

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	TLC Centre Santry
<b>Centre ID:</b>	OSV-0000184
<b>Centre address:</b>	Northwood Park, Santry, Dublin 9.
<b>Telephone number:</b>	01 862 8080
<b>Email address:</b>	santry@tlccentre.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	T.L.C. Centre Limited
<b>Provider Nominee:</b>	Noel Mulvihill
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	Sheila McKeivitt
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	120
<b>Number of vacancies on the date of inspection:</b>	4

## About monitoring of compliance

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

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

Regulation has two aspects:

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

**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 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 03 August 2016 10:00 To: 03 August 2016 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

The purpose of this inspection was to monitor regulatory compliance and to consider an application to vary a condition of registration. An independent living apartment on the third floor was changed into two newly created bedrooms. The inspectors also considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications forwarded by the provider.

As part of the inspection, the inspectors met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and risk management processes.

Overall, a good standard of nursing care was being delivered to residents. Staff were knowledgeable of residents and their abilities and were responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner. Residents' healthcare needs were met to a good standard with timely referral to and review by medical and allied health

professionals. Four residents were in hospital at the time of the inspection.

There was evidence of good practice in all outcomes. Clear evidence of good governance processes resulting in positive outcomes for residents. Nine of the 11 outcomes inspected were in full compliance and one outcome was a moderate non-compliance.

The action plans at the end of this report identifies a small number of areas, such as contracts of care and premises where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older Persons.

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 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:**

Governance, Leadership and Management

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

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

**Findings:**

A detailed statement of purpose was in place and it detailed the aims, objective and ethos of the service. The information was in line with Schedule 1 requirements.

The provider updated this document yearly and keep it under review.

**Judgment:**

Compliant

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Governance systems were well established. Monthly management meetings took place. Minutes of these meetings reviewed by inspectors included discussions on staff training, incident analysis, clinical practice and development, medication management, falls management, pressure ulcers and wound management. Staff training on safeguarding,

cardio-pulmonary resuscitation, moving and handling, dementia care and fire drills had been delivered.

Audit processes were found to be fully implemented to show that improvements to resident outcomes had been achieved. There was evidence that there were changes in practice in areas such as; falls management; reduction in pressure ulcers and reduction of restrictive practices including the use of bed rails. The use of psychotropic medication was under close review to reduce the use of these medications on an as required basis. These findings were also replicated on inspection.

A complete cycle of auditing was well established. Inspectors were shown a number of audits in key areas of practice. Inspectors found that the senior management team were appropriately prioritising the supervision of care, providing direction and leadership and promoted a culture of quality and safety within a team environment.

**Judgment:**  
Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. 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:**  
Governance, Leadership and Management

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

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

**Findings:**

Written contracts for the provision of services were found to be agreed and signed on admission. The inspectors reviewed contracts of care in place for residents. At the time of the last inspection, a small number of contracts were not in place, this had now been fully addressed. However, recent changes and the inclusion of an additional social charge and revised fees were not reflected in the signed records or correspondence shown to the inspectors.

The provider and person in charge informed inspectors that this was a recent change and a letter had been issued to all residents and relatives to communicate these changes. The provider confirmed that he was in the process of updating the contracts of care.

**Judgment:**  
Non Compliant - Moderate

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had worked at the centre in this role for over two years, and had not changed since the time of the last inspection. She was deemed to have the required knowledge and experience to hold the post of person in charge. She was supported in her role by two assistant directors of nursing, clinical nurse managers and the provider. The person in charge implemented the systems of audit which supported improvements to the quality of the service delivered.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that systems and policy were in place to protect residents being harmed or suffering abuse. There was a written policy in place to guide staff and they received appropriate training in adult protection. Care and communication was observed to be person-centred and in an environment which promoted residents' rights.

The inspectors found there was regular staff training in the protection of vulnerable adults, and the records confirmed that this was up-to-date. Staff spoken to by the inspectors were knowledgeable of the types of abuse and the local reporting arrangements in place.

The person in charge and management team was aware of the requirement to notify

any allegation suspected, or confirmed of abuse to the Authority. The inspectors spoke to a number of residents who confirmed that they felt safe and secure in the centre.

A sample of resident records of residents who presented with responsive behaviours was reviewed by the inspectors with the person in charge. Supportive care plans were developed and in place to inform staff and guide practice. Distraction techniques and a person-centred approach was evident in care plans reviewed by the inspectors. All care plans were updated following specialist input and review where required. The inspectors found that evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered behaviours and implemented the least restrictive interventions as outlined in the written care plan. Evidence of multi-disciplinary review included guidance on any use of prescribed medication where indicated.

The policy, practice and assessment forms reviewed reflected practice in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). The person in charge ensured that a detailed risk assessment took place and the least restrictive intervention was in use. Alternatives had been trialled prior to the use of any bed rails. For example, use of low-low beds and crash mats. The person in charge could demonstrate an up to date risk register was in place.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there were good systems in place in relation to promoting the health and safety of residents, staff and visitors. The inspectors read the risk management policies which were developed in line with the legislation and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

Overall fire safety was found to be well managed. Fire safety procedures were in place and staff demonstrated to the inspectors a good working knowledge of what to do in an emergency. The two new bedrooms on the first floor had been reviewed from a fire safety perspective. One vacant room did not have a self-closing device in place which connected to the fire alarm system. The provider satisfactorily addressed this on the day of the inspection.



The inspectors reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. Staff were familiar with the content, including the recent changes to the first and third floor with regard to the evacuation plans.

The inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and regular fire drills were carried out by staff at suitable intervals.

There was evidence that all fire equipment including emergency lighting, fire extinguishers, fire alarm and fire doors were serviced. The records confirmed that the fire alarm had been serviced quarterly. The inspectors found that all internal fire exits were clear and unobstructed during the inspection. There was a robust system whereby a staff member checked fire exits daily and this was documented. Staff were familiar with the location of the fire panel and procedures were visible in key areas of the building.

The reception area was staffed on a 24 hour basis and controlled access to the grounds and parking was maintained, with closed-circuit television (CCTV) cameras in place external to the premises.

The inspectors were satisfied that all risks were identified, appropriately risk assessed and risks mitigated to prevent accident or incident. A generator was in place for emergency use and this was maintained appropriately.

There was an up-to-date health and safety statement in place which had been reviewed on 31 March 2016 and it related to the health and safety of residents, staff and visitors. The provider and person in charge had a risk register in place to identify and manage the risks in the centre. Measures were in place to prevent accidents and facilitate residents' mobility, including non-slip floor covering in bathrooms and toilets. A falls prevention and review meeting took place monthly and residents at risk of falling were discussed and reviewed. Measures to mitigate risks associated with falls including plans for improved footwear, mobility, medication review, environment audit and supervision needs were minuted in detail for each residents who had sustained a near miss, fall or incident and also included those at risk of falls. Documentation which included a validated falls risk assessment tool was in use by nursing staff. Changes were implemented including introduction of more supervision of residents when mobilising on corridors and increased in staffing provision in the evening time.

All staff had been trained in manual handling and appropriate safe practices were observed by the inspectors. There was sufficient assistive equipment was found to be available for use in a timely manner.

The covered smoking area in the garden was accessible by residents and used by a small number of residents, who had risk assessments completed.

The inspectors found that there were measures in place to control and preventing risks associated with infections. Staff were managing and controlling risks associated with

infection including reporting and managing appropriately any suspected outbreaks. Staff were knowledgeable in infection control and training had been provided. Staff had access to knee operated sinks, and supplies of gloves and disposable aprons. They were observed using the alcohol hand gels which were available discretely throughout the centre.

**Judgment:**  
Compliant

***Outcome 09: Medication Management***

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

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that each resident was protected by the designated centre's policies and procedures for medicines management.

There was a written medication policy which guided staff administration practices which were observed to be of a good standard. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements. There were appropriate procedures for the handling and disposal of out of date medications, with appropriate records maintained.

The inspectors viewed completed prescription records and saw that they were in line with best practice guidelines. Written evidence was available that medication reviews were carried out where required. There was clear evidence of review of psychotropic medication and the use of 'as required' medication was kept under close review. The retail pharmacist was also involved in medicines safety and was available if required in the centre. The inspectors were informed that medicines audit took place monthly, and was completed by the assistant director of nursing. Inspectors found this audit was comprehensive including a large number of records and included areas for improvement (if any).

The person in charge confirmed that competency assessments were completed with new nursing staff by the person in charge or her deputy. All staff nurses involved in the administration of medicines had undertaken medicines management training.

Medicines were safely stored in locked cupboards in clinical secure storage area accessed only by staff. Medicines which required strict control measures were managed and kept in secure cabinets in keeping with professional guidelines. Nurses kept a register of all controlled drugs. Stock balance was checked and signed by two nurses at

the change of each shift. The balance of medicines reviewed by the inspector reconciled with the records. The dates of opening of eye drops and other medication with short expiry dates were recorded by nursing staff, which was consistent and in line with good practice.

Medicines audits were also completed by the pharmacist to identify areas for improvement and there was documentary evidence to support this. Systems were in place to monitor for any medication errors, or near misses, and any findings were discussed to prevent recurrence.

**Judgment:**

Compliant

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

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate allied health care. Residents' healthcare needs were met to a high standard. Arrangements to meet their needs were set out in a care plan, with the involvement of the resident or the residents' representative.

Improvements were maintained further to the previous inspections relating to records of care, and records of the resident's involvement with the care planning process.

The feedback from residents and relatives relating to activities available was found to be good. The garden was accessible to residents. Activities co-ordinators were in place, and activity such as crafts, music and exercises were observed during the inspection. Outings were planned with the use of the wheelchair accessible transport. A dedicated activity room was accessible and arts and crafts and other activity took place in this room.

Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. A physiotherapist had been recruited and was available on the staffing roster five days a week. He reviewed residents on referral and was also a qualified moving and handling instructor. The inspectors reviewed

residents' records and found that residents had been referred to these services in a timely manner and records of assessment and reviews were written up in the residents' notes.

The inspectors reviewed a sample of residents' files on the electronic record keeping system and information was readily available and accessible. Nursing assessments, care planning and additional clinical risk assessments were completed by staff for residents. Daily notes were being recorded in line with professional guidelines, and in a person-centred manner. Overall care plans reviewed by the inspectors contained the required information to guide the care for residents, and were updated to reflect the residents changing care needs. For example, referral for dietetic review was undertaken in a timely manner, and recommendations implemented and reviews informed care plans.

Residents and/or relatives were involved in the development of their care plans and they confirmed this with the inspectors.

The inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of physiotherapy intervention, hip protectors and increased supervision. There was good supervision of residents in communal areas and adequate staffing levels on the days of the inspection to ensure resident safety was maintained.

There was an adequate policy in place on falls prevention to guide staff. Clinical observations were completed when residents sustained an unwitnessed fall. Referral for medical review was found to be timely.

The inspectors found that there was good practice in place around on reducing the use of restraint, and implementing alternatives, in line with national policy. Training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bed rails.

The inspectors reviewed the records of residents with at risk of skin breakdown and pressure ulcers and read the care plans of a resident with a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. An evidence-based policy was in place and this was used to guide practice of nursing and care staff. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers, and appropriate pressure reducing strategies and care was in place for residents assessed as at risk, and records of re-positioning and pressure relieving devices were found to be accurate and evidence based.

A small number of residents had been referred for specialist assessment by a tissue viability nurse, and records were in place and care delivery in line with recommendations and that of the multi-disciplinary team including their nutritional needs. Further to review of the records and care delivery the inspectors were satisfied that this wound care was well managed. Reporting to HIQA was found to be accurate and in line with regulatory requirements.

**Judgment:**  
Compliant

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

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The premises were purpose built and opened during 2004 and can accommodate 128 people, on four floors of the centre. The provider had notified HIQA of proposed changes to the third floor, where a private apartment had been modified to accommodate two spacious bedrooms both with private en-suite shower rooms. The new bedrooms were completed to a high standard and furnished attractively with adequate storage, lighting and ventilation in place. All works had been completed in compliance with the regulations and standards. Residents using the new accommodation are existing residents who expressed a wish for private accommodation. The inspectors were confirmed that two twin rooms on the first floor were now being used as single rooms, reducing numbers on the first floor.

Overall, there were now 58 Single bedrooms (44 with full-en-suite facilities), and 34 twin bedrooms (32 with en-suite facilities).

The inspectors found that a small number of bedrooms had a malodour. The procedures for maintaining carpets in a hygienic way were reviewed. The cleaning procedures were adequate from an infection prevention and control perspective. However, the carpets in a small number of bedrooms were not appropriate flooring and required frequent cleaning. A programme of replacing carpet with suitable flooring was in place in some bedrooms and this was ongoing.

**Judgment:**

Substantially 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(s):**

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

**Findings:**

Improvements around the management and return of laundry had been fully addressed and sustained since the time of the last inspection. Inspectors confirmed with residents and relatives that they were satisfied with service provision around care of their clothing and laundry. Records of residents' property and personal belongings on admission were also maintained.

Residents in twin bedrooms had access to a shared wardrobe space which was adequate to meet their need for storage. However, this did not fully comply with the standards and consideration should be given to reviewing this arrangement to ensure the residents' right to separate storage and privacy for their personal clothing and belongings in shared bedrooms

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and skill-mix to meet the needs of residents on the day of the inspection. The inspectors reviewed the actual and planned rota and found that there was enough staff planned for seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre. At the time of the inspection 82 of the 124 residents had their nursing care needs and dependency assessed as maximum or high care. Each floor had a clinical nurse manager or staff nurse allocated to supervise care delivery. In total 8 registered nurses were on duty at the commencement of this inspection. This included the person in charge and two clinical nurse managers.

The inspectors found that staff had up-to-date mandatory training. Staff also have access to other education and training to meet the needs of residents as outlined the

statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. For example, medication management, end of life care and dementia care.

A sample of staff files were examined and found to be in line with Schedule 2 requirements. The inspectors confirmed that all staff had undergone Garda Vetting procedures. All relevant members of staff have an up-to-date registration with the relevant professional body. At the time of inspection there were no volunteers but the person in charge was aware of the vetting procedures and regulatory requirements. There was a recruitment policy in place and inspectors found that staff recruitment procedures were in line with the regulations.

Systems were in place to provide relief cover for planned and unplanned leave. A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition and any changing nursing or care needs. Detailed handover procedures took place and staff were knowledgeable about how to meet a residents' communication and other assessed needs.

The inspectors observed all staff interacting with the residents and person in charge in a professional and respectful manner. Staff were formally supervised on a six monthly basis.

The number and skill-mix of staff on duty is subject to review by the person in charge, and examples of where staffing had been adjusted to meet the changing needs of residents were evidenced by the person in charge. Residents and relatives confirmed to inspectors their satisfaction with the staff and standard of care at the centre.

**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:***

Leone Ewings  
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>	TLC Centre Santry
<b>Centre ID:</b>	OSV-0000184
<b>Date of inspection:</b>	03/08/2016
<b>Date of response:</b>	21/09/2016

**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 03: Information for residents**

**Theme:**  
Governance, Leadership and Management

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

Additional social charge and revised fees were not found to be reflected in the contacts of care reviewed.

**1. Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated

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



centre and includes details of the fees, if any, to be charged for such services.

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

All fees are included in schedule 2 (pages 15-17) of the Contract of Care (see attached).

**Proposed Timescale:** 20/09/2016

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The carpeting on the floor in a small number of rooms was malodourous.

**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:**

A full audit of the bedrooms with carpet flooring will be undertaken and a rolling maintenance plan to replace odorous carpets with alternative flooring will continue at a rate of at least 2 per month or greater, as needs emerge.

**Proposed Timescale:** 31/12/2016