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Tara Care Centre, OSV-0000107, 17 January 2019

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Tara Care Centre, OSV-0000107, 17 January 2019', [report], Health Information and Quality Authority, 2019-03-28, Older People Inspection Report, Nursing Homes, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-06-10 11:55:44
Link to Item	https://hdl.handle.net/20.500.14765/88017

**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:	OSV-0000107
Centre address:	5/ 6 Putland Road, Bray, Wicklow.
Telephone number:	01 286 3931
Email address:	nirocan@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Nirocon Limited
Lead inspector:	Liz Foley
Support inspector(s):	Mary O'Donnell
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 January 2019 10:00 To: 17 January 2019 17:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 08: Governance and Management		Compliant

Summary of findings from this inspection

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's rating and the inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans and

staff training records were reviewed.

Tara Care Centre is a three-storey centre, which provides residential care for 47 people. The majority of residents have cognitive impairment and 25 residents have a formal diagnosis of dementia. This centre does not have a specific dementia unit. The center has strong governance with a clearly defined management structure. Management systems were in place to ensure that the service provided was safe and effectively monitored. Residents are consulted about the running of the centre and their views are reflected in the annual review. The service is adequately resourced and the service provided is in line with the Statement of Purpose.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. Each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. Medication management practices were in line with national guidelines. Residents with medical cards are supported to access community services and those who are eligible are supported to avail of national screening services. All residents were vaccinated against flu and pneumonia in 2018.

Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Staff are appropriately inducted and annual appraisals are undertaken by the person in charge. Staff attend mandatory training and other training relevant to their roles. All staff have had training in dementia care in 2018.

Three action plans required from the previous inspection in September 2017 were completed. The premises were refurbished to a high standard in recent years. The design and layout and use of appropriate signage in the premises promoted the dignity, well-being and independence of residents with dementia. There were adequate bedroom and bathroom facilities and residents had access to a number of communal rooms and secure outdoor areas. However grab rails and call bells were not fitted in all the bathrooms and storage space for assistive equipment was limited.

The environment was designed to create interest and provide visual and tactile stimulation. Activity staff worked seven days a week to organize suitable group activities and one to one social engagement with residents. Weekly computer classes were held to teach residents IT skills and support residents to access social media.

The provider was working towards creating a restraint free environment. Bed rails were the only restraint in use and the use of full length bed rails was reducing but there was further scope for improvement if less restrictive bedside devices were made available.

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare professionals including dietetic, speech and language, dental, ophthalmology and podiatry services. The centre also had access to the mental health of later life services, with onsite visits from the psychiatry of later life team and consultant. Residents with medical cards had access to community allied health services and these services could also be accessed privately. There were no residents on waiting lists to access any community services. The provider supported eligible residents to access of National Screening services including retinal screening for residents with diabetes.

Inspectors focused on the experience of residents with dementia and they tracked the journey of a number of residents with dementia. They also reviewed specific aspects of care such as nutrition, diabetes or wound care in relation to other residents.

There were systems in place to optimise communications between the resident/families, the acute hospital and the centre. Prospective residents and their families were invited to visit the centre and meet other residents and staff before making the decision to live

there. The person in charge visited prospective residents and completed a pre-admission assessment. This gave the resident and their family information about the centre and also ensured that the service could adequately meet the needs of the resident.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also a pain assessment done for all residents. A care plan was developed within 48 hours of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a four monthly basis or to reflect the residents' changing care needs. There was documentary evidence that residents, and relatives where appropriate, had provided information to inform the assessments and the care plans. Staff nurses, health care assistants, residents and relatives who spoke with inspectors demonstrated appropriate levels of knowledge about care plans.

Staff provided end of life care to residents with the support of their general practitioner and the community palliative care team. Residents had an end of life care plan in place one month following admission. Staff had training to support them to discuss end of life care with residents and family members. The inspectors reviewed a number of 'End of life' care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care. Single rooms were available for end of life care.

Staff outlined how religious and cultural practices were facilitated within the centre. Inspectors noted that staff were trained to administer subcutaneous fluids to treat dehydration in order to avoid unnecessary hospital admissions.

A number of residents had wounds including pressure ulcers. Inspectors tracked wound care for four residents and found their wounds were either healed or healing. Residents had access to a tissue viability nurse and one resident was attending a vascular clinic.

Residents with diabetes were appropriately monitored and managed. Inspectors found that staff who undertook blood glucose monitoring procedures adhered to the HIQA guidance of blood glucose monitoring. Residents with diabetes were managed by the GP and referred to the diabetic clinic where appropriate.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. The menus had been reviewed by a dietician bi-annually. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and fortnightly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained. Inspectors were in dining rooms while residents had their lunch in the dining room, and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on weigh-reducing, diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet

and modified meals were attractively served.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Inspectors found that practices in relation to prescribing, nurse transcribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Residents had access to the pharmacist of their choice and the pharmacist was available to meet with residents if required. The pharmacist undertook audits of medication practices and improvements were made. Records showed that nurses had annual training on medication management. Medication errors and near misses were reported and used for learning and service improvements.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Findings:

There was an elder abuse policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. It incorporated the Health Service Executive(HSE) Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures (2014). It contained a user friendly flow chart that summarised how to respond to alleged elder abuse.

The policy document gave definitions of the different types of abuse, and staff spoken with during the inspection were clear on what these were, and the signs that might indicate abuse.

Training records confirmed that staff had received training on recognising and responding to elder abuse. Staff confirmed that this topic was covered during their induction and they attended annual training facilitated by the person in charge, who was a qualified trainer. They described the centre's zero tolerance approach and they would report any suspicions or allegations of abuse to the nurse manager or the person in charge. The clinical nurse manager and the person in charge were very clear of their role and responsibilities. Records showed that preliminary investigations were appropriately carried out and the safety of the resident prioritised. Concerns were

reported to the Gardaí and the Safeguarding team as appropriate. Notifications were also submitted to the Office of the Chief Inspector within agreed timelines.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

There were policies in place about managing behaviour that challenges (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Inspectors were informed by nurses and care assistants that they had training in how to support residents with dementia and how to work with people who had behavioural issues.

There were care plans that set out how residents should be supported if they had behaviour that was challenging. Care plans described the ways residents may respond in certain circumstances, and the action that should be taken, including how to avoid the situation escalating. Staff who spoke with inspectors were very clear that reassurance and considering how residents were responding to their environment were important when supporting people who were upset. Inspectors saw that doors at the end of corridors were camouflaged to reduce the risk of exit seeking behaviours. Residents were supported to move around freely and all residents had free access to secure outdoor areas. Nurses spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as pain, hunger or thirst, infections, constipation, and changes in vital signs.

Behaviours were appropriately assessed and residents had behavioural support plans in place with person centred interventions. For example, 'Ensure the resident has a lie in in the morning and a late breakfast. That he was provided with the daily newspaper and supported to do the crossword and a list of his favourite foods available in case he is hungry'. Residents were prescribed analgesia to outrule pain as an underlying cause of behaviours. Residents were appropriately assessed by the mental health of later life team and medications were reviewed and administered as prescribed. Inspectors were assured that psychotropic medications were used only as a last resort, when more person centred approaches had been trialled and failed.

The provider was working to promote a restraint free environment. Bed rails were the only restraint in use and records indicated that the use of bedrails was reducing. Fourteen out of 47 residents used bed rails. This represented a reduction of two since December 2018. Inspectors saw that the provider had purchased three low-low beds and a ground bed in 2018. However further improvement was possible if shorter bedrails or other non-restrictive devices were used instead of integrated full length bed rails. Risk assessments were undertaken and hourly checks were carried out and documented for all residents who used bedrails. There was evidence that consent had been obtained or, consultation with families where required.

The provider was a pension agent for two residents. The registered provider representative was aware of his responsibility as pension agent and had transparent system in place with monthly statements provided to the residents and relatives as appropriate.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

Inspectors were satisfied that residents were consulted in relation to the organisation of the centre, and that their privacy and dignity was respected.

There were monthly residents meetings held in the centre and the minutes of these were read. Not all residents attended however, the nominated resident advocate met with residents on a weekly basis and raised any issues on their behalf. The residents feedback was generally positive, and some residents aired their views on matters such as, plans for the New Year's party and organising a shopping trip. The minutes of the meetings were made available to residents and relatives. Records could be improved, if they included action taken by the provider and person in charge on any issues raised at the previous meeting.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were held, included a weekly prayer service and Mass were celebrated on a monthly basis in the centre. Residents were also supported to attend services in the local community. The inspectors noted that residents used the quiet room to listen to CDs of prayers, hymns and music. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Residents confirmed that they could vote in-house and they were also supported to travel to the local polling station if they wished to do so.

The person in charge outlined details of independent advocacy services that were available to the residents. Information was available and referrals would be made on a resident's behalf if required. One resident was currently being supported by the service. An activity person was the in-house advocate. The person in charge reported that residents and relatives often raised issues with him especially at the weekend, which he brought to her attention. Examples of matters which were addressed were provided. Such as the refurbishment of a little used area to create 'the piano room' to provide a quiet space for residents who found other communal rooms too noisy.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room if they wished to

do so. Inspectors observed residents with dementia being encouraged and supported to follow their own routines. Residents were supported to come to the dining room at a time they preferred to eat breakfast. Staff told inspectors that breakfast times were at the residents choosing and usually went on until the late morning. Inspectors observed staff providing late meals for residents who missed lunch. Residents choose what they liked to wear and inspectors saw that residents looked well dressed.

There was a laundry service provided in the centre and residents' clothes were regularly laundered. Each item of clothing was labelled by laundry staff to ensure that labels were secure and clothing was unlikely to get lost. Residents told inspectors their clothes were well looked after, and rarely got lost. Each resident had a wardrobe and most rooms had a chest of drawers for additional storage.

Inspectors found that residents' privacy and dignity was respected and promoted. For example, staff were observed knocking on bedrooms and bathroom doors and waiting for permission to enter. Inspectors observed staff interacting with residents in an appropriate and respectful manner. Staff were observed to be speaking with residents in a respectful way, and using their preferred names. Conversations were paced appropriately to allow residents time to respond to questions. Residents who had difficulty communicating were supported to communicate. All residents had a section in their care plan that covered communication needs, and staff were seen to be familiar with them. Residents had bi-annual optical assessments and were provided with spectacles as appropriate. Some residents had hearing aids and staff were familiar with the care and maintenance of hearing devices. Residents were seen to be wearing glasses and hearing aids, to meet their needs.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents on the ground and first floor communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

Inspectors found overall the interactions were positive with a score of +1(task orientated care) most frequently awarded. Scores of +1 were awarded when staff were focused primarily on carrying out tasks such as preparing the room for dinner, assisting at mealtimes or assisting residents to transfer to wheelchairs after lunch. The conversation focused on the task at hand. Positive connective care was also observed. +2 scores were merited when staff sat with the resident and offered appropriate assistance, offered choice and shared the moment with residents, as they chatted during the meal. For example an activity facilitator in the piano room assisted some residents with their lunch. She greeted the residents by name and chatted while providing appropriate assistance to feed some residents and support others to eat or drink independently. The interactions were respectful and she was conscious of the environment and requested residents' views before changing the CD. A resident who seemed to be taking a post prandial nap commented 'Ah that's beautiful'. After lunch she ensured that residents with advanced dementia had a sensory cushion or a magazine to ensure they were socially connected and occupied. Some neutral and controlling care was observed when health care staff did not communicate appropriately with residents while providing assistance at lunch time or prior to undertaking a care

task such as moving a resident who was sitting in a wheelchair or failing to reassure an anxious resident during a hoist transfer. When in-house audits showed similar findings the person in charge organised dementia training for all staff. A staff nurse was also allocated supervise the dining rooms at mealtimes.

Trained activity staff were on duty every day, including weekends. They organised a schedule of daily activities based on the interests and feedback from residents. Activities were provided in each day room which were facilitated by activity staff. The activities for residents with dementia were regularly assessed and needs driven. There were assessments, resident profiles and activities of daily living records that provided detailed information on each residents assessed needs, likes and interests. Inspectors spoke with one activity staff who described the range and type of activities, which included quizzes, games, exercise, music and reading. The environment was interesting and stimulating for residents. There were rummage boxes in each communal room. Hall-stands had coats and hats and handbags were hanging along the corridors. One room was decorated like a train carriage with scenes from the countryside visible through the window and train sounds to simulate a train journey. Inspectors observed that staff spent one to one time with residents, and some residents joined in and others liked to observe group activities. Some residents including those with advanced dementia seemed to prefer the tranquillity of the piano room. Others were socialising with family and friends. Computer classes were held weekly and the provider sourced ten tablets for residents' use. Residents who met with inspectors said they now had email addresses and they described how social media had facilitated them to communicate with family and friends living abroad. One resident was learning Spanish and another resident was delighted that she had been introduced to on-line shopping.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:

There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process. The complaints procedure was on display at the entrance hall and it was also set out in the Residents Guide. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

Inspectors reviewed the complaints policy and found it met the requirements of the regulations. As well as naming people in the centre to deal with complaints it also contained an independent appeals process. There was also a nominated person who

held a monitoring role to ensure that all complaints are appropriately responded to, and records kept.

The person in charge told inspectors that any complaint received would be thoroughly investigated and the outcome was discussed with the person who raised the complaint. The complaints file was examined and while complaints were minimal, the records showed a standard complaints form was used to record the details of each complaint. The investigation, any action taken and the satisfaction of the person making the complaint was documented on the form. Complaints were discussed at monthly management meetings and used to inform service improvements.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

Inspectors found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of the residents, and in particular residents with a dementia. Residents and staff spoken with felt there was adequate levels of staff on duty. Staff were appropriately supervised and annual staff appraisals were conducted.

An actual and planned roster was maintained in the centre with any changes clearly indicated. Inspectors reviewed staff rosters which showed there were two nurses on duty at all times, with management and a regular pattern of rostered care staff. The staffing complement included activity therapists, catering, housekeeping, administration and maintenance staff. The person in charge was rostered to work from Monday to Friday and she organised nurse led teams which were allocated to care for a specific group of residents. This ensured accountability and continuity of care to the residents.

There was a varied programme of training for staff. The person in charge used a training matrix to ensure that staff attended mandatory training and refresher training as well as other recommended training events. Records read, confirmed all staff had completed mandatory training in areas such as safeguarding, manual handling, behaviours that challenge and fire safety. Staff attended annual training on infection control and hand hygiene. Bi-annual training was provided on Manual Handling and Cardio pulmonary resuscitation (CPR). All staff attended dementia training in 2018. The training plan for 2019 included wound care, restraint and fire prevention and evacuation. Staff also attended external training events and seminars.

A recruitment policy in line with the requirements of the Regulations was implemented in practice. Inspectors reviewed a sample of staff files which included all the information required by Schedule 2 of the Regulations. There were no volunteers working in the centre but Garda Vetting application had been made for a volunteer who was due to lead on an art project once the vetting disclosure had been procured. A written statement was prepared setting out the volunteer's role and level of involvement in the centre.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Findings:

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. The design and layout promoted the dignity, wellbeing and independence of residents with a dementia. Since the previous inspection in September 2017 malodours in two bathrooms and ventilation issues in a third bathroom had been addressed. A three bedded room had been reconfigured to fully meet the privacy and dignity needs of residents. An external storage unit was installed and used for the storage of equipment which was not in use. However storage space for equipment and continence wear is still limited.

The designated centre comprises two period homes with accommodation over three floors. The centre has been refurbished in recent years and a passenger lift installed with access to all floors. Communal rooms were located on the ground and first floor. There were two communal lounges, a visitors' room and a dining room on the first floor. The dining room had a feature wall of a café and the second lounge called the 'Piano room' had a period fireplace and a feature wall decorated with LP covers featuring artists which many residents remembered. 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 paved to provide a secure seating area for residents. There was a smoking room on the ground floor with an extractor fan and an accessible fire extinguisher.

Bedrooms had a wash-hand basin or else a full en suite with shower, wash-hand-basin and toilet facilities. Accommodation comprised 15 single rooms, 13 single rooms with an

ensuite. There were 10 twin rooms, three of which had an ensuite. There were four three-bedded rooms. One of these rooms was located on the ground floor; it was serviced by a lift, and provided with a full en suite. The other three three-bedded rooms were located on the first floor and had showers and toilets close by. Inspectors visited each of these rooms and the twin rooms and found that the rooms were bright and spacious with screening which respected residents personal space. The layout of the rooms had been reconfigured to facilitate access to wardrobes and personal items. Residents had limited accessible shelving to display personal items.

Inspectors observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage. The rooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side. All bedrooms and communal areas had access to a functioning call bell. At the feedback meeting inspectors discussed the need to create interesting bedroom environments for residents who spent long periods on bed rest. Residents in mutli-occupancy rooms did not have accessible shelving to display personal items. Those who did not have family support had no photographs or pictures which they could enjoy looking at while in bed. In addition continence wear packages were stored on top of the wardrobes.

Circulating areas had grab rails. Residents with dementia had access to bright corridors that were designed and laid out with interesting things for residents to see and interact with. For example, a large wall hanging which residents had made, ornaments, photographs and posters of old adverts for products such as cocoa, bags and items hanging on walls for residents to pick up if they wished.

There were interactive areas on the ground and first floor. On the first floor there was "Tara Street" with vintage shop fronts, a florists, green grocers, hair dressers etc. The corridor on the ground floor was decorated with a nautical theme with seascapes, sea shells, an ice cream parlour shop front and items to provide visual and tactile stimulation. The person in charge advised that this area was created to provide a focus and stimulation for the residents.

Four new accessible wet rooms had been installed and there were adequate accessible toilet and shower facilities for 47 residents. Residents had access to a bathroom if they preferred a bath. Electronic deodorisers and a motorised air vent were installed which addressed problems with malodours and condensation. Inspectors noted that some of the bathrooms did not have grab rails or a call bell to alert staff if assistance was required.

Overall, the atmosphere in the centre was conducive and respectful to the needs of residents with a dementia. Stimuli were controlled to create suitable environment for people with dementia:

- noise levels were controlled with TVs muted while activities and meals were in progress,
- glare was minimised with the use of matt flooring
- there was good lighting throughout and natural light was maximised with the use of skylights

- staff were observed to support residents to move to a quieter environment if the noise became too much for them in public areas.

Inspectors saw that there was appropriate signage on communal, WC and bathroom doors. The signs had text and picture to indicate the purpose of the room. Each bedroom had the name of the resident and a picture of their choice. Some had chosen flowers, others animals and some pictures of their favorite drink. The aim of these was to provide visual cues for people to recognise their bedroom.

There was a range of equipment in the centre to aid mobility, including personal wheelchairs and walking frames. Hoists, gait belts and other equipment seen in the centre were regularly serviced and in working order. Staff records showed that staff had completed manual handling training in relation to the equipment available in the centre and good manual handling practices were observed.

Judgment:

Substantially Compliant

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

Findings:

The management team comprised the registered provider representative(RPR) the person in charge(PIC) and the clinical nurse manager (CNM). The RPR and PIC were both company directors and worked in the centre from Monday to Friday. The person in charge took a clinical lead and she was supported by the Clinical Nurse Manager who has recently joined the team. The person in charge was active in the area of practice development. She was very visible on the floor and well known to residents and visitors. She held weekly staff meetings and attended monthly meetings with the management team.

Effective auditing and quality improvement initiatives ensure the provider had an effective system to provide oversight of the service provided. Action plans were drawn up and implemented to improve the service. Systems are in place to consult with residents and their views were reflected in the Annual Review of the quality and safety of care.

The person in charge worked full time in her management role. She was one of the two trained fire wardens and planned to focus on fire safety in 2019.

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:

Liz Foley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Tara Care Centre
Centre ID:	OSV-0000107
Date of inspection:	17/01/2019
Date of response:	

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 02: Safeguarding and Safety

Theme:

Safe care and support

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

Full length bed rails were used to promote safety and less restrictive alternatives were not available.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

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

Trial alternatives such as bed wedges , low low beds, mattress alarms
Staged purchase of 6 floor beds and crash mats in 2019

Proposed Timescale: 31/12/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Grab-rails were not provided in all bath, shower and toilet areas.

Emergency call facilities were not provided in all bath, shower and toilet areas.

Suitable storage was not provided for continence wear.

Residents in mutli-occupancy rooms did not have accessible shelving to display personal items. Those who did not have family support had no photographs or pictures which they could enjoy looking at while in bed.

2. 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:

Emergency call bells now installed in all communal bath, shower and toilet areas.

Grab rails have been ordered for the bath, shower and toilet areas. Some have already been installed.

Shelving will be installed in multi-occupancy rooms to facilitate personal memorabilia
Suitable lockers will be installed to store continence wear in bedrooms

Proposed Timescale: 31/03/2019