

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tara Care Centre
<b>Centre ID:</b>	OSV-0000107
<b>Centre address:</b>	5/ 6 Putland Road, Bray, Wicklow.
<b>Telephone number:</b>	01 286 3931
<b>Email address:</b>	nirocan@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Nirocon Limited
<b>Provider Nominee:</b>	Paul Costello
<b>Lead inspector:</b>	Helen Lindsey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	45
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 07 September 2017 09:30 To: 07 September 2017 19:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

As part of the inspection the inspector met with residents, family and staff members. The inspector also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals.

Through speaking with residents, relatives and reviewing the feedback gathered by the centre about the quality of the centre, the inspector was assured that people were satisfied with the service they were receiving. Staff were seen to interact with

residents in a positive manner, and responded quickly if resident needs required support. Training was in place for the staff and included safeguarding residents and fire safety. There was also good access to healthcare professionals both community based and linked with hospitals where required.

There was a clear management structure in place, and systems were put in place to check the quality of the service being provided but asking for regular feedback and also carrying out audits on a range of clinical and operational topics. The premises were well maintained and there was an ongoing program of improvement that included increasing the bathrooms and toilets in the centre. Décor had been developed to support residents with dementia to be orientated to different parts of the centre.

Improvements were required in relation to storage, ventilation in two bathrooms, screening that didn't limit access in multi occupancy rooms, complaints recording and the activities program especially for residents who may not be self motivated to engage in activities. This is discussed further in the report and in the action plan at the end.

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

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

There was a clearly defined management structure that identified the lines of accountability in the centre, and effective governance and management arrangements to ensure resident's needs were met and the quality of the service was maintained.

The resources in the centre were seen to be sufficient to ensure resident's needs were being met. A program of upgrade was in progress that included providing dementia friendly decor, and improving the access to bathrooms. There were sufficient staff to meet the needs of residents and food and nutrition was being provided in line with residents preferences.

There was a clear management structure that was known by the residents, relatives and staff in the centre. The senior management team was made up of the provider nominee, the person in charge and a clinical nurse manager (CNM). They were based in the centre and all met both formally and informally to ensure the centre was operating effectively and to ensure residents needs were being met.

There were weekly management meetings, and minutes seen by the inspector showed that they covered topics such as clinical care indicators (for example pressure sores, falls, nutrition needs, psychotropic medication) accidents and incidents, staffing and training needs. Evidence was seen that actions had been taken to make improvements where they were identified as necessary. For example an increase to the number of bathrooms in the centre to ensure they were in sufficient numbers to meet the residents needs.

A range of audits were carried out in the centre to review performance in key areas. The audits and data were then reviewed to see if action was required to improve nursing practice in the centre. Recent audits had included the premises, falls management, staff files, infection control, and complaints. It was noted that issues identified during the

inspection, such as insufficient storage, had been picked up and the provider was in the process of researching solutions.

Observations following a dementia focus were carried out in the communal areas of the centre to assess the effectiveness of the service in relation to meeting the needs of people with dementia. The notes showed a high level of positive engaged communication with staff members. Where improvements were required they were written in an action plan and allocated to a staff member to put in place any changes required.

There was a resident's meeting in the centre and meetings took place each month. They were seen to focus on activities in the centre and seeking the views of residents to influence planned events such as the summer BBQ or to make suggestions for the ongoing program of events in the centre.

There was an annual review for 2016 that included an overview of the performance of the centre, improvements made, results of audits, challenges anticipated, and plans for the following year. It also included the results of resident and relative quality surveys, where feedback was reported as positive.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge is a registered nurse with the required experience in nursing older people and worked full time in the centre. As provider of the centre also they were also engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

They had maintained their continuous professional development, and were acting as a trainer in the area for topics such as safeguarding vulnerable adults. During the inspection they demonstrated sufficient knowledge to ensure suitable and safe care was provided to residents.

**Judgment:**

Compliant

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

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
This outcome was not reviewed in full.

The inspector followed up on the action from the last inspection that required an improvement in recording of daily nursing notes. A review of the records found that daily notes were recorded for each resident that gave the nurse the opportunity to confirm the type of care that had been provided. For example the drinks, meals and snacks the resident had taken, and any other care and support provided.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
There were measures in place to safeguard and protect residents from abuse. There were also policies and procedures to guide practice to ensure residents with responsive

behaviour were supported, and restrictions were used only where agreed.

There was a policy and procedure in place titled 'safeguarding vulnerable persons at risk of abuse'. Evidence was seen that the process set out in the policy was followed in practice. When speaking with staff the inspector found they were knowledgeable about the types of abuse and the process to follow if they observed, suspected or had abuse reported to them. All staff had completed up-to-date training in safeguarding of residents. The person in charge and the management team was familiar with the procedures to follow to carry out an investigation and what their role would be. Where investigations had been carried out they followed the clear methodology set out in the policy. Residents confirmed to the inspector they felt safe in the centre, and were aware of keeping their belonging safe and what to do if they felt they had any concerns to report.

The inspector's also reviewed the policies for the use of restraint. It followed national best practice and referenced the Department of Health guidance 'towards a restraint free environment'. This was seen to be implemented in the centre. The person in charge described how they monitor the use of restrictions in the centre. At the time of the inspection bed rails and alarm bracelets were being used where a risk assessment had indicated it would be beneficial to the resident, or they had made the choice to use them. There were alternatives to bed rails available, such as bed wedges, and the staff trialled the alternatives prior to using any restrictive practice.

There was policy for managing responsive behaviour in the centre that was seen to guide the practice of the staff. Where residents had responsive behaviour there were clear care plans in place that identified the likely behaviour, any known factors that influence the resident or may be a trigger to them, the agreed intervention and the goal for the resident. There was evidence of contact with relevant mental health services to support residents and provide advice where required. This was seen to be resulting in good outcomes for residents. Staff were seen to be familiar with the needs of the residents and knew how to support them in order to reduce the risk of incidents.

There were also a range of other policies to ensure residents rights, privacy and dignity were maintained, for example security of residents financial affairs, whistleblowing, and management of missing persons.

The provider was a pension agent for a number of residents. Records were seen that showed residents monies went into an individually named account and then any fees due were transferred to the provider. A statement was provided monthly, and could be provided at any time on request. An audit was carried out annually to ensure finances were being managed appropriately.

**Judgment:**

Compliant

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



**Theme:**

Safe care and support

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

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

**Findings:**

The health and safety of residents, visitors and staff was promoted in the centre.

There was a Health and Safety statement and emergency plan for procedures to follow in the event of a fire, gas leak, and flood or power failure. It also included a venue to evacuate to if it was necessary.

There was a clear risk management policy available. It described the approach to risk management and this included all the risk areas identified in the regulations. There was a centre-specific risk register that identified the hazards associated with the centre such as parking, access to the premises, and storage of waste. It also included risks such as trips and slips, and missing persons. All risks had the hazard identified, a risk rating applied, any actions taken to reduce the risk and the person responsible for carrying out the actions. It was noted that updates had been made where there were changes in risk and required actions were described and allocated to a named person.

Incidents and accidents were recorded and then reviewed during management meetings to identify if there were any trends or actions required to reduce known risks in the centre. Incidents reviewed included falls and medication errors. The inspector saw that the senior team put in place steps to reduce the risks where the information identified and issue.

There was a detailed policy on infection control, and staff were seen to be putting the procedures in to practice. There were sanitising hand gel dispensers around the centre. The household staff had received training in infection control and were observed changing personal protective equipment such as gloves when moving between rooms or and washing hands while dispensing medication to residents.

There was a range of policies in place in the centre relating to health and safety including waste management, cleaning and decontamination, a smoking policy, access to the kitchen and infection control procedures for a range of circumstances. The maintenance manager in the centre had the role of ensuring the health and safety procedures were effectively implemented in the centre. They were the lead for fire safety, and conducted staff training and drill in the centre.

Any maintenance issues noted were reported and auctioned by them. They were seen to be undertaking a range of tasks during the inspection. Records were in place for the servicing of all equipment in the centre including the lift, hoists, slings, beds and wheel chairs. A review of training records showed all staff had completed fire safety, infection control training.

Fire drills were taking place in the centre to help evaluate the centres evacuation procedures. The record showed the staff involved, the scenario tested and the results. Three had been completed this year including one at night time. There was also a daily checks to ensure fire exits were clear, and weekly test in the centre which included all the doors and alarms functioned correctly. There was a log of any issues noted and records were seen confirming the works had been completed.

There was a record of the level of assistance each resident would require if an evacuation was required. Residents and staff spoken with were clear of what to do if there was a fire alarm in the centre.

The fire alarm was serviced on a quarterly basis and fire equipment was serviced annually, for example the emergency lighting. Certificates were available and recorded the findings and any actions taken to rectify any faults or issues identified.

The inspector observed that all fire exits were clear during the inspection and fire safety equipment such as extinguishers were available throughout the centre. Floor plans of the centre were available in the entrance hall, and procedures to follow in the event of the alarm sounding were available on each floor.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

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

**Findings:**

This outcome was not fully reviewed. The inspector followed up on the actions identified at the last inspection.

A review of resident's medication documentation showed that where residents had an 'as required' (PRN) medication, the maximum dose was clearly recorded.

The inspector also observed nurses administering medication and found their practice reflected the centres policies and national guidance.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

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

**Findings:**

This outcome was not fully reviewed. The inspector followed up on an action identified at the last inspection.

During the review of all records the inspector noted that all incidents that were required to be notified to the Chief Inspector of HIQA had been submitted.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Effective care and support

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

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

**Findings:**

Residents' healthcare needs were being met following evidence based nursing care, and timely access to medical and allied health care professionals.

The inspector reviewed a sample of residents' care plans and medical files. For each resident there was a pre-admission assessment which identified what resident's needs would be on admission to the centre. The person in charge described the needs of residents the centre was able to meet, and was clear when it would not be possible to accept referrals.

When residents were admitted to the centre a more detailed assessment was completed that was added to as staff became more familiar with the resident. A range of nursing

assessment tools were completed on admission and provided a baseline for the resident's needs to be monitored against.

Care plans were developed for all identified care needs. The inspector reviewed the plans in place for a range of clinical needs including risk of; falls, pressure areas, weight loss, and also where residents were known to have responsive behaviour. The records clearly documented an assessment of resident's needs, a description of how those needs were to be met, including relevant equipment and treatment. The inspector saw that care plans were reviewed on an ongoing basis at least every four months and more often if there was a change in a resident's condition.

Care plans were noted to reflect resident's preferences in routine and care. It was also noted that staff were clear about residents' rights to refuse treatment, and the described how they would respect residents' decisions, but try to provide the care and support at a later time to suit the residents'.

Records showed that appropriate referrals to allied support services were being made, and care plans were seen to reflect the advice made in their assessments. For example where the speech and language therapist had made recommendations for a modified diet, or a dietician had recommended a certain type of diet. There were also links with community services and relevant hospital departments where residents had ongoing needs.

Medical notes showed that resident's needs were assessed as required and their medication reviewed regularly. Staff described the process for making a referral to the general practitioner, and records showed reviews were timely where required. If the residents needs were considered to be urgent then the on call doctor was called, or an ambulance if required.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available. This included where residents were attending appointment at local clinics or with consultants.

Families spoken with confirmed they were kept up to date with the needs of the resident, with their permission, and were informed of changes to the plan of care for the resident.

**Judgment:**  
Compliant

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

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

**Theme:**

Effective care and support

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

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

**Findings:**

The design and layout of the centre was suitable for its stated purpose, and met the needs of the residents to an adequate standard. However there was inadequate storage available in the centre. A review was required of some bathrooms in relation to temperature and malodour. Also of the screening in multi occupancy rooms to ensure it didn't limit manoeuvrability and access to furniture.

The centre was found to be clean and well presented on the day of the inspection. The maintenance of the centre was kept under constant review and improvement works were carried out as required. The annual review set out the works completed in 2016 and those planned for 2017. Since the previous inspection the centre had been redecorated in most of the communal areas. The dining room on the first floor had been decorated with a feature wall of a café, a corridor on the ground floor had been decorated to depict a street scene and another area on the ground floor had been decorated with a beach theme. This use of theme areas was reported to support residents to orientate themselves in the centre. The visitors' room had also been decorated as a railway carriage, with a TV that showed scenes as would be seen from the train. Other areas of the centre, including bedrooms were also well presented.

There was appropriate flooring throughout the centre, with some being upgraded on the day of the inspection. There were grab rails in bathrooms and handrails along corridors. As the centre was provided over a number of floors there was a lift that stopped at each level. Heating and ventilation was provided throughout the centre but required review in some areas as set out below.

There were two communal lounges, a visitors' room and a dining room accessible on the first floor. There was also a communal and dining area on the ground floor, with access to a paved area with seating for residents who wished to spend time outdoors. An area at the front of the centre had also been upgrade to provide a seating area. There was a smoking room on the ground floor.

There were four three-bedded rooms. One of these rooms was located in the basement floor; it was serviced by a lift, and provided with an en suite shower, toilet and wash-hand basin. The other three multi-occupancy rooms were located on the first floor. The inspector visited each of these rooms. Adequate screening was provided around the beds, however it was noted that in two of the triple rooms the placing of the screens limited access to the room and to furniture when they were pulled around the beds. For example this meant that in one room there was limited access to two of the three wardrobes in the room when the curtain was pulled around one bed (room 26), and in one room when privacy screening was pulled round tow beds there was no access to the third without having to move the curtains. There was also a double room when the

screening and residents equipment impacted on resident's ability to mobilise around the room. The layout of these rooms and the equipment in them required review. It is noted by the inspector that residents have reported to the provider they like how the rooms are configured due to the views afforded from the window. It is also noted that previous changes had been made by the provider to rectify this issue.

Since the previous inspection three new bathrooms had been added and a fourth was due to be upgraded. Each bathroom had an accessible shower and accessible toilet. While extra bathrooms had been added it was noted that a number of commodes remained in residents rooms (two in one of the triple rooms). The provider confirmed that use of commodes was being reviewed and those no longer required would be put in storage. It was noted that a bathroom on the ground floor had a strong malodour and was warm, even without a shower running. Ventilation and temperature management in this area required review. There was also another bathroom on the 2nd floor that required review due to malodour.

At the time of the inspection there was insufficient storage in the centre, and equipment was being stored in a number of different places in the centre, including in a bath and in bathrooms where access to the facilities was being blocked. The provider had identified the lack of storage during their audits and informed the inspector they were researching a solution to be put in place in the near future.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Where complaints had been made they were recorded and followed up in a timely manner. However improvement was required to ensure the regulation was fully met.

There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process. The person in charge was the named person for dealing with complaints, and the provider nominee was the named person for reviewing the procedure had been followed. The policy clearly stated that there would be no adverse impact on anyone making a complaint.

The procedure was displayed prominently in the centre, and residents were clear who

they would speak to if they were not happy about something. Relatives also confirmed they knew who they would speak to if they had a concern.

The inspector reviewed the complaints log that was used to record complaints from residents and relatives and found that there were adequate records maintained of complaints detailing the investigation and outcome of the complaint. However improvement was required in recording whether or not the complainant was satisfied.

Complaints that had been made related to the timeliness of answering the door, meaningful activities, and timeliness of personal care provided to residents. Each had been investigated and a response provided to the complainant. There were also a number of compliments recorded in the folder, with relatives thanking the staff for their kindness.

**Judgment:**

Substantially Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

Residents were consulted with and participated in the organisation of the centre, and their privacy and dignity was respected by staff and the policies and procedures operated in the centre. Improvement was required to ensure residents had access activities that were meaningful and engaging throughout the day.

Throughout the inspection the inspector observed a positive atmosphere in the centre with staff communicating respectfully with the residents and their visitors. Residents were seen to be making choices about how they spent their time in the centre. This included where they were, what drinks or meals to have, and who to spend their time with. Residents had personalised their rooms and had belongings of importance around them. There were some organised activities provided through the day, and residents who spoke with the inspector said they were always informed what was happening and asked if they wanted to join in.

Each resident had a clear communication plan in place, and the staff were seen to know each residents' communication needs well. Information was presented in a range of different formats to ensure residents could access it. For example the posters providing information on the walls were clear and in large print, menus were available in picture versions, signs on doors were colour coded and included words and pictures.

A board on the wall on the ground floor and first floor areas set out the menu for the day and the planned activities. On the day of the inspection the board on the first floor said newspapers and hand massage in the morning, and music and exercise for the afternoon. The inspector heard a game of bingo being enjoyed by a number of residents and other activities such as music and exercise took place during the day. A movie from the 50s was also played on the ground floor early evening. Other residents were seen to be enjoying activities of their own preference such as watching bingo on TV and painting. The inspector was informed that a member of staff was allocated each day to take residents out for a walk in the afternoon. One relative confirmed their family member enjoyed this.

While there was a program of activities and allocated staff to coordinate this, the inspector found on a number of occasions some of the residents appeared to be unoccupied at various points during the day. This resulted in some appearing to be asleep or not engaged with their surroundings on several occasions through the day and evening. For example at 2pm the inspector observed around 10 residents sitting in the main lounge, 8 looked to be asleep. 7 residents were in the other lounge on the same floor with no staff present. The TV was on in both rooms, but no residents were looking at the screen, though it is acknowledged they may have been listening. When the inspector went around at 4.15 a similar scene was observed with four residents sitting in the same place as earlier in the main lounge. During these times and others though the inspection the inspector did not see activities or occupation available to occupy resident when main activities were not in progress, for example sensory and cognitive activities, especially for residents with dementia where they would be unlikely to seek out occupation for themselves. While it is acknowledged some residents require time to rest, the absence of examples of engagement at any time other than the main activities (bingo, DVD movie) has led to this finding.

It was noted that during the residents' meeting the topic of activities was always discussed, suggestions were requested and plans were discussed for large events such as Easter, Christmas and the Summer BBQ. At the time of the inspection a resident was working with staff to put on a poetry evening that was to take place in the following days. A number of residents were to take part. Resident and relative surveys were also carried out at least annually that also asked for feedback on the activities program in the centre.

The provider had considered the needs of people with dementia when decorating the centre. The corridor that was decorated like a street with images of shops was seen to be of interest to residents. There was also the railway carriage experience in the visitors' room, giving an experience of entering a train carriage and going on a journey. Staff reported they were both good diversions if residents were feeling anxious.

A member of staff had received training in completing a formal observation of staff



interactions with the residents, following a recognised dementia care approach. The last review had found good levels of residents being actively engaged by the staff. The findings of the sessions were used by the management team to feed in to the quality management process, and recommended changes were followed up at the next observation.

Each resident had a clear communication plan in place, and the staff were seen to know each residents needs well. Information was presented in a range of different ways to ensure residents could access it. Posters providing information on the walls were clear and in large print, menus were available in picture versions and residents were seen to have access to written information such as the lyrics for songs in the choir to support memory.

There was access to advocacy for residents if they chose, with contact information displayed in the centre and available in the residents guide. Residents were also supported to vote if they chose, with the voting officer attending the centre. There were also religious services in the centre. Resident's religious preferences and how they chose to follow their religion, if at all, was recorded so it could be supported by staff.

Relatives were seen in the centre throughout the inspection, and residents confirmed they were free to receive them at times that suited them. There were only restrictions where they were agreed.

**Judgment:**

Substantially Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

On the day of the inspection the staff were seen to have sufficient skills and experience

to meet the needs of the residents. There were nurses on duty at all times, including the person in charge and the clinical nurse manager on weekdays and on call over the weekend. The nursing staff undertook all of the medication and nursing care responsibilities. There were health care assistants who were supporting residents with daily living tasks such as personal care and eating meals. There were also two activities employed in weekdays to engage with residents in group and individual activities. The staff rota matched the staffing in place at the time of the inspection.

A program of training was provided to all staff. Each member of staff had completed mandatory training for fire safety and protection of vulnerable adults. There was also training provided in Infection control, behaviours that challenge, manual handling, and CPR.

The policy on selection and vetting of staff was seen to be put in to practice. Staff files reviewed contained all the required documents as outlines in schedule 2, which was evidence of a robust recruitment process. Evidence of up to date registration with the relevant professional body was seen for the nursing staff employed in the centre. The person in charge confirmed that all staff had a Garda vetting disclosure in place.

Documentation was also in place for the two volunteers completing a short placement the centre, including photo identification, roles and responsibilities set out in writing.

There was a schedule for appraisals to be completed for all staff an annual basis. The information from the appraisals supported the development of the training plan. Management were in the centre through the day and evening and so supervision of staff practice was undertaken daily.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Helen Lindsey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Tara Care Centre
<b>Centre ID:</b>	OSV-0000107
<b>Date of inspection:</b>	07/09/2017
<b>Date of response:</b>	07/10/2017

### Requirements

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

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

### Outcome 12: Safe and Suitable Premises

#### Theme:

Effective care and support

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

There was insufficient storage for equipment.

Two bathrooms required review in relation to malodour and one in relation to ventilation.

Screening in some rooms required review to ensure they were of a suitable layout to meet the needs of residents.

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

**1. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Storage – A new outdoor storage unit has been purchased and will be installed before the end of October. This will facilitate equipment that is not currently in use. This action will overcome the insufficient storage of equipment currently.

Malodour in 2 bathrooms –The 2 bathrooms identified have been fitted with electronic deodorizers which will be serviced quarterly by the supplier. ( Completed )

Ventilation –This bathroom is being upgraded to a full wet room and will be fitted with motorized air vent This work will be completed by the end of November.

Screening- In the shared bedroom that the inspector identified, the layout is configured in accordance with the residents' wishes who are currently occupying the room. The surrounding curtain layout will require an alternative design to facilitate a more user friendly access. This will be achieved in collaboration with the residents who are now living there.

**Proposed Timescale:** 30/11/2017

**Outcome 13: Complaints procedures****Theme:**

Person-centred care and support

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

Complaint records did not consistently detail if the complainant was satisfied with the outcome of any action taken, and whether they were informed of the appeals process.

**2. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

We have now updated our complaints investigation documentation to bring it in line with Regulation 34 (1) (F) which will document the outcome of the complainant's satisfaction.

**Proposed Timescale:** 07/10/2017

## **Outcome 16: Residents' Rights, Dignity and Consultation**

### **Theme:**

Person-centred care and support

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

The activities program required review to ensure residents had access to meaningful activities and occupation through the day.

### **3. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Following a meeting with activity staff, staff training for Health care assistants on providing meaningful activities have been organised for October 10th & 7th November.

Rummage boxes will be placed in our different dayrooms and residents will be encouraged to use these during quiet periods.

The activity staff have met with residents to ensure that the activity program on offer remains relevant for all residents.

Work on the living environment will ensure that it is stimulating and provides opportunities for rest and recreation.

**Proposed Timescale:** 30/11/2017