



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Tara Care Centre
Name of provider:	Nirocon Limited
Address of centre:	5/6 Putland Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	30 May 2022
Centre ID:	OSV-0000107
Fieldwork ID:	MON-0035410

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Tara care centre was first established in 1963 in the town of Bray, Co. Wicklow. Tara Care centre is a registered designated centre for older people with capacity to accommodate a maximum of 47 residents. The centre provides 24 hour nursing care to long term or short term residents, who are over the age of 65 years who have low, medium, high or maximum dependency care needs. According to the centre's statement of purpose the main aim was to promote quality of life and independence through friendly, professional care. Tara care centre was situated less than a five minute walk from the seafront in Bray and from local shopping amenities. The centre comprises of two adjoining period houses and has 15 single bedrooms, 13 of which have en suite facilities and ten double bedrooms. Four additional three-bedded rooms were also in the centre. There were a number of communal spaces and facilities for residents to use and a patio garden located to the rear of centre which had a number of sitting areas for residents to enjoy.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	44
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 30 May 2022	12:30hrs to 18:00hrs	Catherine Furey	Lead
Tuesday 31 May 2022	09:15hrs to 16:20hrs	Catherine Furey	Lead
Tuesday 31 May 2022	09:15hrs to 16:20hrs	Sinead Lynch	Support

## What residents told us and what inspectors observed

Overall, inspectors found that the management and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. Inspectors met with many residents during the inspection, and spoke with two visitors. From what residents said and from what the observations of the inspectors, residents were supported by staff to live happily in the centre. There was a positive approach to care delivery and residents were provided with choice around their daily routines.

On arrival for this unannounced inspection, inspectors guided through the infection control assessment and procedures by staff, which included surveillance for COVID-19 symptoms, and performing hand hygiene. Inspectors saw that alcohol gel dispensers were located at the main entrance, and throughout the building in convenient locations. Signage was displayed to guide staff and visitors in the correct hand hygiene and personal protective equipment (PPE) procedures. Inspectors completed a walkaround of the centre and found that the centre was generally well-maintained and clean. It was evident that decorative upgrades were ongoing in the centre, and some areas were completed to a higher level of upkeep than others. The centre was two adjoining period buildings laid out over five levels and as such, there were many stairs to navigate. Each floor of the centre was serviced by an elevator, which meant all residents could access the communal and outdoor spaces. Many areas of the centre retained the existing design features of the building such as high ceilings, original plasterwork and coving, and original bay windows, which added to the homely feel of the centre. Bedroom accommodation is provided in single, double and triple bedrooms. These bedrooms all varied in size and layout, and generally met the needs of the residents and afforded them the space to store their personal belongings. Some of the double and triple rooms were not laid out in a way that maximised privacy and dignity, for example, residents wardrobes were located far from their bedspaces, or there was no room for a locker beside the bed. The main entry and exits to the centre were via a coded keypad. Residents who were assessed as being at risk of wandering or absconding from the centre were individually risk assessed and some had wandering alarms which allowed them to walk freely within the centre, while staff would be alerted if they went outside the main doors. There was free access to the enclosed courtyard via a sitting room. Staff were seen to bring residents outside for fresh air and other residents were seen coming and going at their leisure.

There was a warm rapport between residents and staff and a relaxed and happy atmosphere was evident. Inspectors observed the dining experience at lunch time and saw that in the main dining room, tables were nicely set and seating was arranged to facilitate social distancing. Residents food preferences and assistance requirements were clearly documented. Meal times were observed to be a social, unhurried experience and the inspectors saw the food, including modified meals was appetising and well presented. Staff sat with residents and engaged socially while providing encouragement and assistance. There was a number of residents in the

centre who were living with a diagnosis of dementia or cognitive impairment who were unable to fully express their opinions to inspectors. However, these residents appeared to be content and comfortable, appropriately dressed and well-groomed. Many of these residents required additional supervision and support. These residents spent much of their time in a separate dining and sitting room, which was continuously monitored by staff. During the day, the inspectors observed that staff who supervised in the sitting rooms engaged with the residents and staff also interacted socially with residents in their bedrooms. For example a staff member was observed sitting with a resident reading. There were two activity coordinators in the centre each day, meaning that all residents could choose to partake in a range of meaningful activities. On the day of inspection inspectors noted that the centre's call bell system was not in operation. The person in charge outlined that only a small number of residents actually used the call bells, and inspectors saw that there was systems in place to ensure that residents could contact staff from their bedrooms, including providing residents with handheld land line phones to directly contact the nurse in charge and enhanced safety checks by staff. Inspectors were provided evidence that a new state of the art call bell system was being installed in the coming week.

The layout of the centre did not allow for many storage spaces, however the provider had designated areas in use for the storage of frequently used moving and handling equipment such as hoists, and there were discreet storage cupboards along corridors which neatly contained personal protective equipment (PPE) and clean linen. The laundry facility was seen to be very small to manage the large volume of residents' personal clothing and all bedroom and kitchen linen. Nevertheless, the provider had improved the systems in place in the laundry and maximised the space available to ensure the clean items were not at risk of being contaminated by dirty items.

Inspectors found that the centre was a well-managed with a strong focus on resident's welfare. Managers and staff worked hard to ensure that care was person centred and that residents and their families were supported during a difficult time. There was a relaxed, welcoming atmosphere in the centre and it was evident that residents felt safe and comfortable.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Inspectors found that there were effective management systems in place in the centre to ensure that residents were provided with good quality care. The management team were proactive in response to issues as they arose during the inspection and the majority of the actions required from the previous inspection

were in progress or had been fully addressed. Improvements in fire safety and infection control procedures were noted during this inspection. However, repeat non-compliance was found in relation to Regulation 17: Premises. This is further detailed under the Quality and Safety section of the report. Additional improvements were required with regards to staff training and residents' contracts of care.

This unannounced inspection was carried out over two days to monitor ongoing compliance with the regulations and following an application by the registered provider to renew the registration of the designated centre. Nirocon Limited is the registered provider of Tara Care Centre, which is registered to accommodate 47 residents. Nirocon Limited has two company directors, both of whom are engaged in the day to day organisation and running of the centre. One of the directors is also the person in charge, and works full-time in this role. She is supported by a supernumerary clinical nurse manager who deputises for the person in charge in her absence. Nurses, healthcare assistants, activity coordinators and a team of catering, housekeeping, administrative and maintenance staff provide further support and care to the residents in the centre.

The previous inspection which took place in November 2021 found serious non-compliance with Regulation 28: Fire precautions. The provider submitted a detailed compliance plan, and subsequently, a provider meeting was held to seek clarification and information on the proposed fire safety works to the designated centre. The provider had engaged an external company to address the identified fire safety deficits. Additionally, the provider was conducting monthly fire drills to ensure all staff were competent in the fire prevention, control, and evacuation procedures in the centre. Records of these were submitted to HIQA and provided assurances that residents could be evacuated from the highest-risk compartment in a timely and safe manner. The provider was requested to submit a timeline of fire safety works for completion which showed that all of the fire safety works required to come into compliance would be completed by July 2022.

The management team demonstrated good oversight of the service to continuously improve quality of care provided and residents' quality of life. Arrangements were in place to monitor the quality and safety of the service. Audits were carried out regularly in the centre in relation to key quality of care issues for example, audit of care planning and complaints, as well as health and safety audits and infection prevention and control audits. Quality of interaction audits were used to promote positive and connected care, and there was evidence that these audits were repeated regularly and that the quality of interactions between staff and residents had improved as a result. A review of management and staff meetings showed that there was good levels of communication, and meetings had a structure and agenda, ensuring that key areas such as risks, health and safety and infection control were discussed at each meeting, and actioned thereafter.

The registered provider had adequate staffing resources in place to meet the assessed needs of the residents living in the centre. Occupancy in the centre was temporarily reduced to ensure resident safety while fire upgrades were underway. The person in charge provided assurances that staffing levels were monitored and adjusted according to residents assessed needs and occupancy in the centre. The

provider ensured that safe and effective recruitment practices were in place. Files of staff members were reviewed and found to contain all documents as required by the regulations including An Garda Síochána (police) vetting disclosures. Resources were made available to ensure that the premises and the fire safety systems were upgraded to maximise the safety of the residents in the centre.

Staff were knowledgeable of each resident's individual needs. There was a programme of training available to staff at the centre and uptake of training was monitored by the management team. A new training matrix was available to inspectors to review. This identified some areas where mandatory and important training had not been completed by staff, as outlined under Regulation 16: Training and staff development. Good practice was seen in relation to fire safety training which was fully completed, and domestic staff had completed comprehensive training in best-practice methods of cleaning and decontamination. There was a structured programme of induction available for all newly recruited staff.

A review of the centre's complaints register evidenced that complaints were welcomed and used to inform improvements in the service. Each complaint had been reviewed and investigated by the person in charge. The complaints procedure was displayed prominently in the centre and detailed the nominated staff involved in complaints management. Residents had access to advocacy services through an independent external advocacy group.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

#### Regulation 15: Staffing

From a review of rosters, and from observations on the day, inspectors were satisfied that there was a sufficient number of staff, of an appropriate skill mix, to meet the collective and individual needs of the residents, having regard for the size and the layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors examined the training records held in the centre which identified the following gaps;

- Two staff had not completed annual refresher training in medication management. This was completed following the inspection.
- Five staff had not completed safeguarding training.

While management appeared to have good oversight of what training staff had attended, management need to ensure that staff have completed all mandatory training relevant to the staff members' individual roles.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider had established a directory of residents following the registration of the centre. This directory was maintained, available for review and contained all of the information specified in Schedule 3 of the regulations

Judgment: Compliant

### Regulation 21: Records

Inspectors examined a sample of staff files and found that these all contained the information required by Schedule 2 of the regulations. Residents' records as required by Schedule 3 and other records as required by Schedule 4, including a record of restraints and fire safety records were in place and seen to be up-to-date and well-maintained.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to

residents which was provided to inspectors for review. Inspectors saw that this was renewed yearly and was up-to-date.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a defined management structure in place with clearly defined lines of authority and accountability. Inspectors spoke with various staff who demonstrated an awareness of their own, and other staff members' roles and responsibilities.

The person in charge and clinical nurse manager collected weekly and monthly data in relation to key areas such as restraint use, falls, antibiotic use and wounds. This information contributed to a schedule of audits of practices in the centre. Inspectors reviewed a number of audits and found that action plans for improvement were identified, with assigned timelines for completion.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the 2021 was completed, with an action plan for the year ahead. This review included results of satisfaction surveys which incorporated residents' and relatives' feedback regarding the care provided.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A review of residents' contracts of care found that they did meet the regulatory requirement to specify the terms relating to the bedroom to be occupied, in that the contracts did not state the number of other occupants in the room.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was amended on the day of inspection to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge maintained a record of all of incidents and accidents occurring in the centre including falls and injuries sustained by residents. A review of this record identified that all notifiable incidents as outlined under Schedule 4 of the regulations had been submitted to HIQA as required, and within the specified time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

Inspectors reviewed the record of complaints received in the centre. There was one open complaint at the time of the inspection which was being appropriately managed in accordance with the centre's own complaints policy. The record of closed complaints contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of complaints were documented and this included the complainant's level of satisfaction with the result

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Residents were supported to have a good quality of life in this centre, where they were treated with kindness and respect by staff. Improvements were noted since the last inspection in relation to the overall premises, fire safety and infection control procedures, however the centre had not yet achieved full compliance with these

regulations. Additionally, the management of restraints such as bedrails required strengthening to ensure safety of residents at all times.

Inspectors followed up on the compliance plan following the previous inspection in November 2021 and found that the registered provider had put systems in place to improve compliance with Regulation 27: Infection control. Improvements included;

- Efforts had been made to improve the flow of dirty to clean laundry by installing enclosed storage for cleaned clothes and linen to minimise the risk of cross contamination
- A number of clinical hand wash sinks had been purchased which complied with best-practice standards
- Cleaning protocols had been developed which guided staff in how to complete daily cleaning, and deep cleaning.
- Environmental audits were in place which had identified all existing and new premises and infection control issues, which were addressed on an ongoing basis

Inspectors found that some areas of infection control required further review to fully ensure that practices and procedures were in line with the national standards and other national guidance. These are detailed under Regulation 27: Infection control.

The registered provider had also taken steps to address the fire safety issues associated with the premises, as outlined under the Capacity and Capability section of the report. There was regular testing and servicing of the emergency lighting system, fire alarm panel and fire fighting equipment. Inspectors observed that fire evacuation maps were present throughout the centre and staff were confident in the current procedures for evacuation of residents. All residents had an up-to-date personal emergency evacuation plan which detailed the method of evacuation and the level of assistance required.

Pre admission assessments were completed by the person in charge to ensure that the service could provide appropriate care to the person being admitted. As part of the admission process the resident or family members completed a form which indicated the residents life before admission, their likes and dislikes, their hobbies and favourite places to visit. Comprehensive care plans were developed which were resident specific and informed staff of what the care needs of each resident was. This plan of care could be seen being delivered by staff on the day of the inspection.

There was a number of residents in the centre who displayed behaviours that challenge secondary to their medical diagnosis. Inspectors found that there were detailed, supportive care plans in place for these residents which described person-centred interventions to deescalate each of the identified behaviours. Staff were seen to respond appropriately and sensitively to these behaviours when they occurred. There was evidence that medications were used as a last resort to manage these behaviours, and when medications were used, there was appropriate assessment and monitoring of the resident throughout.

The General Practitioner (GP) attended the centre regularly and documentation showed that medications were regularly reviewed along with assessment of the

resident. Overall, medication management procedures were in line with best-practice guidance. Medications were administered at times which suited the resident and were not dictated by a strict daily routine. Residents had timely access to a range of health and social care practitioners including physiotherapy, dietician, speech and language therapy and chiropody services.

There was a good system of risk assessment and analysis. All areas of the centre had been risk assessed by the management team and control measures were in place for such areas as the stairs. The risk register also contained a number of COVID-19 specific risks, as well as individual clinical risk assessments for each resident. A fire safety risk assessment had been completed which had identified all areas of fire safety which required review. This was seen to be a working document, with some actions still awaiting completion. Overall, the provider had put many control measures in place to mitigate the risk of harm to residents, while awaiting completion of the fire safety works.

Visiting was in line with the current HPSC guidelines and many residents were seen being welcomed by staff. Visitors spoken to were very positive about the care and staff in the centre.

### Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week, at times of their choosing. Residents were able to receive visitors in a variety of locations including their bedrooms and dedicated areas within the centre. Visitors were requested to complete a brief screening for signs and symptoms of COVID-19 on arrival to the centre

Judgment: Compliant

### Regulation 17: Premises

The overall premises did not meet the requirements of Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and Standard 2.7 of the National Standards for Residential Care Settings for Older People in Ireland, 2016 as follows:

- Multi-occupancy bedrooms in the centre were found to comply with the minimum floor space requirements of 7.4m<sup>2</sup> per person, as set out in the amended regulations SI 293 (2016). However the configuration of a number of multi-occupancy rooms did not afford residents the necessary privacy to conduct personal activities in private in that the floor space, area did not include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom.

- Parts of the centre required repair or repainting to ensure that all surfaces could be effectively cleaned. For example, worn and scuffed areas of woodwork and plaster, worn handrails, bedside tables and exposed and untreated wooden doors and furniture.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The residents had access to drinking water at all times and were offered a choice at all meal times. The centre had systems in place to monitor residents intake of both food and fluids. Residents that required a modified consistency diet were provided for and presented in an pleasing and appetising way. There was adequate staff on duty on the day of the inspection to assist resident who required it. One resident who refused their choice of lunch requested a sandwich which was provided. The nurse on duty was seen to provide the nutritional supplements to residents as prescribed.

Judgment: Compliant

### Regulation 26: Risk management

The centre had a current safety statement and risk management policy in place which were available on the day of the inspection. There was a risk register that outlined specific risk identified and control measure was in place.

Judgment: Compliant

### Regulation 27: Infection control

Inspectors found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of healthcare associated infections. This presented a risk of cross infection in the centre. For example:

- There was inappropriate storage of clean and in-use equipment such as stainless steel trolleys, PPE and phlebotomy products the dirty utility room. This could lead to potential contamination of the clean equipment
- There was no dedicated janitorial sink for housekeeping to staff to dispose of used mopping water. This was instead disposed of in a communal residents

bathroom

- A shared toilet contained a number of personal toiletries which were not labelled. Staff were unable to fully clarify if these toiletries were for shared or individual use
- A lampshade in one bedroom was covered in a thick layer of dust

Judgment: Substantially compliant

### Regulation 28: Fire precautions

A schedule of fire safety works had been ongoing in the centre since 2021 and were due for completion in 2022. Outstanding fire safety works which were planned included fire doors in corridors, the installation of an automatic opening valve at the top of the house connected to the alarm system and the attachment of the lift to the fire alarm system.

On the day of inspection, the provider had systems in place to ensure the safety of residents while awaiting completion of the fire safety upgrades, which would bring the centre into compliance with the regulations, including temporarily reducing the occupancy of the centre to ensure that all residents could be safely evacuated in the event of an emergency.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed a sample of medication charts and found medicinal products were appropriately dispensed and stored. Medicines were administered in accordance with the doctor's prescriptions.

The pharmacist in collaboration with the GP had a comprehensive review system in place for all residents relating to the prescribing and administering of medication.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Inspectors observed that a variety of accredited assessment tools were used to complete a comprehensive assessment of each residents needs such as their risk of malnutrition, falls, skin integrity and pain.

The inspectors viewed a sample of residents care plans. These were found to be comprehensive and resident specific. There was a system in place to regularly review the care plans and resident or family involvement was encouraged.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to a GP service. Records observed indicated that resident were reviewed regularly by their GP.

Inspectors observed records from members of the multidisciplinary team who had recently reviewed residents in the centre such as the dietician, speech and language therapist and the tissue viability nurse specialist and found that the required interventions had been followed.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The use of restrictive equipment such as bedrails throughout the centre was low. Nevertheless, records showed that the registered provider did not ensure that restraints were used in accordance with national policy published by the Department of Health. For example;

- For one resident, no alternatives were documented when alternatives such as sensor mats and low profile beds were available for use. For another resident the only alternative trialled prior to applying a bedrail was a call bell.
- There was no evidence of a multidisciplinary approach to the use of restraint. The GP or physiotherapist was not included in the decision making process when applying a restraint.
- The system for reviewing and releasing of bedrails did not provide assurances that risks associated with bedrails, such as entrapment and distress were sufficiently monitored

Specific training in the management of behaviours that challenge was not completed for all staff. This was important as there are a number of residents in the centre displaying these types of behaviour.

Judgment: Not compliant

## Regulation 8: Protection

Inspectors were assured that there were appropriate measures in place to safeguard residents and protect them from abuse.

- Staff spoken with were knowledgeable of what constitutes abuse and how to report any allegation of abuse.  
Records reviewed by inspectors provided assurances that any allegation of abuse was immediately addressed and investigated.
- All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre.
- The centre was acting as a pension agent for a small number of residents. Inspectors were provided with evidence that pensions were deposited into, and retained, in a separate client account.
- Inspectors verified that there were secure systems in place for the management of residents' personal finances.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents who were accommodated in multi-occupancy bedrooms could not always undertake personal activities in private. The configuration of some of these bedrooms required review to ensure that residents' personal belongings were easily accessible within their own bed space. This is also referenced under Regulation 17: Premises

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Tara Care Centre OSV-0000107

Inspection ID: MON-0035410

Date of inspection: 31/05/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A comprehensive training program is currently ongoing.</p> <p>All staff will have completed Safeguarding adults at risk of abuse delivered by the National Safeguarding office by 15/07/22</p> <p>3 of the Household team have completed “Clean Pass” training including the cleaning supervisor this is accredited QQI training in environmental and equipment decontamination and cleaning.</p> <p>All the household &amp; laundry team have completed Chemical training in best practice guidelines.</p> <p>All staff will be trained in “Behavior that Challenges” by September 2022. The first training is scheduled for July 1st and 9th August (Nurse education &amp; training Solutions).</p> <p>All staff complete HSELAND AMRIC infection control training on induction.</p> <p>To further strengthen staff knowledge base in IPC , further IPC training is delivered to staff in an interactive setting (NETS).</p> <p>This should also be completed by September 2022.</p> <p>Mandatory training in Fire safety is completed annually.</p> <p>Manual handling and CPR training is conducted biannually.</p> <p>Staff are encouraged and supported to continually update their skills and knowledge base.</p> <p>All nurses have now completed medication management and are currently completing the National frailty education program: The fundamentals of frailty.</p> <p>The ADON has completed Gerontology Course ( St James Hospital ) and is currently waiting on place on advanced care management program (LHP Skillnet).</p> <p>Catering staff are UpToDate in basic food hygiene and HACCP.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts of care have been audited and will now include the maximum number of residents allocated to their bedroom.</p> <p>Statement of Purpose and function will include the services that are provided in the nursing home . It will specify services covered under the nursing home support scheme , GMS, national screening service etc, or services where there is a cost involved.</p> <p>The residents contract of care will contain the terms on which the the resident shall reside in the centre which will be agreed in writing on or before admission.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Re configuration of multi-occupancy rooms has commenced to bring these rooms into compliance S.I. No. 293/2016 , so residents will have a private area which will include bed chair &amp; personal storage space.</p> <p>When the current fire stopping &amp; compartmentalization works are completed ( End of July is the expected date) the centre will be repainted and rooms re-configured. A plan has already been put in place and local contractor has been sourced. This work should be completed by 30/09/22.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The storage of stainless-steel trolleys, PPE &amp; phlebotomy products have been removed from the sluice room.</p> <p>A janitorial sink has been delivered and is awaiting installation.</p> <p>In shared bathrooms, personal toiletries have been removed.</p> <p>Residents living in shared rooms have their own personal care box and all items will be labelled to prevent cross contamination. This is now completed.</p> <p>The lampshade has been cleaned and going forward will be included in the environmental audit as well as the weekly deep clean.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The supply and fit New FD60S fire curtain to lift access point on each floor is now completed.  Enclosing the existing Velux window and automate to an AOV with Firemen switch, a new replacement 60minute access hatch to roof space is currently in the process of being fitted; expected completion date 15/07/22.  Smoke Wells, will be installed to existing ceiling joists on the top and middle floors mezzanine and ground floor.  These are currently being fitted; expected completion date 30/07/22  On the ground floor a new FD60S fire shutter to the nurse's station has been fitted.  On the lower ground floor, a new FD60S door set c/w vision panel in the corridor enhanced with new fire rated plasterboard partition in the corridor to lobby Bedroom 2.  Expected completion date 30/07/22</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  All residents who currently have side rails have been re- risk assessed and now include alternatives trialed prior to erecting side rails.  We also involved the residents, senior nursing staff, GP and the residents nominated person (with the permission of the resident) in the decision making.  We have also reviewed our documentation on the checking of releasing the bedrails for signs of entrapment and distress and have now introduced a more comprehensive form for staff to monitor the resident while side rails are being used.  Training for all staff in "Behavior that Challenges" has now commenced and will be completed by 30/09/22. Dates for training in July and August have already been confirmed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

This breach in compliance has already been addressed under Regulation 17.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other	Substantially Compliant	Yellow	30/06/2022

	occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/07/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/07/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	30/07/2022

	extinguishing fires.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	30/09/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/06/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2022