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**Tara Winthrop Private Clinic, Nevinstown
Lane, Pinnock Hill, Swords, Co. Dublin.**

Item Type	report
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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tara Winthrop Private Clinic
Centre ID:	ORG-0000183
Centre address:	Nevinstown Lane, Pinnock Hill, Swords, Co. Dublin.
Telephone number:	01 807 9631
Email address:	mccormackm@tara-winthrop.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Tara Winthrop Limited
Provider Nominee:	Mary McCormack
Person in charge:	Catherine Dunleavy
Lead inspector:	Nuala Rafferty
Support inspector(s):	Leone Ewings;
Type of inspection	Announced
Number of residents on the date of inspection:	138
Number of vacancies on the date of inspection:	1

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.

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 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 March 2014 10:30	24 March 2014 17:30
25 March 2014 10:00	25 March 2014 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an announced inspection and is part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the visit, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application

to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge 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 throughout the inspection process.

The fitness of the nominated person on behalf of the provider and person in charge was determined by interview during the previous registration inspection process and through ongoing regulatory work such as inspections. Two assistant directors of nursing who form part of the overall management structure of the centre and replace the person in charge in the event of her absence were interviewed as part of the Authority's process to determine fitness for registration purposes and found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and clinical knowledge to provide safe and appropriate care to residents.

A number of residents' questionnaires were received by the Authority prior to the inspection. The opinions expressed through both the questionnaires and conversations with the inspector on site were broadly satisfactory with services and facilities provided. In particular, residents were very complimentary on the manner in which staff delivered care to them commenting on their good humour and respectful attitude.

Overall, evidence was found that residents' healthcare needs were met. Residents had access to general practitioner (GP) services and a full time medical officer within the centre. Access to allied health professionals such as physiotherapy speech and language therapists and to community health services were also available.

The inspector found there were aspects of the service that needed improvement such as risk management, care planning and policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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), Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available that accurately described the service provided in the centre. On review it was found that the document contained all of the information required by Schedule 1 of the Regulations.

Assurances were given by the provider that the statement of purpose would be kept under review and any changes which would affect the purpose and function of the designated centre would be communicated to the Chief Inspector in writing prior to being implemented.

Judgement:

Compliant

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

On review of a sample number it was found that of those reviewed, each resident had a written contract agreed with the provider, and signed by the provider, resident or their next of kin or nominated advocate. The contract included details of the services to be provided and the fees to be charged. Details of any additional charges were also included.

Judgement:

Compliant

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse. She held authority accountability and responsibility for the provision of the service. The person in charge is a registered nurse with several years experience of working with persons with varying care needs in a range of settings. She works full-time in the centre. The person in charge was found to be engaged in the governance, operational management and administration of the centre on a daily basis.

During the inspection she demonstrated that she had knowledge of the Regulations. She was supported in her role by a management team consisting of a medical officer, quality and development facilitator, a clinical nurse management team, nursing staff, care staff, administration, maintenance, kitchen and household staff. Staff were familiar with the organisational structure and confirmed that good communication existed within the staff team. She and the staff team facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

Judgement:

Compliant

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Records required by the Regulations were available and kept in a secure place. A copy of the insurance cover in place was provided which meets the requirements of the

Regulations.

The directory of residents was reviewed and was found to meet the requirements of the Regulations and was up to date with records of admissions discharges and transfers maintained.

Although not all records were reviewed on this visit, it was found that general records as required under Schedule 4 of the Regulations were maintained including key records such as staff rosters, accident and incidents, nursing and medical records and operational policies and procedures as required by Schedule 5 of the Regulations.

Policies including health and safety and risk management were available, as were policies on the prevention, detection and response to abuse and management of complaints. However, it was found that the policy on the management of behaviours that challenge did not provide sufficient guidance on the management of escalating behaviours with consequent negative impacts for residents. This was discussed at length with the person in charge who acknowledged the need for additional guidance and clearer processes for staff in this regard.

Other policies also required to be revised to ensure they gave sufficient guidance to staff, reflected evidence-based practice and the Regulations. For example arrangements in place for the management of persons who smoke were contained within the centres smoke free policy and this policy did not provide sufficient guidance on the risk assessment processes to be followed for individuals who smoke including the level of supervision required for each resident.

Judgement:

Non Compliant - Moderate

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

The person in charge has not been absent for more than 28 days which required notification to the Authority. The nominated person on behalf of the provider and person in charge were aware of their reporting requirements. Two assistant directors of nursing who form part of the overall management structure of the centre and replace the person in charge in the event of her absence were interviewed as part of the

Authority's process to determine fitness for registration purposes and found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and clinical knowledge to provide safe and appropriate care to residents.

Judgement:
Compliant

Outcome 06: 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.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. In conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. Although all residents spoken to were unable to express feeling safe, inspectors observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

The inspector discussed the management of notifications received by the Authority from the provider. On review of the documentation of investigations undertaken and communications between the person in charge, the resident and family during and further to completion of the investigations, it was found that management of incidents notified were appropriate and sufficiently robust to ensure resident safety going forward.

A transparent system was in place to manage small sums of monies on behalf of residents and their relatives to ensure their comfort. This 'petty cash' system was retained for a very small number of residents assessed as not having capacity to manage their own monies. All transactions were appropriately documented with lodgements and withdrawals signed by two persons at all times. A bank account separate to the centre's main account was provided for the monitoring of monies belonging to residents and all transactions were appropriately recorded. Evidence that residents had access to review these accounts was found.

Judgement:
Compliant

Outcome 07: 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:

No actions were required from the previous inspection.

Findings:

Policies and procedures relating to health and safety, and risk management were available in the centre.

Risk management policies and procedures implemented throughout the centre and reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre were found. An emergency plan was also available and staff were found to be aware of its contents.

A risk register was maintained and available which in general covered the identification and management of risks in the centre.

The entrance to the centre was secure and a visitors' log was in use to monitor the movement of persons in and out of the building. Inspectors observed this record to be in use. Closed circuit television (CCTV) was found to be operating in the reception area and externally for security purposes. The provider had adequate signage in place to inform residents and visitors to the building that the CCTV system was in place.

The environment was noted to be clean and clutter free and there were measures in place to control and prevent infection. In conversation with staff it was found they had knowledge of the appropriate management of potential outbreaks of infection.

Smoke detectors were located in all bedroom and general purpose areas. Emergency lighting and fire exit signage was provided throughout the building. The inspector reviewed service records which showed that fire equipment, the fire alarm system, emergency lighting and were regularly serviced. Fire escape routes were unobstructed. Fire alert action notices and building layout plans showing evacuation routes were displayed throughout the centre.

Records were maintained regarding the servicing of fire equipment, the fire alarm system and fire officer's visits. Arrangements were in place for the maintenance of the fire alarm system and equipment within this centre. Check lists were also maintained to ensure fire exits remained clear and fire equipment and alarms were tested. Written confirmation from the provider and a competent person that all the requirements of the statutory fire authority have been complied with was received as part of the registration of this centre.

Maintenance of equipment was verified through invoices viewed for equipment such as regular servicing of beds, wheelchairs pressure relieving equipment water heating and call bell system.

Inspectors reviewed the policies and procedures in place and discussed fire safety with staff and residents. Staff spoken with were knowledgeable in relation to the fire procedures being implemented in the centre and inspectors were told that staff fire training was provided on an ongoing basis and at induction. On review of the training records provided it was noted that this training involved fire safety talks and training on the use of fire extinguishers but did not include fire evacuation drills.

Through discussion with staff inspectors learned that the principle of horizontal evacuation was in use. On the day of inspection there were 43 residents on the upper floor of the centre and up to 41 of those were immobile. Given the number of immobile residents sufficient evidence was not available to assure inspectors that the systems or processes in place or the equipment available were robustly tested through practical fire evacuation drills to determine their efficiency or safety.

Staff spoken with told inspectors they received fire safety talks which included evacuation procedures and training on use of fire extinguishers but that testing or practising the fire evacuation procedures had never occurred.

Residents told inspectors that they were not involved or given information on fire controls. They gave an example of a recent fire alarm activation and said staff did not explain what had happened. The residents said they did not know what should happen in the event of a fire or did not know where fire exits were located. This they said was unnerving and worrying.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place and were revised following the last inspection to reflect improvements required to storage of MDA drugs.

Overall, the inspector found evidence of safe medication management practices. Nursing staff were knowledgeable about medication and administration practices. It was found that each resident's medication was reviewed regularly by the medical team.

The medication trolley was stored securely in the treatment room. Inspectors observed nurses during a medication round and found safe administration practice in line with An

Bord Altranais agus Cnáimhseachais na hÉireann guidance to nurses and midwives.

Although not widespread or indicative of overall practice, some anomalies were noted in that the times of prescription and administration of medications did not always match and this should be reviewed to ensure maintenance of good practice.

Judgement:

Compliant

Outcome 09: 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:

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required and within the appropriate timeframe.

Judgement:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Systems to review monitor and improve the quality and safety of care and the quality of life of residents were found to be in place.

The management team had recently completed a quality development initiative in association with the quality directorate of the Authority. The recent appointment of a quality development facilitator to establish systems for review learning and implement improvements

Quality reviews in area of care such as pain management, pressure areas, medications and falls had been undertaken. Audits were found to be focused and improvements were being implemented as a result.

The need to commence reviews on the quality of social care delivery within the centre on aspects such as nutrition and the dining experience in line with the Authority's approach was suggested.

Judgement:
Compliant

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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:

No actions were required from the previous inspection.

Findings:

Residents had good access to general practitioner (GP) services. A GP visited the centre during the inspection to review residents. There was evidence of access to specialist and allied health care services to meet the diverse care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, physiotherapy and dietician services occupational therapy and speech and language were available although some were on a private basis only.

Overall there was evidence of a good care planning process and clinical review of resident's health with up to date recording of their current health status. On review of a sample of clinical and medical documentation there were some examples of appropriate detailed person centred care plans which reflected inputs and recommendations of the specialist and allied health care services involved particularly in relation to nutrition and pressure ulcer care management. Evidence of improved social care was also noted with resident's interests and capacities reflected in a person centred manner.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. Risk assessment tools to evaluate levels of risk for deterioration were also completed. Although in general care plans reflected the care delivered, further improvements were found to be required. Risk assessments and care plans were not always linked or revised in all instances to determine their effectiveness and where related risk assessments were in place these were not always consistent with each other. Examples related primarily to falls risk assessments where two different tools were in use and outcomes were not consistent.

Restraints such as bed rails were found to be in use for a number of residents. The

documentation referencing the need for restraint did not always identify whether the restraint used was suitable for the residents needs without restricting the resident unnecessarily. Risk assessments that determined the intervention was in the best interests of the resident, was the least restrictive solution and was being put in place as previous less restrictive interventions had failed had not been completed. This practice of restraint was not in place for all resident's and it was noted that there was alternative equipment available to staff to provide alternative person-centred options that maintained dignity and a level of independence in a safe manner. For example, low low beds were available for some residents with sufficient space to enable staff utilise crash mattresses at resident's bedsides although was not reflected throughout the centre.

Care plans in place for end of life care identified where discussions and decisions were taken on the level of medical intervention and possible transfer to hospital with family and where appropriate the resident themselves. However, the care plans were not sufficiently specific to direct the care to be delivered in an holistic manner. A sample of documentation reviewed found that there were no arrangements in place for capturing residents' end-of-life preferences in relation to issues such as; preferences for place of death or funeral arrangements.

Judgement:

Non Compliant - Moderate

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The premises were extensively reviewed at the last registration inspection. The provider is applying to increase bed numbers by one additional bed from 139 to 140. This does not necessitate any structural changes as the centre has always contained 140 beds although only registered previously for 139.

A review of the design and layout had taken place further to the last inspection on the Shenick unit in order to meet the requirements of the Regulations and standards by June 2015. This re design and refurbishment has been completed and was found to meet the needs of residents and was comfortably and appropriately decorated to a high standard.

The centre is now made up of five units as follows;

- Lambay Suite has 32 beds – for residents under the age of 75 years with chronic neurological conditions

- Columba Suite has 33 beds and Iona Suite has 10 beds on the first floor – for residents over 65 years and require maximum dependency care needs
- Erris Suite has 33 beds – older residents over 65 years. Shenick Suite has 32 beds – older residents over 65 years.

Both Erris and Shenick can cater for residents with chronic physical disabilities and those with chronic mental health conditions, and low to high dependencies.

The maintenance both internal and external was found to be of a good overall standard. There were full-time maintenance staff on site at the centre. They attend to daily reports and upkeep of the premises. The standard of operational and household hygiene was found to be good and the centre was found to be clean and hygienic. A high standard of household management was in place with a housekeeping and laundry staff team. The kitchen was fully operational and food service was well organised. The kitchen staff were found to be attentive to the catering needs of residents at the centre.

Assistive equipment was in place and available for use, service records were found to be up to date and maintenance contracts were in place. Adequate storage was in place and corridors were uncluttered and were safe for residents mobilising.

Judgement:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There is also a nominated person who holds a monitoring role to ensure that all complaints are appropriately responded to, and records are kept. The inspector examined the complaints' record and this showed that both verbal written complaints were promptly investigated, detailed the outcome for the complainant and indicated discussions to ascertain the satisfaction or otherwise of the complainant.

Judgement:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A small number of residents were receiving 'end of life' or 'comfort care' during this visit. A sample number of care plans were reviewed. Care plans in place reflected that residents at the end of life should have their needs met in a manner which respected their dignity and autonomy. Arrangements to meet religious and spiritual needs were in place.

Appropriate contacts and information exchange between the nursing team and the resident's GP the centre's medical officer and/or palliative services were maintained.

As identified under outcome 11 care plans in place were not sufficiently specific to direct the care to be delivered in a holistic manner and require to be improved.

The inspector found staff were aware of the importance of good communication with families and involvement of relatives and friends was found. Appropriate respectful and caring interactions between staff and residents were observed.

Judgement:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. Food was properly served and was hot and well presented. The inspector observed that assistance was offered to residents in a discreet and sensitive manner.

The dining experience was conducive to conversation with round tables to facilitate conversation and it was noted that spouses and other family members were encouraged to join residents at meal times to assist them with their meals where required or simply

to join them for conversation and encouragement in a very social relaxed and convivial atmosphere. Menus showed a variety of choices for starters and main courses and dessert choices on offer. The four week rolling menu in place provided a variety of meals to residents.

Drinks such as juices, milk, tea and coffee were available and staff were attentive to the needs of all residents. Meals were served in a pleasant and helpful manner. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate.

Both residents and relatives had high praise for the excellence of the food provided to them by the catering team. They welcomed and were very appreciative of the efforts the team make on a daily basis to provide them with tasty, well cooked and presented food. They were also keen to praise staff on their efforts to facilitate changes to resident's choice and meet personal preferences and taste. A robust communication process to ensure catering staff were aware of the changing dietary needs of all residents was in place. In conversation with her it was found that the head chef was familiar with residents usual choices and clear on the specific types of specialised diets required by resident's such as, high calorie or fortified diets.

Judgement:

Compliant

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence that a residents' consultation process was in place and they could receive visitors in private. Staff were observed to respect residents privacy and dignity through ensuring the appropriate use of screening in communal bedrooms and closing doors when providing assistance with personal care.

The inspector observed that resident's were addressed by staff in an appropriate and respectful way and that there were mutually warm interactions between residents and staff.

It was noted that resident's choice and independence was promoted and enabled and this was confirmed in conversations with residents.

Residents had opportunities to participate in activities appropriate to their abilities and

preferences. A varied programme of social and recreational activities was scheduled weekly to take place throughout the centre and were led by a team of designated activities coordinators. Residents were observed engaged in a variety of activities such as attending prayer services, reading, watching television, playing games or entertaining their visitors. Residents who spent long periods in bed were visited by the activity coordinators and stimulation of the senses by touch smell was provided using hand massage and conversation or music.

Judgement:

Compliant

Outcome 17: Residents clothing and personal property and possessions

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector saw that there was adequate space provided for residents' personal possessions and clothing was noted to be neatly and appropriately stored. Residents' had a locked facility in their bedrooms. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. In a sample of those reviewed a record of residents' personal possessions was in place and was regularly updated.

Judgement:

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. Inspectors checked the staff rota and

found that it was maintained with all staff that work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement.

The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

Training for all staff in areas of practice which require mandatory training such as fire safety, moving and handling and prevention of elder abuse were found to be delivered, further training was noted to be provided in areas of clinical practice such as medication management, infection prevention and control dysphagia and first aid. A training plan for 2014 was also in place.

A sample of staff files were reviewed on the last inspection and found that the requirements of Schedule 2 were met. It was found that all the requirements were met and evidence of robust recruitment practices such as three references, qualifications and evidence of medical/physical fitness were available on all records reviewed.

Judgement:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Nuala Rafferty
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 Winthrop Private Clinic
Centre ID:	ORG-0000183
Date of inspection:	24/03/2014
Date of response:	31/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre

Theme:

Leadership, Governance and Management

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

Some policies and procedures in place were not sufficiently specific to guide staff, reflected evidence based practice or the requirements of the regulations or other relevant legislation including; the management of behaviour that challenges and the centres smoke free policy.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

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

No response to this action was received from the Provider

Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

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

The procedures in place for evacuation of residents in the event of a fire or other emergency had not been tested or practised at any time to determine their efficiency or safety.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

The draft report that was forwarded contains some material changes from the previous inspection report which were misleading in terms of the discussion that was had prior to the exit meeting. The Lead Inspector had asked us if we conduct 're-enactments', e.g. using staff and safe manual handling equipment/techniques to 'safely' evacuate staff and residents and it was this particular point that we agreed we did not do from a practical point of view in terms of a real fire emergency, we explained that in the event of a fire our staff are instructed to use whatever measure necessary to horizontally and if necessary vertically remove residents from the area of fire. We are satisfied that staff is aware of fire procedures and fire drills are carried out as per regulatory requirements.

The Authority was not satisfied that this response addressed the required action.

Proposed Timescale: Done

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Restraints such as bed rails were found to be in use for a number of residents. The documentation referencing the need for restraint did not always identify whether the restraint used was suitable for the residents needs without restricting the resident unnecessarily. Risk assessments that determined the intervention was in the best

interests of the resident, was the least restrictive solution and was being put in place as previous less restrictive interventions had failed had not been completed.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

The Restraint referred to by the Inspector was not considered a restraint by the centre as the individuals discussed from Columba Unit had no voluntary movements. Therefore, the legal definition of 'Restraint' cannot be applied to this group of residents. There are a number of practices at the Clinic to reduce restraint of the older person. We will continue to work with our staff to improve practice in this area. We are concerned that the legislation and national guidance do not reflect in practice the balance between liberty and wilful neglect of the resident. We welcome the opportunity to work with the Safety & Quality Directorate to try to improve this not only for our service but nationally.

Proposed Timescale:

Theme:

Effective Care and Support

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

Care plans in place for end of life care were not sufficiently specific to direct the care to be delivered in an holistic manner.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Regulation 8 (1) Very few residents are capable of discussing their end of life care needs due to the high to maximum dependency levels of this particular facility. However, we are driving improvements to promote end of life care discussions to establish residents' wishes. End of life care discussions should not be a 'one size fits all' approach and professional judgement is required as to the timing of these discussions. The Clinic provides advanced care planning for our residents and has participated in a published researched document in 2014. Not all residents or their families wish to discuss their loved ones funeral arrangements and this needs to be acknowledged. We will continue to train our staff in end of life care procedures and care planning.

Proposed Timescale: On-going due to the change of resident and amount of staff to be trained

Theme:

Effective Care and Support

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

Risk assessments and care plans were not always linked or revised in all instances to determine their effectiveness and where related risk assessments were in place these were not always consistent with each other

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Regulation 8 (2) (b) Care Plans are formally reviewed four monthly or sooner as per the regulations. Risk Assessment tools do not always identify the risks a resident is subjected to and this is clearly why a professional judgement is required. If a person does not voluntarily move they will not identify as a falls risk, however, if there is involuntary movement which is not assessed this could jeopardise safety and could be viewed as negligent. Staff training in relation to documenting nursing care is in place and will continue to address identified areas for improvement.

Proposed Timescale: Completed to date