

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Tinnypark Nursing Home |
| Centre ID: | OSV-0000707 |
| Centre address: | Derdimus, Callan Road, Kilkenny. |
| Telephone number: | 056 777 1550 |
| Email address: | info@tinnyparknursinghome.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Tinnypark Residential Care Limited |
| Provider Nominee: | Anne Comerford |
| Lead inspector: | Ide Cronin |
| Support inspector(s): | Mary O'Donnell |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 41 |
| Number of vacancies on the date of inspection: | 6 |

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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 August 2016 07:30 To: 16 August 2016 17:30

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 03: Information for residents | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Compliant |
| Outcome 06: Absence of the Person in charge | Compliant |
| Outcome 07: Safeguarding and Safety | Substantially Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 09: Medication Management | Non Compliant - Moderate |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Non Compliant - Moderate |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 13: Complaints procedures | Substantially Compliant |
| Outcome 14: End of Life Care | Non Compliant - Moderate |
| Outcome 15: Food and Nutrition | Substantially Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 17: Residents' clothing and personal property and possessions | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This inspection was announced and carried out in response to an application from the provider to renew registration of the centre. During the inspection the delivery of care was observed and documentation such as care plans, medical records, accident/incident reports, policies and procedures, staff files and the registration application was reviewed.

The Health Information and Quality Authority (HIQA) had also received unsolicited information in relation to staffing levels, communication, nutrition and management of falls. Practice areas in relation to the receipt of unsolicited information were explored throughout the inspection and are addressed under the relevant outcomes. Inspectors found that the alleged concerns were unsubstantiated with the exception of falls management which is addressed under Outcome 11.

In July 2015 a wing of this designated centre was leased to the Health Service Executive (HSE) to accommodate ten residents from another designated centre under a service level agreement. On the day of inspection there were eight residents living in this wing. These residents are under the direct care of the HSE and the staffing complement arrangements are directly provided by the HSE. Under the service level agreement Tinnypark only provide laundry services, meals to residents and maintenance requirements.

The inspectors spoke with residents, relatives and staff throughout the inspection and also reviewed the feedback questionnaires returned to HIQA. In addition all documents submitted by the provider related to the renewal of registration were reviewed prior to the inspection.

Care assistants, nursing and ancillary staff were well informed, were observed to have friendly relationships with residents and could convey a comprehensive understanding of individual residents' wishes and preferences. Quality of life and well-being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated by actively engaging in their care programmes and in social activities.

Residents and relatives who returned questionnaires to the Authority indicated satisfaction with the service provided. They were positive about the care provided and the input from medical staff and allied health professionals. They were aware of how to raise a concern or make a complaint.

The inspectors were satisfied that residents were provided with suitable and sufficient care taking account of their health and social care needs in a homely environment. There was evidence of adequate governance with the directors, provider nominee and person in charge engaged in the operation of the centre and direction of care practices.

A total of 18 outcomes were inspected. The inspectors found 11 outcomes were compliant, three were moderate non compliant and four outcomes were found substantially compliant with the Regulations. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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):

Findings:

The statement of purpose had been reviewed and a revised copy dated 2 May 2016 was made available to the inspector.

The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

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:

Effective management systems were seen to be in place in the centre during the inspection. The person in charge was suitably qualified and demonstrated a satisfactory knowledge of the Regulations. The inspectors observed that there were sufficient resources in place to ensure the delivery of safe and quality care to the residents with the present skill mix and staffing levels. The inspectors found that the management structure was appropriate to the size, ethos, and purpose and function of the centre.

There was an organisational structure in place to support the person in charge which included the provider nominee who was also a registered nurse and an assistant director of nursing. There was a reporting system in place as observed by inspectors to demonstrate and communicate the service was effectively monitored between the person in charge, the provider nominee and all staff. There was evidence of regular meetings between all heads of departments the last one had taken place on 13 July 2016. Regular staff meetings also took place. There was a nursing hand over which took place three times per day.

The quality of care and experience of the residents was also reviewed regularly through an audit programme that reviewed various aspects of the service. The areas reviewed included nursing documentation, falls, wound management, privacy and dignity, continence and medication management. Inspectors reviewed audits completed by the provider nominee and found that this information was used to improve the service and discussed at team meetings to promote learning.

The inspectors saw that a report on the quality and safety of care of residents and a quality improvement plan had been completed for 2015 and 2016. The action plan for 2016 included the purchasing of a blast chiller and replacement of floor covering in the main sitting rooms. Inspectors saw that this had been completed and a blast chiller had been purchased. There was also an extensive training plan for 2016. Satisfaction surveys had also been completed in July 2016 which overall indicated satisfaction with services provided.

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):

No actions were required from the previous inspection.

Findings:

A Residents' Guide was available to residents and it met the requirements of the Regulations.

The inspector reviewed a sample of the contracts of care for some residents, which set out the services provided and the agreed fees charged to these residents.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of service. The person in charge demonstrated in-depth knowledge of residents, their care needs, and a commitment to on going improvement of the centre and the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives.

She normally worked Monday to Friday and was on call at weekends. She demonstrated good clinical knowledge and was aware of her responsibilities under the Regulations. She had extensive experience in clinical care and had previously been a person in charge elsewhere for four years. There was an assistant director of nursing who deputised for the person in charge.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was found that the policy in relation to supporting residents with challenging behaviour was part of the care of residents with dementia policy. On this inspection the policy that supports residents with challenging behaviour has been divided into a separate policy from its original site care of the elderly with dementia.

The inspector found that overall records were maintained in a manner that ensured completeness and accuracy. Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. There was a visitors sign in book available. The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

The inspector found that medical records and other records, relating to residents and staff were maintained in a secure manner. Records were easily retrievable.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

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 and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the assistant director of nursing having responsibility for management of the centre. The assistant director of nursing was a registered nurse. Inspectors were satisfied that she

had the requisite skills and experience in care of the older person to deputise when necessary.

The person in charge, directors and provider nominee were contactable in the event of any emergencies and the necessary contact details were available.

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):

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

Findings:

Since the previous inspection residents had behaviour support plans revised to ensure that they were sufficiently comprehensive to guide staff in the proactive support of residents with behaviour that challenges.

The policy and procedures in place supported the on-going monitoring of residents with behaviour that challenges.

However training had not been completed by all staff in the response and management of behaviour that is challenging.

There was now a robust system in place to manage residents' finances.

Measures were in place to protect residents from being harmed or suffering abuse.

There was a policy and supporting documents which provided guidance for staff to manage incidents of abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidents.

Safeguarding was included in the induction programme and the training records showed that staff had opportunities to participate in training in the protection of residents from abuse. Refresher training was held regularly. Staff were fully knowledgeable regarding reporting the procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

There were no safeguarding issues currently being investigated but the management team demonstrated their knowledge of the designated centre's policy. They were aware of the necessary referrals to external agencies, including the HSE designated officer responsibility and the revised process in line with the national policy.

During interviews with the inspector residents confirmed that they felt safe in the centre due to the support and care provided by the staff team.

Policies and procedures were in place in relation to responsive behaviours. Because of their medical conditions, some residents showed behavioural and psychological signs of dementia (BPSD). The inspectors saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff were very familiar with appropriate interventions to use. Behaviour logs were maintained of episodes of BPSD which were analysed for possible trends and to identify times of higher anxiety levels. During the inspection staff approached residents in a sensitive and appropriate manner which residents responded to positively. Staff were conscious that noise levels may trigger BPSD and residents had access to a variety of quiet rooms. They also had free access to secure external courtyards. Some staff had attended training in behaviours that challenge but this mandatory training was not provided for all staff.

The provider did not act as an agent for any of the residents but petty cash was held for safekeeping for five residents. All transactions were dual signed and balances checked on inspection were correct.

A restraint free environment was promoted. Nine residents used bedrails to promote safety and support residents to move in bed. The bedrails in use were not restrictive devices as a gap in the centre allowed residents to get up if they wished to do so. Where bed rails posed a risk alternatives were used such as low-low beds and crash mats. Three residents used lap belts for safety reasons and chemical restraint was not used. There were systems in place to monitor residents who used bedrails or lap belts and their continued use was considered as part of the quarterly care plan review.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
The centre had policies and procedures relating to health and safety that included a health and safety statement and risk management policy to include items set out in regulation 26.

Policies for infection control and prevention, absconding, incident reporting, smoking and fire safety with supporting protocols were also available and implemented in

practice. There were policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements learning from audits, serious incidents and adverse events involving residents had improved since the previous inspection. All Incidents were reviewed on a monthly basis at management meetings and also discussed at staff meetings and during shift handover meetings. Residents at risk of falling in their bedrooms were provided with sensor mats and more frequent checks were put in place.

The centre had an infection control policy in place. Staff were trained in infection control and inspectors observed that adequate sanitising gels, hand washing facilities, gloves and aprons were provided. Staff including household staff interviewed were knowledgeable about their role in relation to infection control. Inspectors followed up on a notification of a suspected outbreak of norovirus (winter vomiting) and found that the Department of Public Health had been notified and the measures to contain the outbreak were in line with best practice. Inspectors also noted that suitable arrangements were in place for the storage of urinals.

Reasonable measures were in place to prevent accidents to residents, visitors and staff in the centre and in the grounds. Since the previous inspection key pads were installed to restrict access to the unused part of the house and latex gloves were securely stored. Individualised slings were provided for each resident control the risk of harm during moving and handling.

Suitable arrangements were in place in relation to promoting fire safety. A smoking room equipped with aprons, a fire blanket, sturdy ashtrays and call bell was available for use by two residents who smoked. A fire extinguisher was positioned in the adjacent corridor.

A fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Staff interviewed and records reviewed confirmed fire drills, fire alarm tests, checks of escape routes and of fire fighting equipment tests on a regular basis.

Fire safety and response equipment was provided and a personal emergency evacuation plan was completed for each resident. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures for each resident were recorded. Staff were trained and those who spoke with the inspector knew what to do in the event of a fire alarm sounding

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

On the previous inspection it was found that medication administration records were left blank at a number of times where medicines were due to be administered. Medication reconciliation did not occur in a timely fashion following discharge from hospital and this could lead to administration errors. The inspector found that the proposed action to address these issues had been completed. However, practices in relation to medication management still required further improvement.

The medication management policies were comprehensive and covered the ordering, receipt, storage, prescribing, administration, refusal and crushing of medicines. Records available which confirmed that staff had read and understood the policy. However, the inspector found that policies did not reflect practices in the centre. In a sample of medication administration records viewed by inspectors, it was evident that nursing staff were transcribing medications which did not meet professional requirements in medication management.

The inspector saw that transcribed medications were not signed and dated by the transcribing nurse nor were they verified by another staff nurse to ensure accuracy of the prescription. The transcribed medications had not been signed by the prescriber and in a sample reviewed, some medications had been given for 14 days without being authorized by the relevant prescriber. The centre's policy indicated that transcribed orders should be signed by the relevant practitioner within 72 hours. The policy also outlined that transcribing should be the subject of audit. There were no audits of transcribing practices undertaken.

The inspectors also observed in one instance a medicine was being give to a resident three times per day when it had been prescribed twice per day. In another medication chart reviewed by an inspector it was observed that not all medications were individually prescribed by the prescriber which is not in accordance with best practice.

Medications that required special control measures were appropriately managed and stored. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored daily. The inspectors noted that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times. Medication management audits were carried out and the inspector observed that where deficits were identified action plans were put in place.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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.

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:

Each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. However, not all residents had a care plan to meet their identified needs.

The centre provides care primarily for residents with long-term nursing care needs.

Relatives confirmed that staff informed them of their relatives' health care needs and any changes in their conditions. Residents were satisfied with the service provided. Residents had access to GP services of their choice and out-of-hours medical cover was provided.

Psychiatry of later life services were available and provided to residents upon referral. A full range of other services was available on a referral basis including speech and language therapy (SALT) and occupational therapy (OT), physiotherapy, dietician,

chiropractic, dental and optical services. The inspector reviewed residents' records and found that when residents had been referred to these services and the outcome recorded in the residents' notes. Unnecessary admissions to hospital were avoided by the use of the community intervention team to administer intravenous antibiotics. Staff were also competent to undertake phlebotomy and administer subcutaneous fluids to prevent or treat dehydration.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate care was generally provided. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure ulcers. The care plans were up-to-date and had been reviewed, however, improvement was required. Although residents had regular nursing assessments, care plans were not consistently developed to address their assessed needs. For example, although residents with diabetes had their blood sugars routinely monitored, there was no care plan in place to guide staff to manage residents who had diabetes. A resident who recently had four falls did not have a care plan to address the risk of falls.

Residents were routinely assessed for the risk of falls and care plans developed. The falling star symbol was used to alert staff if a resident was at risk. A leaflet was placed in each residents room to raise awareness about falls risks and the important factors such as suitable footwear, wearing clean spectacles and providing a clutter free environment. Inspectors checked the sensor mats used by four residents and found they were plugged in and functioning. However residents did not have a comprehensive post fall assessment undertaken. For example there was no physiotherapy assessment or medication review undertaken. There was no documentary evidence that the resident's falls history and the circumstances when the falls occurred were analysed to inform a plan to prevent further falls or to control the risk of injury in the event of a fall. The incidence of falls was high and audit records showed a high incidence of falls and 57% of falls occurred in resident's rooms between 24:00 and 8:00hours. Night staff told inspectors that majority of residents at risk of falls were in the central corridor and they were checked at 30 minute intervals at night. There was documentary evidence to support this. 43% of falls occurred during the day when the service was fully staffed. The supervision of residents at risk of falls required review. It had been identified through the most recent audit that a solid piece to cover the 12 inch gap in the split rail design was required.

There were three residents requiring wound treatment and/or pressure ulcer care at the time of this inspection. They had comprehensive care plans in place. Residents at risk were provided with appropriate pressure relieving devices and some were seen by the tissue viability specialist nurse. specialist advice was reflected in the care plans. In the records reviewed, the wound assessment described the individual sores, sites or wounds, the measurement or size of each site, the grade or appearance of each and treatment recommended or to be used. The associated care plan record detailed the frequency of assessments or dressing renewals and had relevant information to aid an evaluation.

Judgment:

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. 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 location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The premises takes account of the residents' needs and abilities, and was maintained in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Inspectors found the centre to be warm, well maintained and suitably decorated.

Residents had good access to indoor and outdoor areas and to external gardens and courtyards. The grounds were well maintained. Sitting and dining rooms and communal rooms were spacious, decorated in a homely fashion with good natural lighting. There were other smaller areas and rooms to sit or dine in, that were pleasantly furnished. Bedrooms were personalised too suit the individual resident and many residents had a picture on the door to help them to identify their bedroom. All bedrooms and communal rooms had a call bell. There was no call bell in the lobby but inspectors held the view that this did not pose a risk, as any call for assistance would be responded to as the area was a busy thoroughfare and the day room, reception area and administration offices had large windows which allowed occupants to view residents in the lobby area. Very few residents sat in the lobby on the day of inspection.

Corridors and door entrances of accommodation used by residents were wide and spacious to facilitate movement and equipment by residents. Bedrooms were spacious to accommodate personal equipment and devices required by existing residents. Handrails and grab rails were provided where required.

Bedroom accommodation was provided through a mix of single and twin occupancy rooms (39 single bedded rooms and four twin rooms). All bedrooms had ensuite shower and toilet facilities. The size and layout of bedrooms met the needs of the residents and screening was used in twin rooms to provide privacy for both residents. All residents had

a safe in their bedrooms.

Furniture and equipment was relatively new and in good condition. Mobility aids were available to promote safe moving and handling practices. There was a system in place which supported the timely reporting and carrying out of remedial maintenance work. There was documentary evidence to show that equipment was regularly serviced.

Suitable storage arrangements were available throughout the centre. Kitchen facilities are located within the building. A large spacious dining room adjoined the kitchen where residents' food was prepared, cooked and served from at meal-times.

A laundry facility is available within the centre to launder residents clothing, bedding and curtains.

Judgment:

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(s):

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

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of complaints.

The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in prominent positions and residents and relatives that communicated with the inspector said they were aware of the process and identified the person whom they would communicate with if they wished to make a complaint. Complaints forms were available in the lobby area and also a suggestion box to support people to make comments or complaints anonymously.

Inspectors examined the complaints record and this showed that both verbal and formal complaints were documented. Complaints are now recorded electronically. The nature of the complaint, the investigation details and actions taken on foot of a complaint were all documented. A record was also made of the complainant's level of satisfaction with the outcome. This had been an issue at the previous inspection. There was evidence that complaints were used to inform service improvements and the person in charge followed up to ensure that improvements were sustained

There was no person nominated to oversee that complaints were managed in line with the policy.

Judgment:

Substantially 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(s):

No actions were required from the previous inspection.

Findings:

There was an end of life care policy dated 1 February 2016. The policy of the centre is all residents are for resuscitation unless documented otherwise. Records reviewed evidenced good input by the homecare team to monitor and ensure appropriate comfort measures. Medication was regularly reviewed and closely monitored to ensure optimum therapeutic values.

Staff spoken with had a good understanding of general end of life care. Some staff had completed training in this area and further training was to take place. A care staff member had taken a lead role in end of life care and she informed the inspector that the first end of life care committee meeting had taken place on 10 August 2016. Individual religious and cultural practices were facilitated. Family and friends were facilitated to be with the resident when they were at end of life stage as observed by the inspector.

There was limited evidence that the end of life needs and wishes of residents were discussed with them and/or their next of kin as appropriate and documented in a care plan. The care plans reviewed by an inspector did not address the resident's physical, emotional, social and spiritual needs. They did not reflect each resident's wishes and preferred pathway as part of their end of life care. There were inconsistencies in relation to the residents involvement in the decision making process relating to end of life care.

There were issues of capacity to make decisions that staff had to consider as so many residents were highly dependent or had dementia or a combination of complex conditions. Staff recognised that decisions made in relation to end of life care were determined by the clinical presentation that prevails in the absence of residents being able to make a decision on their own behalf.

The provider nominee told the inspectors of the protocol that was in place for the return of personal possessions which was satisfactory.

Judgment:

Non Compliant - Moderate

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(s):

This was the centre's first inspection by the Authority.

Findings:

Each resident was provided with fresh food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. Residents with identified weight loss were referred for dietetic assessment. However inspectors noted that the staff and the system in place did not consistently identify residents who had gradual weight loss.

Monitoring of residents' food intake and fluid balance were completed when required but this required improvement. The menu options on the new computerised system did not allow staff to provide details of the type and quantity of food eaten. Catering staff detailed how they fortified foods with butter and cream when additional calories was required. Medication records showed that supplements were prescribed by a doctor and administered accordingly.

The centre operated a 'protected mealtimes' policy. In order to minimise distractions and support residents to focus on having their meals, visitors were not permitted in the dining room at mealtimes. However if relatives wished to assist a resident who could not eat independently they were facilitated to do so. Mealtimes were observed to be a social occasion for residents. It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required. Residents had a choice of where to have their meals. The tables in the dining rooms were attractively set and a menu for the day was displayed.

The food provided was appropriately presented and provided in sufficient quantities. Inspectors saw that residents who required their meal in altered consistencies had the same choices as other residents.

Inspectors saw that snacks and fluids were readily available. Night staff and residents told inspectors that nourishing night snacks were also available should they be required.

The catering manager met with newly admitted residents to establish their likes and dislikes. Inspectors saw that this information was kept in a folder and accessible to the catering staff. Suitable arrangements were in place for residents who preferred not to eat at mealtimes. The blast freezer was used to cool meals which were then refrigerated and offered at a later stage. Mealtimes were set to suit the residents and arrangements were made to meet individual residents' preferences. For example one resident had soup at lunch time and his dinner in the evening.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were consulted with and participated in the organisation of the centre. They were supported to make choices, to be independent and to develop and sustain friendships. Residents in the main led purposeful lives, they decided how to spend their day and there were opportunities to participate in activities that suited their interests.

A culture of person centred care was evident and staff worked to ensure that each resident received care in a dignified way that respected their rights. Residents got up when they wanted and the majority of residents retired to bed at a time of their choosing. An additional staff member was rostered to support residents to have a choice around when they wished to retire at night. Inspectors observed staff interacting with residents in an appropriate and respectful manner.

Residents had free access to a secure, well maintained garden. Residents and staff enjoyed sitting in the garden on the day of inspection. They told inspectors about the garden party they had in July. Residents were involved in planning the event. The activity co-ordinator said the residents' forum met to plan the garden party and Christmas events but regular meeting tended not to take place. Residents' views were sought informally and formally through the use of residents and relatives surveys. The feedback was overwhelmingly positive about staff, meals, management and activities.

Suggested improvements included activity provision at weekends and more day trips. These suggestions had yet to be acted upon.

Residents were facilitated to exercise their civil, political and religious rights. Most of the residents were Roman Catholic and staff confirmed that residents of other denominations were supported to practice their religion. Residents confirmed that their rights were upheld. Staff sought the permission of the resident before undertaking any care task and they were consulted about how they wished to spend their day and care issues. Arrangements were in place for residents to vote in the recent election.

Groups were formed to support residents and promote friendships. Ladies groups did needle crafts and reminiscence and enjoyed a formal tea party with china, tea cups and saucers. Residents also enjoyed gardening.

Apart from protected mealtimes, there was no restrictions on visitors and there were a number of areas where residents could meet visitors in private apart from their bedroom. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers. Some residents had computer access and used email or Skype to keep in touch with friends and relatives.

Two staff are dedicated to activities Monday to Friday. They work together two days per week and separately on the remaining days. They organised the activities schedule. Activities were arranged for the mornings and afternoons and include music, exercise, quizzes, art and religious activities. Residents with dementia were supported to engage in these activities and they were also benefitted from 'Sonas Therapy'(a multidisciplinary programme). One-to-one time was scheduled for residents who could not or preferred not to participate in the group activities. Recently life stories were started which documented each resident's interests and hobbies informed the activity plan. . The records of residents' participation or level of engagement in activities were maintained electronically along with other aspects of care provision.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The centre had a policy on residents' personal clothes and possessions and inspectors

saw that appropriate records were maintained of residents clothing and personal possessions. There was adequate space provided for residents' personal possessions and mobility aids. Key workers had responsibility to help residents to keep their wardrobes tidy. Residents had an ability to lock their bedroom and a safe was provided in each bedroom.

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. Residents and relatives were satisfied with the arrangements in place.

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):

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

Findings:

The action plan from the previous inspection relating to staffing had been completed. A review of staffing arrangements was conducted and two additional staff had been recruited, one for laundry duties and another to cover a twilight shift between 18:00 and 22:00 hours. The Statement of Purpose had been amended to reflect the revised staffing arrangements.

There was appropriate staff numbers and skill mix to meet the needs of residents. Staff had up to date mandatory training except for behaviours that challenge, and this is detailed under Outcome 7. All staff were supervised on an appropriate basis and recruitment and vetting processes were in line with best practice.

Inspectors found that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency levels/needs. Staff actual and planned rosters were available and reflected the staffing provision on the day of inspection. Many of the staff knew the residents well. Residents told inspectors they felt supported by staff that were available to them as required.

Each resident had a named nurse and a key health care worker assigned to them and

teams were allocated to work with residents in various wings on a daily basis. There were three regular meetings held in a 24 hour period to update the team about care and welfare issues related to each resident. Inspectors sat in on the morning handover meeting and found that relevant information about the care and welfare of residents was shared. Information from nursing and care records were read and opportunities afforded to staff members to ask questions or discuss pertinent aspects of individual residents care. The diary was also used to alert staff about important events such as residents' birthdays, hairdressing and medical appointments.

A programme of training was maintained to ensure that all staff had mandatory training. Staff also had access to relevant training to meet the needs of residents. For example infection control, dementia care and cardio pulmonary resuscitation. Both care staff and nurses told inspectors about the range of training they had attended. Direct communication with management was facilitated by quarterly meetings, where management met separately with health care staff and nursing staff. Records of these meetings were accessible to staff.

Evidence of current professional registration for all rostered nurses was made available. Recruitment procedures were in place and samples of staff files were reviewed. Inspectors found compliance with the requirements of schedule 2 records. New staff had a formal induction programme and suitable mentoring arrangements were in place. Staff appraisals were conducted on an annual basis.

There were no volunteers engaged in 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:

Ide Cronin
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: | Tinnypark Nursing Home |
| Centre ID: | OSV-0000707 |
| Date of inspection: | 16/08/2016 |
| Date of response: | 26/09/2016 |

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Training had not been completed by all staff in the response and management of behaviour that is challenging.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

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

On the day of inspection, 75% of the nursing staff and 47% of care assistants had received training in the care of residents with Challenging Behaviours. A training programme has been identified with a trainer from the local branch of the Alzheimer's Society and she is in a position to provide training to staff on an ongoing basis.

Proposed Timescale: 31/12/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

The inspector observed in one instance a medicine was being give to a resident three times per day when it had been prescribed twice per day.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All procedures in relation to medication management have been reviewed and a lead on this taken by the Assistant Director of Nursing in conjunction with the main pharmacist and the attending medical officer and other attending GPs.

Training has been given to Nursing staff by the Pharmacist and ADON – particularly focusing initially on newly recruited overseas staff. The programme was agreed with provider nominee on 25 August 2016 and the first training took place on 2 September 2016 with four nurses attending. Further sessions will take place when a new staff nurse commences duty on 19 September 2016.

Proposed Timescale: 02/09/2016

Theme:

Safe care and support

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

Transcribed medications had not been signed by the prescriber and in a sample reviewed some medications had been given for 14 days without being authorized by the relevant prescriber.

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Medication administration records are signed by the attending medical officer on either of his two regular days weekly when he attends the nursing home. For other GPs who attend less regularly, the MAR is delivered personally and collected by staff from Tinnypark. Re the transcribed medications - the timeframes in the local policy were re-considered and have now been adjusted to seven days rather than 72 hours which was found to be impractical. Medications are checked and signed by two nurses and signed by the GP within the time frame.

Proposed Timescale: 20/08/2016

Theme:

Safe care and support

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

It was observed that not all medications were individually prescribed by the prescriber which is not in accordance with best practice.

4. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Medication Administration Records are signed by the attending Medical Officer on either of his 2 regular days weekly when he attends the Nursing Home. For other GPs, whenever possible they are signed on the premises. The GPs who attend less regularly, have the MAR delivered personally and collected by staff from Tinnypark when signed.

Proposed Timescale: commenced August 20th and is ongoing.

Proposed Timescale: 20/08/2016

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:

Not all residents had a care plan based on their assessed needs.

5. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

A review of all resident care plans has been undertaken and those residents which were considered incomplete that is diabetes were updated and completed.

Proposed Timescale: 20/09/2016

Theme:

Effective care and support

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

The management of falls required review. There was no comprehensive post fall assessment undertaken. There was no analysis of the circumstances when falls occurred to inform a plan to prevent further falls or control the risk of injury in the event of a fall.

Audit records showed a high incidence of falls and 57% of falls occurred in resident's rooms between 24:00 and 8:00hours.

6. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

As per and in addition to the direct response sent to you on 29th August 2016:

1. Post-fall assessments to be carried out by nursing staff whenever a resident has a fall - this will be ongoing.
2. Medication review of residents who have had falls - this was started on 23 Aug. This will continue to be done along with the regular 3 monthly reviews.
3. Physio review of residents who have had falls - this was carried out on 25 Aug by Therapist from Siel Bleu. As this company already attends the Nursing Home every Thursday, they will be in a position to carry out any further assessment that may be required as and when the need arises.
Local physios from one medical practice will attend their residents and the local orthopaedic Hospital will also do reviews on all other residents.
4. A Falls Prevention Group has been set up to examine all aspects - first meeting Tuesday 30 Aug and will meet monthly for 6 months and review frequency of meetings after that. Audits of any falls will be completed a monthly basis by the Senior Manager for 6 months rather than the current quarterly audit and any further adjustments which

may be required will be discussed at the Group meetings.

5. 2 extra low-low beds were ordered from our Medical Suppliers and delivered on Friday 2nd Sept. These have been allocated to a resident who had a high number of falls and a new resident who is at high risk of falls.

6. Following consultation with residents and their families, 2 residents moved from Ash corridor to other corridors to facilitate the use of these rooms which are best placed for regular observation. This was completed on Saturday 3rd Sept.

7 A Falls clinic is run by a Consultant Geriatrician in the local acute hospital – it is proposed to use this as an extra resource.

Proposed Timescale: from August 23rd and ongoing.

Proposed Timescale: 23/08/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

There was no person nominated to oversee that complaints were managed in line with the policy.

7. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

Overseeing of complaints will be undertaken by the Provider Nominee as per Regulation 34 (3). The person nominated under Regulation 34 (1)(c) is the director of nursing. The policy has been adjusted to reflect this.

Proposed Timescale: 19/09/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

There was limited evidence that the end of life needs and wishes of residents were discussed with them and/or their next of kin as appropriate and documented in a care plan. The care plans reviewed by an inspector did not address the resident's physical, emotional, social and spiritual needs.

8. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

All current residents have had their end of life wishes recorded and a care plan generated when required. This was undertaken with individual residents by the ADON and a designated staff nurse in conjunction with their next of kin.

Proposed Timescale: 20/08/2016

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

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

Inspectors noted that the system in place did not consistently identify residents who had gradual weight loss.

Monitoring of residents' food intake and fluid balance were completed when required. However details of the type and quantity of food eaten were not documented in the new computerised system.

9. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

DON contacted epicare re adding specific food icons to the touch-care system rather than the 'full meal' 'half meal' recording method which was in place. All weights and MUSTs will continue to be recorded monthly and residents who are more active have dietary intake recorded and reviewed if deemed necessary.

Proposed Timescale: 05/09/2016