.

Inspectors saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Residents who needed their food served in an altered consistency such as pureed had the same menu options as others and the food was presented in appetising individual portions. Inspectors visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. Catering staff were very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets.

Outcome 16

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence that staff respected the resident's privacy and dignity and residents were consulted with regard to the operation of the centre.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents could attend mass in the centre every month and the activity coordinators also organised a weekly prayers and in response to residents' requests. Eucharistic ministers also visited each Sunday. A number of residents were also facilitated to attend mass in the nearby church each Sunday. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs and ministers from other faiths also visited the centre.

Monthly residents' committee meetings were held and minutes for each of these meetings were recorded. Inspectors saw that where issues were raised action was taken to address these matters. For example, the minutes showed that residents had raised that they wished to go on a shopping trip. In response to this the person in charge had organised a trip to local shopping centre which residents said they enjoyed very much.

The person in charge had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and she facilitated residents to go out to vote at the most recent elections.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many residents were from the local area and staff stated that they brought them for walks whenever possible. Residents had access to computer facilities and one resident used this facility to stay in touch with family and friends via Skype. Local transition year students also regularly visited the centre.

Outcome 17

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.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms which comprised a double wardrobe and bedside locker as a minimum in each room. Inspectors saw that additional storage space had been provided for those residents who requested it. Lockable storage was available to each resident for the storage of valuables. Residents and relatives stated that there was adequate personal storage space.

Inspectors visited the laundry and found that it was well organised and industrial sized machines were provided. There was a clearly labelled shelf for each resident's clothing and adequate room for storage and segregation of soiled clothing. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

A list of personal property and possessions was maintained for each resident. Inspectors saw that this list was regularly reviewed and signed by the resident or next of kin.

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:

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

Inspection findings

Inspectors found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

Nursing cover was provided 24 hours each day and two nurses were on duty at all times. Two nurses and seven healthcare assistants were providing care to 43 residents on the morning of inspection. Two activities coordinators, the CNM and the person in charge were also on duty. Inspectors reviewed the rosters and found that this level of staffing was usually maintained. However, as highlighted under Outcome 15 the organisation of staff and the designation of duties did not provide for the adequate supervision of the evening meal.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and inspectors noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. Inspectors requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. The person in charge was carrying out formal staff appraisals on an annual basis and she said she found this useful for identifying training needs. The records showed that a range of training had been recently provided for staff and this included nutrition, dementia care, supra pubic catheterisation and cardio pulmonary resuscitation (CPR) training.

There were no volunteers attending the centre at the time of inspection. However the person in charge was aware of the need to maintain documentation for volunteers including evidence of Garda Síochána vetting and a written agreement of roles and responsibilities.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the 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:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

31 May 2013

Action Plan

Provider's response to inspection report *

Centre Name:	Tara Care Centre
Centre ID:	0107
Date of inspection:	28 May 2013
Date of response:	17/06/13

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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 person in charge and the provider are failing to comply with a regulatory requirement in the following respect:

The directory of residents did not contain all the information specified in Schedule 3 of the Regulations.

Nursing notes were not recorded in accordance with professional guidelines.

Action required:

Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.

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

Action required:

Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

Reference:

Health Act, 2007
 Regulation 23: Directory of Residents
 Standard 32: Register and Residents' Records
 Regulation 25: Medical Records
 Standard 10: Assessment
 Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Residents register amended to include all information required in schedule 3 Nurses date and sign all entries on the daily evaluation sheets and care plans. Copy of Recording Clinical Practice guidance to nurses & Midwives 2002 (An Bord altranais) made available to each nurse. Documentation training set for June 18th	18/06/13 and ongoing

Theme: Safe care and support

Outcome 7: Health and safety and risk management**The provider is failing to comply with a regulatory requirement in the following respect:**

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

A system was not in place to monitor the temperature of hot surfaces.

The lack of supervision of the evening meal posed a risk to residents.

Action required:

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.

Action required:	
Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The risk management policy which has an attached clinical and environmental risk register included, the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self harm, has now been incorporated into the risk management policy. Copy included. The policy includes the arrangements for the identification, recording , investigation and learning outcomes from adverse events.</p> <p>The recording of temperatures of hot surfaces is now included on the maintenance weekly check list.</p> <p>Following inspection a team meeting was held in relation to risk identification due to inadequate supervision at meal time.</p> <p>Residents with diet modifications and requiring assistance are grouped together with designated staff to meet their specific nutritional requirements</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>

Theme: Effective care and support

Outcome 11: Health and social care needs

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Improvements were required in the management of restraint and nutrition.</p>

Action required:	
Provide a high standard of evidence-based nursing practice.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Monthly weight management audits are ongoing. Nutrition Audit on our nutrition policy (Using the 'essence care audit tool'), will be completed within 1 month</p> <p>Further restraint training will be rolled out to the staff within 3 months</p> <p>Alternative interventions trialled prior to resorting to bedrails, will be reflected on the Restraint risk assessment tool</p>	<p>20/07/13 & ongoing</p> <p>Completion October 2013</p>

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect:
<p>There were a number of multi-occupancy rooms which did not meet the requirements of the Regulations and the Authority's Standards.</p> <p>Access to toilet facilities on the first floor was not adequate.</p>
Action required:
Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.
Action required:
Provide adequate private accommodation for residents.
Action required:
Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Reference: Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A designated staff member now takes charge of the lunch and teatime experience for our residents, who require supervision and assistance with their meals. Her role is to supervise the mealtime ensuring the safety and enjoyment of the mealtime experience	Completed