

# eDeposit Ireland

## The Tower Nursing Home, OSV-0000110, 12 October 2017

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Tower Nursing Home
<b>Centre ID:</b>	OSV-0000110
<b>Centre address:</b>	94/95 Cappaghmore, Clondalkin, Dublin 22.
<b>Telephone number:</b>	01 457 4209
<b>Email address:</b>	clondalkinnursinghome@live.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Clondalkin Nursing Home Limited
<b>Provider Nominee:</b>	Patricia Robinson
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	20
<b>Number of vacancies on the date of inspection:</b>	1

## **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 2 day(s).

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

From:	To:
12 October 2017 09:30	12 October 2017 17:30
13 October 2017 08:00	13 October 2017 11:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Non Compliant - Moderate

**Summary of findings from this inspection**

This report sets out the findings of an unannounced thematic inspection that focused on dementia care. The purpose of this inspection was to determine the standard of care and quality of life for residents with dementia living in the centre. Prior to the inspection the provider and person in charge had completed a self- assessment document and had submitted this to HIQA with relevant policies that included policies for the admission of residents and for managing behaviors associated with dementia. The inspector reviewed these documents prior to the inspection. The inspector observed the delivery of care, reviewed the systems in place in relation to admissions, discharges, assessments and care plans and viewed the premises layout over the inspection days. Staff, residents and visitors that the inspector talked to provided their views on the operation of the centre and the services provided. The inspector found staff provided care in a very person centred way, were familiar with residents' backgrounds and lifestyles and ensured they exercised as much choice in day to day life as was practical. They were well informed about the care needs of

individual residents and conveyed a good understanding of the varied ways dementia impacted on the lives of residents. There was good emphasis on helping residents maintain contact with their local community and several residents used their travel passes regularly and went out to local churches and to shops in nearby Clondalkin and the nearby shopping centre.

The Tower Nursing Home provides a home like domestic environment for residents. It is comprised of two houses that have been converted for use as a designated centre. It is located in a quiet residential area in Clondalkin and is a few minutes' walk from bus stops and a short drive from shops, business premises and restaurants. There was good emphasis on the creation of an environment that enabled residents to live life as independently as possible. The small scale of the building enabled residents to become familiar with their surroundings including the outdoors and the inspector saw that this enabled residents to find their way around with ease. The main sitting /dining area was home like and comfortable however the dining space was confined and two sittings were organised at meal times to enable residents to eat in comfort. There was a secure accessible garden space that had mature trees and garden seats and this area was regularly used by residents during the day. The building is two story and there is chair lift access to the first floor.

The centre can accommodate 21 residents and at the time of inspection 20 residents were accommodated. The majority of residents had been assessed to have dementia with 17 residents described as having this diagnosis. The inspection focused on dementia care practice and reviewed the actions taken to address non-compliances identified during the last inspection which was conducted on 21 October 2015. The inspector observed care practice and the interactions between staff and residents. A validated observational tool, the quality of interactions schedule, or (QUIS) was used to rate and record at five minute intervals the quality of the contacts between staff and residents in communal areas. Staff were kind and friendly in their approach and ensured that they stopped and chatted to all residents as they went about their duties. It was evident that staff were familiar with residents' dementia care needs and took these into account when talking to them and when delivering personal care. Residents were given time to make choices about the food they would like at breakfast and lunch and were prompted by staff making suggestions of the foods they usually liked if they appeared confused. The inspector also noted that choices were offered before residents were engaged in activities to encourage maximum participation. Residents told the inspector that staff cared for them very well and worked hard to ensure they were happy and content. Some residents who were able to go out independently said that there were no restrictions on their liberty and said that staff encouraged them to be as active as possible.

The inspector judged there was an adequate complement of staff available to effectively meet the needs of residents. There was evidence that residents were well cared for, that their nursing and personal care needs were met and that there was a programme of interesting activities to ensure their social care needs were addressed. There was an activity coordinator and care staff allocated to ensure the varied scheduled activities took place. There was access to general practitioners (GP) and to allied health professionals when required. The treatment plans and recommendations made were noted to be incorporated into care plans and followed

by nurses and care staff. Specific problems related to weight loss for example were found to be managed well with creative ways in place such as a variety of smoothie drinks to encourage residents to have adequate nourishment. Residents have access to spiritual support from local clergy who visit the centre regularly and celebrate Mass twice a month.

The Action Plan at the end of this report identifies the areas where improvements are required to comply 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. The areas where improvements are required include the provision of private and communal space for residents. Improvements to the premises are scheduled for completion by the end of 2018 and a condition to this effect applies to the registration of the centre. The provider representative has a plan in place to address the premises issues and is currently working on this according to information supplied to the inspector.

Other areas that required attention included the records of social care activity which did not describe fully what activity residents attended and were not consistently completed and daily records of residents' health and condition which did not convey a complete picture of residents' health and well being.

**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):**

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

**Findings:**

The inspector found that there were systems in place to assess and deliver appropriate care that met the health and personal care needs of residents. Pre-admission assessments were undertaken to ensure that the service could meet the needs of residents and ensure the placement was appropriate particularly in the context of the premises layout. Prospective residents and their families are invited to visit the centre where possible prior to making a decision to live there.

Comprehensive assessments were carried out and the assessment process involved the use of validated tools to assess each resident for risk of malnutrition, falls, levels of cognitive impairment and skin integrity. Care plans were developed within 48 hours of admission based on the assessments completed. The inspector found that assessments and care plans provided a good overview of residents' care needs, their level of orientation and capacity to manage aspects of day to day life such as dressing and eating independently. Care plans were also noted to convey communication capacity for example if residents could express their needs, orientation to surroundings and their day- to- day choices about how they spent their time. For example the assessments of cognitive impairment were found to describe how dementia impacted on day to day life. Interventions to be undertaken by staff to help residents maintain the maximum level of independence were also described. The inspector saw for example that while a resident was described as forgetful he could safely undertake gardening activities such as planting bulbs or sweeping leaves to keep himself occupied. Communication capacity was described well in records with information available that indicated that staff knew when residents could follow instructions and when their capacity for understanding was limited. There was also information on the backgrounds and previous lifestyles of residents to inform and guide staff on the delivery of person centred care. There was evidence that residents and their families, where appropriate, were involved in the care planning process.

There were arrangements in place to meet the end-of-life needs of residents and these were described in care plans. Residents' wishes in relation to their physical, psychological and spiritual care including their preferred place to receive care at end of

life were outlined. Some information had been outlined by family members where residents had been unable to do this. Residents had access to clergy from different faiths and some attended services in their local churches.

The inspector reviewed the management of other health related issues such as responsive behaviours, weight management and nutrition and the responses to changing health needs. Residents were screened for nutritional risk on admission and their weights were checked on a monthly basis and more frequently when unanticipated changes were noted. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. The inspector noted the regular monitoring undertaken where weight changes were unplanned. There were five residents where weight loss was being monitored. Two residents had spent periods of time in hospital being treated for acute medical needs. The inspector found that records conveyed clearly the actions taken by staff to address weight changes and these included implementing the recommendations of dieticians and speech and language therapists. Diets were fortified and supplements were given as prescribed where weight loss was an issue. The inspector saw that there was good communication between day and night staff in relation to this aspect of care. Night staff provided additional nourishment and snacks where residents were at risk of weight loss. These snacks were noted to be nourishing and varied. The inspector was told that smoothies made from a combination of fruit, vegetables and honey had been particularly beneficial for some residents. Several options were tried to help stimulate appetite to meet personal choices. Staff recorded extra foods provided so that an accurate picture of the food and nutrition that residents received was available. Evaluations of care provided an overview of how the resident had responded to interventions and there were onward referrals to doctors to review care if additional actions were required. While there were good interventions in place to address weight loss this had not been identified as a possible feature of end stage dementia in the records inspected.

Details of residents' specialist dietary needs and food preferences were outlined in care records. Residents had a choice of hot meals at lunch time and food choices were established daily according to information supplied by catering staff. Residents requiring assistance with eating were appropriately assisted at meal times. The majority of residents had their meals in the dining room. As the space was confined two sittings were organised and this ensured all residents had the opportunity to enjoy the social aspects of dining with other people. The inspector noted that adequate staff were available at meal times to ensure that residents had the support they needed. The inspector observed that beverages and a variety of snacks were provided at varied times throughout the day and evening.

Residents had access to GP services and out-of-hours medical cover was also provided. A full range of other services was available and included services accessed privately to ensure residents had timely access to allied health professionals. The inspector reviewed residents' records and found that where residents had been referred to these services the results of appointments and recommendations made were available in residents' medical notes and used to inform care plans.

When admission to other services or acute hospitals was required there was a transfer

of information to ease the transition process for residents and to ensure that the service receiving the resident had up to date information on the reason for the transfer and current care needs. The information relayed included details of mobility, falls risks, communication needs, dietary requirements and prescribed medications. The inspector noted that similar information was provided on discharge back to the centre and included details of tests undertaken, interventions made and any recommendations from members of the multidisciplinary team.

The inspector reviewed medicine storage and administration arrangements and found that the systems in place were safe and met appropriate standards for security. A sample of administration and prescription records was reviewed. Some residents required medicines to be administered in crushed format and instructions to do this were authorised by the prescriber. Medicines were occasionally administered on an "as required" basis to manage behaviour that was unsettled or caused distress. These instances are required to be notified in the quarterly notifications where the medication is not part of the residents' regular treatment plan. The inspector saw that there was on-going monitoring to ensure that the medication regime was appropriate and effective. The use of psychotropic and night sedative medication was regularly reviewed. The nurses were well informed about how these medications impacted on residents and their therapeutic uses.

The centre had an active social programme that met the needs of residents. Some residents were very frail and unable to communicate verbally. The inspector saw staff regularly stop and talked to residents and reassure them of their presence. The activity programme was noted to be varied and included group, individual activities and celebrations of seasonal events and occasions such as birthdays. There was a member of staff with responsibility for the activity programme and she was assisted by care staff. Regular activities included card making, story- telling, music sessions, crafts, sonas sessions (sonas is a sensory interactive activity aimed at the needs of residents' who have dementia) and trips to local areas and events. One event that residents had particularly enjoyed was a concert in a nearby hotel. The centre is well integrated with the local community and its accessible location contributes to this staff told the inspector. Many residents use local facilities and travel independently or with staff to do their shopping. Residents with dementia are assessed regularly in relation to the activities they enjoy and the programme is adapted to ensure that they can participate fully as their needs change. The inspector found that records in relation to social care required improvement as they did not fully reflect the range of activity provided or the extent of resident participation.

Behaviours associated with dementia were managed well and in a way that ensured residents' well being. There were good records of behaviour changes that occurred and the factors that could have contributed to behaviour changes and how they were managed were described well. Staff had a range of distraction interventions that they employed when behaviours intruded on other residents or became unpredictable. These were usually successful however the inspector noted that the regular reviews of care plans did not provide an overview of the events that had occurred between reviews and no judgment was made to indicate if behaviour changes were becoming more or less frequent events. The inspector noted that some daily records did not fully reflect the person centred care interventions in place to ensure residents' continued independence

and well being. For example while daily records provided a general overview of how residents were during the day the social care events they had attended or their general mood and wellbeing was not consistently described.

An action plan in the last report described where reviews were not always dated in line with professional nursing guidelines. the inspector found that this had been addressed and reviews were now dated as required.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents being harmed or suffering abuse in the centre were in place. Residents said that they felt safe and said that staff were always available to look after them, to talk with them and also said they had confidence in staff to sort out problems. There was a policy and procedures in place to guide staff in the prevention, detection and response to abuse.

There were measures in place to ensure the safety and well being of residents where responsive behaviours were part of residents' conditions. Residents had a care and support plan in place to guide staff when providing care in such situations. Incidents of behaviours that challenge were recorded and the inspector saw that staff helped residents appropriately and sensitively during periods when they were restless and exhibiting changeable behaviours. The inspector noted that all behaviours were recorded and that staff were familiar with the interventions in place to ensure the well being of staff and the residents concerned. However the inspector noted that where behaviours could intrude on others the impact of this on other residents was not always evident in behaviour records maintained. The inspector concluded that reviews of responsive behaviour episodes should include an assessment of the impact on others to ensure that a possible abuse situation was detected immediately and all residents were appropriately safeguarded.

Staff were well informed on adult protection matters and could outline the varied type of abuse and acts of omissions that constituted abuse. Carers and nurses interviewed said that they had completed refresher training on this topic.

Training on dementia care and associated behaviours had been completed by several members of the staff team during 2014, 2015, 2016 and 2017.

**Judgment:**

Substantially Compliant

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

Person-centred care and support

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

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

**Findings:**

The inspector was satisfied that residents including residents with dementia were consulted with about how the centre was run and there was evidence that residents were supported and facilitated to live their lives as they wished.

There was evidence of a culture of good communication between residents and the staff team. The inspector saw that staff interacted with residents in a courteous manner and respected their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. Night staff served breakfast or early morning tea to residents who woke up early. During the day residents were able to move around the centre freely, could receive visitors when they wished and were free to go out either independently or accompanied depending on their ability and orientation. Residents who had connections with local day centres continued to attend one or two days a week.

The inspector spent two periods of time during a morning and afternoon observing staff interactions with residents. A validated observational tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The observations took place in the sitting/dining area. The inspector observed that staff knew residents well, greeted them in a personal way when they entered rooms and chatted about their well being and the days' current news.

There was a consistent staff presence in the communal area and this could be care or activity staff. Interactions were social, cheerful and meaningful with staff noted to ensure that residents' personal arrangements for the day were organised. There was evidence of general wellbeing with residents and staff chatting together in a relaxed manner. Residents who were very frail and who had significant levels of cognitive impairment were noted to be well supported and were provided with regular opportunities for social interaction including one to one interaction to ensure they were not isolated. An action plan in the last report identified that care plans required improvement to outline communication methods to guide staff where residents had dementia or could not communicate verbally. This was addressed as described throughout this report.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity. Meal times were observed to be social occasions with plenty of conversations between staff and residents.

There was a system in place to consult regularly with residents. Meetings facilitated by the provider representative took place at intervals and records confirmed that residents were satisfied with the way services were provided. There was an agenda for each meeting and topics discussed included menus, bedrooms, rights and complaints and contracts of care. Residents conveyed satisfaction with a trip they had to Bray and hoped that other trips would be organised. They were also satisfied with the comfort of their bedrooms and care provided by staff. The inspector saw that residents were regularly informed at meetings about how to make a complaint, their rights and safety.

The inspector observed that some residents liked their privacy and spent time in their own rooms. Residents could meet visitors in private and visitors were welcomed throughout the day. Family members were noted to be advised and supported by staff when they required information on their relatives' health or had difficulty coming to terms with their relative's illness. There was a fortnightly Mass celebrated in the centre. Residents were facilitated to exercise their political and religious rights. Many voted in elections, including some residents with dementia.

Residents had access to a safe garden area and this was noted to be in regular use. It is safe, secluded and provided a calm space when residents wished to spend time outside. Daily newspapers and a range of magazines were available. Staff said that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. This outcome was judged as substantially complaint in the self-assessment and the inspector judged it complaint as staff had made efforts to address what had been identified as shortfalls. There was good consultation with residents and evidence that personal choices were facilitated.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre maintained a complaints policy that met the requirements of Regulation 34-Complaints procedures. It was displayed and included in the residents' guide. Residents the inspector talked to knew how to make a complaint and said that they had confidence that matters raised would be addressed. The person in charge explained that issues of concern are addressed promptly at local level and usually resolved to the satisfaction of the complainant. All complaints were relayed to the persons in charge and were recorded.

A review of the complaints recorded during 2017 showed that a range of matters had been addressed. Problems with clothes being delayed in the laundry, communication and information were some of the matters addressed. All complaints were fully recorded with the actions taken to resolve them. The required details such as the outcome of the complaint and if the complainant was satisfied were recorded.

The provider representative undertook a periodic audit of complaints to ensure that they were addressed and resolved. The inspector saw that the methods by which complaints could be relayed were outlined for residents and families and included e mail contact with the centre.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing*****Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There was a varied skill mix of staff on duty to meet the assessed health and social care needs of residents. This included activity and catering staff. There was evidence that a staff development programme was in place and records confirmed that staff had a range of training opportunities to ensure they were equipped to meet the needs of residents effectively. Over the past three years training had been provided on topics that ranged from the management of dysphagia, living with dementia, responsive behaviours, nutrition, the management of hazardous substances and life support and resuscitation. Staff had up-to-date training on the mandatory topics of moving and handling, fire safety and adult protection.

The inspector reviewed the staff rota and the way staff were deployed to meet the needs of residents. One of the two persons in charge were on duty with a nurse during week days and there were four carers on duty daily. At night there was a nurse and a carer on duty. Cleaning, catering and maintenance staff were also employed.

Staff the inspector talked to were committed to their work and said they valued what they did to support residents remain independent and well. Staff said that they valued the training they had attended which helped them provide care in an informed and appropriate manner. They described a good atmosphere in the centre and said staff worked cooperatively to ensure the centre ran smoothly.

The recruitment procedures were reviewed and were found to reflect good practice for the recruitment of staff that work with vulnerable people. The inspector reviewed the personnel records of four staff and found that the required Schedule 2 information including vetting disclosures was available.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

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

**Findings:**

The Tower Nursing Home has been converted from two dwelling houses to its current purpose as a designated centre. It accommodates 21 residents. There are 13 single bedrooms and the remaining rooms are double or triple occupancy. Bedrooms are located on both floors and residents who live on the upper floor are all able to use the chair lift. The centre provides a homelike comfortable environment for residents. Bedrooms were personalised with photographs and ornaments belonging to residents.

The communal sitting and dining space is located on the ground floor. There is a deficit in dining space as all residents cannot sit together for meals but staff have addressed this by having two sittings so that residents have the opportunity for social interaction. Toilets and bathrooms were well located throughout and were accessible to communal rooms. There was a smoking area and this was noted to be bright and well ventilated. An action plan in the last report identified varied premises issues including the lack of communal space and two double bedrooms that were not adequately spacious to ensure privacy and the safe use of equipment. The provider has a plan in place to address these shortfalls and there is a condition applied to the registration that requires this work to be completed by 2018. There has been ongoing investment in the premises. The laundry area for example had been improved and there was good space for sorting and organising residents' clothing and other laundry.

The centre was in reasonable decorative condition and was visibly clean. The dining

room was attractively decorated and had homelike features. Sitting areas were used throughout the day by residents. The inspector noted that there were "dementia friendly" features in place. There was signage to guide residents to the communal dining, sitting areas and bathrooms. Staff had access to supplies of personal protective equipment. The inspector noted that while showers and toilets had hand rails, some were not fixed and could present a hazard to residents who were confused.

The inspector viewed the fire training records and found that fire safety training was provided and that all staff had completed training. The fire alarm and fire prevention measures were tested regularly. Records confirmed that the fire alarm was tested in September and October from several points. There was a list of all fire fighting equipment as required and upgrades of equipment were made when deficits were detected. For example new sounders had been installed in door closures as the originals were not regarded as effective. There were fire safety action signs on display throughout the building with route maps to indicate the nearest fire exit. Fire drills and fire training exercises were completed and staff confirmed that the actions they should take should clothing be on fire was included in the training topics. Fire records showed that fire safety and fire fighting equipment had been regularly serviced.

This outcome was judged as substantially compliant in the self-assessment and the inspector judged that it was moderately non-complaint as the areas outlined above required attention.

**Judgment:**

Non Compliant - Moderate

**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:***

Geraldine Jolley  
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>	The Tower Nursing Home
<b>Centre ID:</b>	OSV-0000110
<b>Date of inspection:</b>	12/10/2017 and 13/10/2017
<b>Date of response:</b>	23/11/2017

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

Records in relation to social care required improvement as they did not fully reflect the range of activity provided to meet residents' assessed needs and did not describe the extent of resident participation .

#### 1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each

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

resident when these have been assessed in accordance with Regulation 5(2).

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

New activity documentation will be designed to include the large range of activities available for residents and they will describe the extent of the residents participation and enjoyment and satisfaction.

**Proposed Timescale:** 31/12/2017

**Theme:**

Safe care and support

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

Regular reviews of care plans did not provide an overview of the events that had occurred between reviews and no judgment was made to indicate if behaviour changes for example were becoming more or less frequent events. Some daily records did not fully reflect the person centred care interventions in place to ensure residents' continued independence and wellbeing. For example, while daily records provided a general overview of how residents were during the day the social care events they had attended or their general mood and wellbeing was not consistently described.

**2. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

A review of the care planning process will be undertaken

This will include the person in charge monitoring the care plans on a monthly basis

Daily records will be monitored and additional staff training on documentation will take place

With emphasis on mood and behaviours

**Proposed Timescale:** 31/03/2018

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Where behaviours could intrude on others the impact of this was not always evident in behaviour records maintained. Reviews of responsive behaviour episodes did not include an assessment of the impact on others to ensure that a possible abuse situation was detected immediately and all residents were appropriately safeguarded.

**3. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

New documentation records will be designed to focus on the impact challenging behaviour has on residents in the Nursing home. What resources are needed and what situations need immediate interventions in line with safeguarding vulnerable adults

**Proposed Timescale:** 31/03/2018

**Outcome 06: 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 are aspects of the accommodation that do not meet the needs of dependent persons. A condition is applied to the registration and work to remedy this is due to be completed in 2018. The following premises issues are among those that require attention:

There is a deficit in dining space as all residents cannot sit together for meals

Two double bedrooms that were not adequately spacious to ensure privacy and the safe use of equipment.

Showers and toilets had hand rails but some were not fixed and could present a hazard to residents who were confused.

**4. 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:**

Planning approval has been granted for renovations.

Hand rails in bathrooms will be secured to the walls

**Proposed Timescale:** 23/11/2017