

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	TLC City West
Centre ID:	OSV-0000692
Centre address:	Cooldown Commons, Fortunestown Lane, Citywest, Co. Dublin.
Telephone number:	01 468 9300
Email address:	citywest@tlccentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	TLC Health Services Limited
Provider Nominee:	Noel Mulvihill
Lead inspector:	Nuala Rafferty
Support inspector(s):	Sheila McKeivitt
Type of inspection	Unannounced
Number of residents on the date of inspection:	132
Number of vacancies on the date of inspection:	7

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 June 2016 09:30 To: 08 June 2016 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a registration inspection carried out on 9 March 2016 and to monitor progress on the actions required. This inspection also considered information received by the Authority in the form of notifications forwarded by the provider.

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

Overall a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner. Residents healthcare needs were met to a good standard with timely

referral to and speedy review by medical and allied health professionals. Overall, there was evidence of progress in some areas by the provider in implementing the required improvements identified by previous inspections. Evidence of improved governance processes resulting in changes to culture and practice with positive outcomes for residents had commenced. Improved staffing levels and skill mix was also found. The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older Persons.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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):

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

Findings:

Governance systems were found to have improved on this inspection. The management team had commenced implementing many of the actions contained in their response to the actions arising from the previous inspection

Monthly management meetings had commenced, minutes of the initial meetings reviewed included discussions on staff training, incident analysis, clinical practice and development, medication management, falls management, pressure ulcers and wound management. Staff training on; safeguarding; cardio-pulmonary resuscitation; moving and handling; dementia care and fire drills had been delivered.

Actions addressed included;

- Changes to the senior management team included the appointment of a new person in charge(PIC) with considerable experience in services related to older persons. The PIC also held qualifications in the areas of Gerontology Dementia and experience in auditing and analysis. This is further referenced under Outcome 4. As the PIC had only recently commenced in the post, the Clinical Director of care had continued to work full time in the centre to provide support and ensure continuity and consistency of approach during the initial handover period.

-Improvements to staff replacement levels to ensure the delivery of safe, suitable and sufficient care to residents' was found on this inspection. Although the nurse; resident ratio remained unchanged at this time, evidence that this was negatively impacting on residents was not found. Five nurses were being recruited and due to commence in post by the end of June.

--Communication within and between grades of staff and teams across all units in the centre had improved. Formal handovers still took place at the start and end of shift but an additional handover session had commenced in the early afternoon to update staff on resident's overall condition and health status. Changes to the format and content of the handover system were made. These included making sure all direct care staff were aware of key changes in residents health status and improving the timeliness and detail

of communication with families. Learning from concerns or complaints expressed by relatives relating to care delivery or transfer to acute hospitals were being used to drive improvements in communication between staff and families. Letters to families from the clinical care director and the provider nominee offering apologies for previous poor experiences and explaining the efforts being made to improve care for residents were viewed. The provider nominee was also trying to establish improved communication and co-operation with the acute hospital services. A letter requesting a meeting to discuss how this could be achieved was viewed.

Actions not fully addressed included;

Audit processes were not yet fully implemented to show that improvements to resident outcomes had been achieved. But there was evidence that there were changes in practice in areas such as; falls management; reduction in pressure ulcers and reduction of restrictive practices including use of bed rails. The use of psychotropic medication was under review to reduce the use of these medications on an as required basis. These findings were also replicated on inspection.

A complete cycle of auditing had commenced but was not yet established. Inspectors were shown a number of audit templates which although not in use at this time, would form part of a more complete audit cycle. Inspectors found that the senior management team were appropriately prioritising the supervision of care, providing direction and leadership at unit level and training staff to improve the quality and safety of care and establish a culture of quality and safety within a team environment.

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 centre was managed by a suitably qualified and experienced nurse. The person in charge held authority, accountability and responsibility for the provision of the service and also had the qualifications and experience required by the legislation.

Although just recently commenced in post inspectors found the PIC was developing governance systems to drive improvements in the standard of care delivered to residents. The PIC had prioritised staff training and development; communication within teams and with residents and families as part of this process. The PIC was noted to be visible on all units in the centre, staff were already familiar with her and some residents could already recognise her by name.

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

Findings:

Actions addressed include;

- The risk management policy had been revised to include the procedure for management of medical emergencies and the identification recording, investigation and learning from adverse incidents.
- The policy for creation and access to records had also been revised.

Actions not addressed included;

- The medication policy had not been revised to provide specific guidance on the administration of p.r.n. medicines or management of polypharmacy.
- The Safeguarding policy was not revised to reference recent national guidance issued by the Health Service Executive on Safeguarding Vulnerable Adults and the policy and procedures in place on use of restraint did not reference the most recent guidance from the Department of Health.

Judgment:
Substantially 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
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Promotion of a restraint free environment was found to be maintained with further reductions in the use of bed rails and lap belts noted. Revised assessments were now fully completed. Evidence of alternatives considered or trialled was available and included or referenced in the assessments or in associated care plans. The management of risks associated with negative peer interactions, absconsion and concerns in relation to unmet needs raised by relatives were also being appropriately managed and responded too. Historical investigations and concerns raised by families were being fully reviewed by the senior management team and measures were being implemented to reduce and prevent recurrence. Improvements to care planning and staff knowledge of good practice in providing positive behaviour supports to persons with responsive behaviours were found.</p>
<p>Judgment: Compliant</p>

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

<p>Theme: Safe care and support</p>
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<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Actions addressed included: - a clinical risk register was in place that identified the level of risks and control measures to manage the risks associated with, responsive behaviours, restraints, absconsion and smoking. - simulated fire drills were held with all grade of staff involved - staff knew the fire warden on duty on each floor and were familiar with the procedure to be followed in the event of a fire. The following actions were partially addressed: - personal emergency egress plans (PEEPs) were in place on some but not all units for each resident. On a sample reviewed it was noted they did not identify the cognitive understanding, level of mobility or expected level of cooperation of each resident. -a written medical emergency procedure was in place but staff were not fully familiar with it. Staff knowledge was inconsistent on who or how the external automatic</p>

defibrillator (AED) should be accessed in an emergency and some relief staff on duty were not aware that there was an AED in the centre.

Judgment:

Substantially 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):

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

Findings:

Actions partially addressed included:

- improved auditing processes with a more detailed audit recently carried out by the pharmacist but it was noted that an action plan to implement improvements or recommendations following the audit was not in place.
- the management team had identified the need for a review of polypharmacy in relation to the use of psychotropic medications this had not yet taken place. A meeting was arranged for the 10 June to discuss this by the drugs and therapeutic committee.
- improved medication error reporting with good follow up by management team to identify causes and implement measures to reduce or prevent recurrence

Actions not addressed included:

- medication policy not revised to include better guidance to nursing staff on administration of p.r.n. medications where more than one option was prescribed

However, despite the progress made in some areas, inspectors found improvements in medication practices were required. Medication administration in all areas of the centre did not follow professional guidance from the Irish Nursing Board. It was noted that medications were being administered from an unsigned prescription chart. Although it was also noted that a previous chart with the same prescribed medications and the medical practitioner's signature had been filed away.

It was also found that morning medication administration was not being completed within the recommended timeframes for effectiveness. It was noted that administration of medications on several units was taking between two to three hours.

Judgment:

Substantially 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):

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

Findings:

Access to medical and allied health professionals was available. Residents had access to a general practitioner (GP)

Evidence of access to allied health professionals was also found with documented visits, assessments and recommendations by occupational therapy, physiotherapy and psychology dental, optical and podiatry services. Access to palliative care specialists was available through the primary care and acute hospital services. Increased access to a dietician consultancy service was being sourced.

Some improvements to the standard of care provided was found on this inspection with more timely responsiveness and referral to allied health professionals to manage risks associated with deteriorating clinical needs. These included improvements to the management of risks associated with; nutrition, pressure ulcers, falls and responsive behaviours.

Further improvements were required to ensure a consistent and safe standard of care was delivered to all residents.

A number of core risk assessment tools to evaluate levels of risk for deterioration were completed but comprehensive assessments were not fully completed for every identified need and were not updated following transfer from hospital.

A strong system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was not in place. These plans were not being checked regularly to make sure they were detailed enough to maintain or improve a resident's health. The daily nursing progress notes did not always refer to changes in health care plans or changes to treatments or recommendations made by clinicians to give a clear and accurate picture of residents' overall health.

Findings on this inspection mirrored those found during the registration inspection.

Where care plans were in place they were not specific enough to guide staff and manage the needs identified examples included:

-Positive behaviour support plans were not in place to manage behaviours associated with restlessness and agitation. Inspectors were told that the psychosocial care plans were used to manage these needs. But some plans did not fully guide staff on the signs to look for as potential triggers to responsive behaviour. These plans also did not guide staff on the type of distraction techniques which could be employed to reduce escalation or of all measures which were known to manage the behaviour and prevent recurrence.

A recognised monitoring system called Antecedent, Behaviour and Control (ABC)

recording was in place. This system is used by staff to identify what may have caused an inappropriate behaviour, what the actual behaviour was and what was used to reduce or prevent the cause and impact of the behaviour. Inspectors found that these records were not being completed fully and some incidents were not being recorded at all. This meant that the records were not giving an accurate and full picture of the effectiveness of measures used to manage behaviours to inform future care planning and improve the residents overall health and well being. Although in some cases this information was recorded on the nurses daily progress notes, it was again found that these notes did not include all of the measures used or record their effectiveness

- Medications used on an as required basis to manage the behaviours were not referenced in the care plans and a separate care plan for medication management was not in place. Inspectors noted that there were some residents for whom a number of different medications were prescribed.
- Care plans were not in place for every identified need examples include moving and handling and end of life care.
- Residents were not comprehensively assessed on return from the acute hospital services. Comprehensive assessments were not completed. Although, it is acknowledged that one resident was not re admitted a full 24 hours, it was found that basic assessments to establish a baseline for improvement or deterioration of condition had not been taken such as: pulse blood pressure weight or assessment of skin integrity.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

A small number of residents were receiving 'end of life' or 'comfort care' during this inspection. A sample of documentation reviewed found that there were arrangements in place for capturing residents' end-of-life preferences in relation to issues such as; spiritual needs or preferences for place of death or funeral arrangements. However the actions required from the last inspection were not addressed. An end of life care plan to direct the care to be delivered in a holistic manner was not in place for all residents who required same. For example plans in place to manage pain did not reference the signs or symptoms of increased pain, the medicine regime in place to control the symptoms, the effectiveness of the regime or how staff should respond to signs of raised pain levels. Other care plans in place to manage symptoms associated with for example; fatigue,

anxiety or dehydration were also not specific enough to direct and manage care needs. This is a recurrent finding.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The action required in relation to respecting residents' privacy and confidentiality of information was addressed. Appropriate and respectful interactions were observed throughout the day between residents and staff. Many residents called staff by name and there was an obvious warmth and familiarity that generated an easy and comfortable relationship for all.

Through observation and in conversation with several residents and their relatives, inspectors found that, in general, resident's dignity and choice was respected during care interventions and in their daily lives.

However, it also noted that some institutional forms of practice that did not support or promote person centred care remained. Inspectors observed some residents being assisted to have their main meal at lunch time. Some residents were not brought to the dining room or to a private area but were being assisted with their meal in a main corridor beside a lift, where there was an ongoing throughput of people observing them trying to eat their meal.

There was evidence that residents' preference for frequency of shower or preference for assistance by a particular gender of staff were not being fully met.

Judgment:

Non Compliant - Moderate

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:

Suitable and sufficient staffing and skill mix were found to be in place to meet the needs of the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. An allocation sheet supported the planned rota and identified where changes to staffing or replacements had occurred.

A bank of relief staff provided cover to units for planned and unplanned leave. This also included availability of staff to cover unplanned absences on night shifts.

Actions arising from the last inspection were implemented including changes to the senior management team, ongoing recruitment of staff to fill vacancies and maintenance of nursing numbers as per planned rotas.

Turnover had slowed and it was noted that recruitment though ongoing was keeping pace sufficiently to maintain staffing levels.

Improvements to communication processes between staff and families on each unit were noted and transfer of information between the centre and community and acute services were also being improved.

Staff knowledge of procedures in place to manage emergencies had also improved. A staff training plan was in place and being implemented. Evidence of recent fire safety training and evacuation drill practices was available. Further training in Moving and handling; cardio pulmonary resuscitation; safeguarding and HACCP was planned for June and July 2016.

However, although numbers and skill mix available to meet residents needs appeared to be sufficient a number of key improvements to staff competence, work systems and supervision of practice was required.

Inspectors observed poor manual handling practice where staff used a technique no longer considered good practice. Research has shown that the use of underarm lifts can result in injury and staff are shown alternative techniques during training.

Morning medication administration rounds were outside the recommended timeframes.

Administration took up to two hours in some areas. It was noted that both nurses in some units spent their entire morning administering medication, taking phone calls or other administrative tasks and were not involved in any direct care with residents. It was

also noted that there was little involvement of nurses on most units in the direct supervision or monitoring of care delivery by the healthcare assistant team. Evidence found under other outcomes in the report relating to the need for improvements to person centred care and more timely and comprehensive assessments of residents particularly on return from the acute services indicates a need for a higher level of direct professional nursing care and better supervision of direct care practice.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	TLC City West
Centre ID:	OSV-0000692
Date of inspection:	08/06/2016
Date of response:	05/07/2016

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

All policies were not revised within a three year timeframe, gave sufficient guidance to staff or reflected current best practice and the regulations.

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

A. All policies will be reviewed within the next 6 months to ensure that they are up to date and in line with best practice. - 31st December 2016

B. A policy tracker system will be implemented to ensure that policies are kept in date. - 31st of July 2016

C. A system will be put in place to ensure that staff are aware and understand the policies and procedures in TLC Citywest - 31st December 2016

Proposed Timescale: 31/12/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Systems in place to identify assess manage and review risks throughout the centre were not sufficiently robust or were not fully implemented to safeguard all residents. Specifically the personal emergency egress plans were not in place for each resident. Where they were in place they did not identify the cognitive understanding, level of mobility or expected level of cooperation of each resident.

Staff were not fully familiar with the written medical emergency procedure in place.

2. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

A. A new system for identifying, assessing and monitoring risk will be implemented in the centre which will include enhanced incident reporting and follow up and populating the risk register. - In place by September 2016

B. A monthly Clinical Governance meeting will oversee risk management and quality across a range of activity within the centre. - In place by September 2016

C. All resident's emergency egress plans will be updated and an audit system will be put in place that will ensure that staff are aware of these plans and the plans are maintained up to date as residents' conditions change. - All emergency egress plans will be updated by the 31st of July 2016. This will be audited quarterly.

Proposed Timescale: 01/09/2016

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:

Medications were not always administered within the prescribed time frames and clear rationales for the administration of as required medications were not available to ensure safe and consistent practice in line with pharmacist's guidance.

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:

A. Medication times have been changed to ensure that they are within timeframes. - Complete

B. All medication charts will be updated following the quarterly reviews to reflect the "as required" medication rationale and to ensure that resident's care is optimised - 31st July 2016

Proposed Timescale: 31/07/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

Complete comprehensive nursing assessments were not carried out for each resident.

4. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

A. Care plans and assessments are being updated on a daily basis and progress is monitored weekly by the senior nursing team. - commenced, and all current care plans and assessments will be completed by 31st July 2016.

B. Sample care plans will be distributed to nurses to assist them to complete effective care plans - 30th September 2016

C. Epic system will also be reviewed to ensure that it is effectively utilised and provides staff with appropriate resources to ensure care planning reflects residents' needs and documentation of care delivered is adequate and comprehensive - : 31st July 2016
D. Training on care planning will be provided to nursing staff. - 30th September 2016
E. Documentation audits will be introduced to monitor care plans. - 31st December 2016
F. A key performance indicator system will be introduced to the centre - 31st December 2016

Proposed Timescale: 31/12/2016

Theme:

Effective care and support

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

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

5. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

A. This will be addressed as part of care planning training and a process for reviewing care plans as above will be implemented. - 30th September 2016

B. Audits of documentation including care plans will be commenced. - 30th September 2016

C. A senior nursing team meeting has now commenced to oversee all aspects of nursing management in TLC Citywest. Care planning will be an agenda item. - Commenced July 2016

D. Key Performance Indicators will be commenced in TLC Citywest and monitored via the Clinical Governance Committee - 31st December 2016

Proposed Timescale: 31/12/2016

Theme:

Effective care and support

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

The documentation of care was not sufficiently accurate or appropriately linked to ensure that a high standard of evidence based nursing care was being provided or give a clear and accurate picture of residents' overall health management.

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:

- A. This will be addressed at the care planning training. - July-December 2016
- B. Care plans will be updated in line with care needs of the residents and updated as per the regulations - 31st July 2016
- C. A documentation audit will be commenced. - 31st December 2016
- D. A Key performance indicator system will be implemented - 31st December 2016

Proposed Timescale: 31/12/2016

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:

Plans were not in place to direct the care to be delivered in an holistic manner

7. 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:

- A. Training will be provided to staff in relation to palliative and end of life care - 30th September 2016
- B. Overall training and supervision with regards to all aspects of care of older people has commenced and a programme will be rolled out. - Complete full suite of training by 31st December for all staff
- C. Palliative and end of life care plans will be implemented - 30th September 2016

Proposed Timescale: 31/12/2016

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

Evidence that all residents choices were respected in relation to personal care was not

available.

8. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

- A. Increased supervision by senior staff to ensure that appropriate measures are taken by healthcare assistants and all staff assisting residents with their personal care - In place and ongoing
- B. Ensure that residents have appropriate care plans in place and that staff are aware of the needs of the residents - 30th September 2016.
- C. Conduct audits of personal care and choice on a quarterly basis. - 31st July 2016
- D. Introduction of Key Performance Indicators in the centre that will review all aspects of care and the resident experience. - 31st December 2016

Proposed Timescale: 31/12/2016

Theme:

Person-centred care and support

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

Some residents rights to respect, dignity and privacy during meals were not upheld.

9. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

- A. All staff advised of the importance of respect, privacy and dignity. - Complete
- B. Increase supervision of staff by senior staff. - Commenced and ongoing
- C. Mealtime audit will be introduced - 31st July 2016
- D. Introduction of Key Performance Indicators in the centre that will review all aspects of care and the resident experience. - December 2016
- E. A review will be completed of the available leisure and dining space available for residents and ensure that there is appropriate sitting and dining rooms for residents to use. - July 2016
- F. Care plans will be updated to ensure that they are reflective of resident's choice. - ongoing, fully complete by 31st December 2016

Proposed Timescale: 31/12/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Evidence that care was not always person centred or appropriately supervised by the nursing team was found. Examples included: poor moving and handling practices and residents choice not fully respected.

10. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

- A. Increased supervision by the senior nursing team and other senior members of staff.
- In place
- B. Meeting held with senior nursing team to outline measures that are required. A monthly meeting will be held going forward with a set agenda to ensure compliance and effective leadership for the centre. - Complete and ongoing with a scheduled monthly meeting
- C. A training programme is being rolled out to staff to ensure that they are aware of best practice. - Commenced and ongoing
- D. Manual Handling instructor is doing spot checks to ensure that correct practice is being adhered to. - Commenced and ongoing

Proposed Timescale: 05/07/2016