

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tinnypark Nursing Home
Centre ID:	0707
Centre address:	Derdimus Callan Rd, Kilkenny
Telephone number:	056-7771550
Email address:	tinnypark@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Tinnypark Residential Care Ltd
Person authorised to act on behalf of the provider:	Seamus Killeen
Person in charge:	Anne Comerford
Date of inspection:	12 March 2013 and 13 March 2013
Time inspection took place:	Day-1 Start: 10:00 hrs Completion: 21:00 hrs Day-2 Start: 09:15 hrs Completion: 12:00 hrs
Lead inspector:	Noelene Dowling
Support inspector(s):	Gerry McDermott (day one)
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	48

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 their registration.

Monitoring inspections take place to assess 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a registration in which all of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☒ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☐ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input checked="" type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This inspection was announced, took place over two days and was undertaken to inform a decision in regard to the provider's application for registration.

As part of this process inspectors reviewed the premises and accommodation available for suitability and compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Fit person interviews were undertaken with the person nominated to act on behalf of the provider, and with the appointed person in charge. Inspectors reviewed documentation provided as part of the application for registration. This included the statement of purpose, Residents' Guide, proposed contract of care, memorandum of agreement for insurance, and evidence of compliance with the requirements of the statutory fire authority. The inspector also reviewed the fit person self assessment completed by the provider as part of this application process.

During the site inspection the inspectors reviewed all policies developed for use by the provider including the health and safety statement. As the centre was not registered and therefore not operational at the time of this inspection findings in relation to health care, care planning and social care, resident rights, consultation, review of quality and safety of care, staffing ratios, training and risk assessment are based on the provider's and person in charge articulated intentions and the documentation available as to how they will implement these regulations and achieve compliance. The provider was also requested to provide a proposed schedule of admissions and incremental staffing ratios.

The centre was originally opened as a nursing home in 2007, leased from the owners of the premises by a previous provider. However, it had ceased operations in December 2008. Ownership of the premises has not altered and this application is made on behalf of Tinnypark Residential Care Ltd. The membership of the Board of Directors has altered.

The centre is located circa two and a half miles from the city on its own grounds. The premises consist of an original building, which is a listed premises, and a large extension. It can accommodate 57 residents but the application for registration was amended following the inspection to 47 residents. Nine bedrooms located in the original section of the building were removed from the application at this time due primarily to lack of suitable access such as a lift, and the ability to adequately supervise and support residents in this section of the building.

The inspection found that the plans made for the setting up of the centre were extensive. Both the person nominated to act on behalf of the provider and the person in charge has experience in the governance of designated centres.

All the required policies were in place, a detailed health and safety review had been undertaken, suitable arrangements for access to medical care and allied health services were identified. The pre-admission and care planning process identified was satisfactory and the system for safeguarding of residents including residents finances were identified.

A detailed admission and staffing schedule was provided and this was satisfactory in numbers and skill mix of staff identified. Arrangements were identified for recruitment of staff and for mandatory training for staff and an induction period was planned.

Written evidence of compliance with the requirements of the statutory fire authority was provided to the Authority and all fire safety equipment had recently been serviced. The provider was requested, however, to provide evidence that outstanding

issues previously identified by the fire authority in 2008 had been addressed. There was a large graded ramp linking the old section of the premises to the new extension. The inspector was provided with evidence that this met the requirements for building regulations 2000 for a person with a disability.

There were core safety features in the premises and it was decorated and furnished to a high standard, with ample communal space and all the required facilities provided.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose had been forwarded and was found to be in compliance with the requirements of Schedule 1. The statement outlined the services to be provided and the residents for whom this service will be available.

Staffing levels, policies and arrangements for healthcare as outlined by the provider on this inspection were congruent with this statement of purpose.

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Inspectors were provided with a template of the contract of care it is proposed will be used. This contract details the services to be provided and will contain details of the overall fees to be charged. The contract outlined additional services for which costs may be incurred and this included a standard fee for activities. The provider assured the inspector that all prospective residents will have a choice as to whether they pay this additional cost or not and this will not impact on admission decisions. The provider stated that full invoices will be available monthly to residents.

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge was a registered nurse with over 25 years experience in the care of older persons. She has engaged in continued professional development and has completed training in gerontology and health service management as well as modular training in medication management and occupational health.

A system of informal and formal reporting systems was outlined and the provider stated that it was his intention to be present as required but no less than three and a half days per week and to become familiar with the residents.

At the time of this inspection there was no person employed who would take charge of the centre in the absence of the person in charge. However, the provider informed the inspector that he intended to employ a suitably qualified nurse and that it was his intention that this post holder would be provided with adequate time to undertake governance and management tasks in such an absence.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance ☒ Improvements required * ☐

Records in relation to residents (Schedule 3)

Substantial compliance ☐ Improvements required * ☐

The templates available and policy documents indicate the records maintained by residents will be in compliance with the requirements.

General Records (Schedule 4)

Substantial compliance ☐ Improvements required * ☐

Plan available for record maintenance indicate processes will be in compliance.

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☒ Improvements required * ☐

All the required policies were available with the exception of a policy on risk management. Changes which were found to be required in the policy on medication management and responding to abuse are discussed in the relevant sections of this report.

Directory of Residents

Substantial compliance ☒ Improvements required * ☐

Staffing Records

Substantial compliance ☐ Improvements required * ☐

Policy indicates the required records will be maintained as required.

Medical Records

Substantial compliance ☐ Improvements required * ☐

Policy on record keeping and maintenance indicates the required records will be maintained in the required manner.

Insurance Cover

Substantial compliance ☒ Improvements required * ☐

A memorandum of agreement was provided in regard to the availability of appropriate insurance cover. The detailed policy will be forwarded to the Authority on receipt of the registration decision and prior to the admission of any residents.

Outcome 5

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.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

The provider was found to be aware of his responsibilities in this regard should the situation arise.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

A centre-specific policy on the prevention, detection and reporting of abuse was available and it contained both indicators of abusive behaviours and a detailed format for an internal investigation and screening process should this be required. However, the policy required some amendments to sufficiently outline the course of action, reporting procedures and liaison with statutory agencies in the event of an allegation being made against a person external to the centre or a member of the management team. The person in charge had completed the "Train the Trainer" course in elder abuse and outlined plans for ongoing training of the staff group prior to residents being admitted.

There was a policy on the safeguarding of residents belongings and monies and the provider articulated good practices in the management of residents' finances, both times and monies for safe keeping and in the event that he should be required to act as agent for the Department of Social Protection on behalf of any resident.

The provider stated that he intended to source a suitable person to act as an advocate for the residents.

Outcome 7

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

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Inspection findings

There was a current, detailed and centre-specific health and safety statement available in accordance with legislation. In addition, a detailed occupational safety and work practice audit had been undertaken. The provider stated that it was his intention to convene a risk and health and safety committee which would meet regularly, undertake regular audits and monitor the outcome of these audits.

Individual policies in relation to identified risk for residents and in accordance with the Regulations were available. These included procedures for identification of residents who might be at risk of wandering and the procedures to be followed in such an event. Policy on falls prevention, challenging behaviours and self-harm were available. Documents which were to be used to support the implementation of these policies included templates for falls risk assessments, assessments for the use of bedrails and supportive measures were available for use.

There was an appropriate emergency plan available, which governed loss of heat light, and water. There was a generator available and in the event of the residents requiring temporary evacuation arrangements had been made with a nearby residential facility. There was an appropriate clinical waste arrangement made and the person in charge outlined adequate infection control measures and systems. Heating and hot water systems were temperature controlled.

Records reviewed by the inspection demonstrated that equipment to be used including hoists, specialised beds, the stair-lift and call-bells were serviced in 2013. Examination of the fire register indicated that the fire safety and management equipment had been recently serviced, with the fire alarm and emergency lighting serviced in February 2013, and the fire-fighting equipment serviced in September 2012. There was a contract for the ongoing quarterly and annual service of the equipment agreed. Fire exits were observed to be unobstructed. The provider stated that staff would be adequately trained in the prevention detection and management of any incident of fire prior to residents being admitted and regular fire drills would be held.

Written evidence of compliance with the statutory fire authority was provided to the Authority dated December 2012. However, documentation seen by the inspector indicated that there may have been some outstanding works identified in 2008 and the provider was requested to ascertain the current status of this work in relation to fire safety and the evidence of compliance. In addition to this, the fire authority requested that no resident be admitted prior to the fire authority carrying out an inspection of the premises.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

A detailed policy was available on the management of medication including prescribing, storage and administration of medication. There was an arrangement made with a local pharmacist to dispense and deliver medication and take charge of the return of all medication. There were appropriate facilities available for the safe

storage and recording of medication including controlled medication. However, the policy did not contain any guidance on the use of as required (PRN) medication or nurse transcribing of medication, a practice which the person in charge stated would be undertaken by arrangement with a local general practitioner (GP) service who will then countersign the transcriptions within an agreed timeframe.

Outcome 9

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

Both the provider and the person in charge were knowledgeable in relation to their responsibilities to forward the required notifications to the Chief Inspector and maintain copies of all incidents which might occur in the centre.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The provider and person in charge articulated an understanding of the value of and the processes involved in reviewing and monitoring the quality and safety of the care provided. These included extensive auditing of practices such as medication management, accident and incidents including falls, use of bedrails, care planning and record keeping. Auditing templates were available. The system outlined included ascertaining the views of residents on a day-to-day-basis and via the monthly

resident forum meetings, and a survey of resident and relatives. In interview both the provider and person in charge stipulated changes they had made in other centres as a result of requests from residents and the outcome of audits undertaken.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

The inspector examined the proposals for the management of residents' healthcare needs and found that the person in charge was knowledgeable on the regulatory requirements in relation to this. She informed the inspector that all residents would be facilitated to maintain their own GP following admission, but the provider had also arranged with a local primary care centre for GP support, including a scheduled weekly visit, other appointments as required and if necessary access to allied health services. The arrangement with the GP included three monthly review of resident's medication. Out-of-hours service is available in the locality.

A template care plan was available, which included evidence-based assessment tools pertinent to the proposed resident population, including weight management, pressure area risk and the person in charge outlined an appropriate pre-admission assessment procedure. Daily nursing record templates were also available. The documentation available included areas for biographical information and consent forms and guidelines for managing residents with dementia or challenging behaviours. The person in charge stated that residents would be involved in the care planning process and a discharge policy was available.

Activities planned included card playing, music, art, and reminiscence or Sonas therapy if appropriate to the needs of the resident population and access to day services if this was required by residents. The provider outlined a plan to employ an activities coordinator trained in an appropriate medium such as Sonas and/or Activities in Care and elicit the views of the residents in the choice of activities. There was ample space for different recreational activities to take place or for residents to spend quiet time. He stated that in the initial stages care assistants would be allocated time during the day to undertake activities.

Outcome 12

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The premises consists of a listed building over four floors with a large ground floor extension which was constructed in 2007. The original section of the premises contains the kitchen, two suitably sized and equipped dining rooms, three sitting rooms, two assisted and one wheelchair accessible toilet in close proximity to the day and dining rooms. The basement contains, staff showers and changing rooms and storage areas with additional office space on the fourth floor. This section of the premises also contains nine large single bedrooms with en suites although the en suites are not suitable for use by dependant persons. These bedrooms are not currently being considered for registration. The original section of the premises connects to the extension via a lengthy graded walkway which has seating arranged midway. The inspector requested that evidence of the grading for this walkway be provided to ensure it was of the required standard for persons with disabilities and the provider complied with this request and documentation was provided to verify this.

In total there are 44 bedrooms in the extension, 40 single rooms and four double rooms all with assisted and accessible en suites containing assisted showers, wash-hand basins, sinks and call-bells. All bedrooms contain call-bells, telephones and televisions.

The bedrooms vary in size and lay out from 9.58 square metres to 15.31 square metres for 40 single rooms and 17.32 square metres to 22.27 square metres for the four shared bedrooms exclusive of en suites.

The bedrooms were furnished with profiling beds, combined wardrobes and shelving, bedside lockers and easy chairs. There is an additional assisted shower room on the ground floor and a separate bathroom also available although the bath is not adapted for use by persons with a disability.

A large entrance lobby with seating, a large day room, wheelchair accessible visitors toilet, accessible residents toilet, appropriately equipped treatment room, nurses station, suitably equipped hairdressing room, cleaning and chemical storage rooms, administrative office and meeting room completes the accommodation. There is a sluice room containing a macerator and wash-hand basin although this room required a sluice sink and suitable storage racks. A suitably equipped and spacious laundry room is available and there is adequate general storage space available.

Separate changing facilities for kitchen staff were available. There is a large secure walled garden and four secure internal courtyards which can be accessed easily by residents. There is an intruder alarm, outside lighting, and key-coded front doors. All flooring was non-slip and hand rails were provided in all corridors. The accommodation overall was bright, naturally ventilated and with a recently serviced heating system.

The premises is furnished and finished to a high standard and has been well maintained. Furniture and fittings were suitable for use and generally domestic in style, and all beds provided were profiling.

In addition to the bedroom measurements there were a small number of deficits noted in the premises. These included:

- the sluice room did not contain a sluice sink and required suitable shelving
- the smoking room required a viewing panel
- some of the windows in the original building did not have restrictors
- some of the exit doors did not have any alarms or sensors fitted
- the shelving in the en suites was unsuitable as it was comprised of glass and had sharp edges
- the bath required adaptation for use by persons with a disability.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

The provider had a detailed complaint policy available, which outlined the procedures for formal and informal complaints and encouraged local and immediate resolution. This was also synthesised in the Residents' Guide and the statement of purpose. Relevant external agencies were identified. However, the policy required a minor amendment to identify the provider as the person ultimately responsible for the management of complaints. The provider and the person in charge were knowledgeable on the procedure to be used in the management of complaints.

Outcome 14

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.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

The policy on end-of-life care was detailed and outlined a person-centred procedure, medical and or palliative care support and the need to ascertain residents' wishes for this event. There is space in the centre for relatives to be accommodated if this was required. There was no indication in the policy of how the resident in the four-bedded rooms would be facilitated however at this time. The document in the care plan where resident wishes were to be ascertained was only relevant to religious and after death wishes.

Outcome 15

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 discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

The kitchen was suitably equipped to prepare residents food and the provider stated that he intended to employ a fulltime chef and assistant chef. Storage and preparation areas for food was extensive and there was a food safety policy available. The HSE environmental health officer had visited the premises but no written report was available following this visit as the kitchen was not operational in terms of food safety.

There was a detailed policy on nutritional support for residents which included eliciting resident preferences and the appropriate use of interventions such as nutritional additives, specialised diets and support with eating and fluid and food intake and monitoring.

Outcome 16

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

There was a policy on respecting residents' privacy including the management of personal care in a dignified manner. All bedrooms had telephones and televisions installed and newspapers would be delivered daily and there was ample space to meet visitors in private. The provider stated that arrangements would be made for residents to vote as and when required.

The person in charge stated that daily routines would be flexible to meet the needs and wishes of residents. Arrangements had been made for religious services and the provider stated that all denominations would be catered for. The person in charge was aware of a number of local community initiatives which she stated would be approached to offer activities or seasonal events to residents.

Outcome 17

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.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

There is policy on the management of residents' personal property and on the safekeeping of any personal items or monies. There was a template record in the care plan for itemising residents' property and possessions. Each bedroom was supplied with a small numerically locked safe. There was storage space for other personal belongings in each bedroom.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

Only the person in charge was employed at the time of this inspection. The provider detailed a proposed staffing structure which would increase incrementally according as admissions were planned. As outlined to the inspector this plan contained an appropriate skill mix of nursing, care assistant staff and adequate household and catering staff. The admission process outlined by the provider was no more than three residents per week and fulltime nursing care available from commencement. At full capacity of 48 residents this would result in two nurses, exclusive of the person in charge and six care assistants on duty from 8am to 8pm and one nurse and three care assistants from 8pm to 8am. The latter will require to be reviewed based on dependency levels, nursing care hours required and medication rounds.

The inspector reviewed the policy on recruitment and selection of staff and found that it was in compliance with the requirements, reflecting an appropriate recruitment process including advertising, interviewing, sourcing and verification of documentation provided. The provider had optioned the required documentation on

the person in charge and evidence of current registration with the appropriate professional body was also obtained. The provider stated that it was his intention to employ care assistant staff who had completed or were in the process of completing Further Education and Training Awards Council (FETAC) Level 5 training. The provider also articulated the need to source staff including nursing staff whose training and background would best support the resident population as outlined in the statement of purpose.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, and the person in charge, to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the provider and person in charge during the inspection.

Report compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

20 March 2013

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report *

Centre Name:	Tinnypark Nursing Home
Centre ID:	0707
Date of inspection:	13 March 2013 and 14 March 2013
Date of response:	12 April 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Safe care and support

Outcome 6: Safeguarding and safety

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

The policy on the preventing detection and reporting of abuse required amendments.

Action required:

Revise the policy for the protection of residents from abuse to include guidance on an accurate and adequate response in the event of allegation of abuse regardless of the source of the allegation.

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

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The policy has been revised to include guidance on an accurate and adequate response in the event of allegation of abuse regardless of the source of the allegation.	Completed

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: There was no risk management policy available.
Action required: Ensure that a comprehensive written risk management policy is implemented throughout the designated centre and that the policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.
Action required: Provide evidence to the Chief Inspector that all the outstanding requirements of the statutory fire authority have been addressed in order to satisfy the Chief Inspector that the premises is in compliance with the requirements of the statutory fire authority.
Action required: Undertake an audit of the premises and rectify all outstanding safety matters including but not exclusive to: <ul style="list-style-type: none"> ▪ provide a viewing panel in the smoking room ▪ safety mechanisms on all windows ▪ safety mechanism on exit doors ▪ safe and suitable shelving in all en suites.
Reference: Health Act, 2007 Regulation: 31: Risk Management Procedures Regulation 32: Fire precautions and Records

Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A risk management policy has been implemented</p> <p>A meeting with the fire officer has been arranged for 16 April 2013 and outstanding issues will be discussed. We will inform the Inspectorate of the outcome of this meeting and any actions arising.</p> <p>An audit of the premises is ongoing and the identified items are being addressed as follows:</p> <ol style="list-style-type: none"> 1. Viewing panel to smoking room 2. Safety mechanisms on windows in original building 3. Safety mechanisms on exit doors 4. Safe and suitable shelving in all en suites (Current shelving will be removed and replaced by a more suitable product) 	<p>Completed</p> <p>Ongoing</p> <p>30 April 2013 30 April 2013 30 April 2013 30 April 2013.</p>

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: <p>The medication management policy was not fully in accordance with legislation.</p>	
Action required: <p>Revise the policy on medication management to ensure appropriate practices in relation to the ordering, prescribing, storage and administration of medicines to residents.</p>	
Reference: <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines. Standard 14: Medication Management</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The medication policy has been revised.</p>	<p>Completed</p>

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect: Failing to demonstrate that the premises is suitable for the purpose of achieving the aims and objectives set out in the statement of purpose and meets the needs of each residents.	
Action required: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
Action required: Ensure the size, and layout of rooms occupied or used by residents are suitable for their needs.	
Action required: Provide adequate sluice facilities and shelving	
Action required: Make the required adaptations to the communal bathroom as may be required to make the bath safely accessible for residents.	
Action required: Provide evidence of the ways, other than the stated criteria, by which the required standards will be or are being achieved and demonstrate to the Chief Inspector that these alternative arrangements will deliver on the standard for each resident.	
Action required; Provide documentary evidence to the Chief Inspector that the premises, in particular the internal ramp, meet the legislative requirements for persons with a disability.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>We are confident that the premises design and layout will meet the needs of each resident. The centre provides wide and well lit corridors, a choice of communal sitting rooms, a choice of dining areas, a large enclosed garden, and a number of enclosed external seating areas in close proximity to all bedrooms. There are facilities for residents to meet relatives in private, other than their bedrooms and the centre is decorated and furnished to a high standard. In addition the centre is designed to cater for a greater number of residents than is currently being applied for in this registration application.</p> <p>We are confident that the location, design, and layout of the premises are suitable for its stated purpose. It is accessible, safe, hygienic, spacious and well maintained and will meet the individual and collective needs of residents in a comfortable and homely way.</p>	Ongoing
<p>The size and layout of the rooms to be occupied by residents allows for the provision of adequate storage space for residents personal items, are all en suite and are furnished and decorated to a high standard. TV and telephone facilities are provided and all rooms are well lit and ventilated. The facilities provided will ensure that the privacy and dignity of residents is maintained at all times.</p>	Ongoing
<p>Adequate sluicing facilities and shelving will be provided in the sluice room.</p>	17/05/13
<p>The bath fitted in the communal bathroom will be adapted to ensure safe access for residents.</p>	17/05/13
<p>The specific criteria for bedroom size as set out in Standard 25 of the National Standards for Residential Care Settings for Older People is not being met in every bedroom in the centre, but both the registered provider and the person in charge based on their experience in the provision of elderly care are confident that a high standard of person-centred care will be delivered to all residents in the centre.</p> <p>Trials were carried out in the use of assistive devices in all rooms and this resulted in the re-configuration of a small number of rooms. Better outcomes were achieved by re-arranging furniture to facilitate the more effective use of assistive devices.</p> <p>Additionally we are cognisant that rooms 19 and 25 are best suited to a resident who is independently mobile. Our pre-admission assessments will bear this in mind and we will regularly review the suitability of these particular rooms in relation to meeting the needs of these specific residents.</p> <p>All four double rooms are en suite, are fitted with adequate</p>	Ongoing

<p>screening to ensure privacy and dignity and have adequate floor space for the use of assistive devices.</p> <p>During the course of the inspection the suitability of en suites was demonstrated to the inspectors.</p> <p>The doors to all bedrooms are designed to provide easy access for all assistive devices to each individual room.</p> <p>We are confident that the centre is in compliance with the outcome based statement and taking all the available facilities into account that the centre will provide a high standard of care to all its residents.</p> <p>An independent report on the internal ramp has been submitted to the Inspectorate.</p>	Completed
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Theme: Effective care and support

Outcome 13: Complaints procedures

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The complaints procedure did not adequately identify the person nominated to oversee the management of complaints and the independent appeals process.</p>	
<p>Action required:</p> <p>Revise the complaint procedure to ensure it stipulates all of the requirements as outlined in Regulation 39.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our complaints procedure has been revised.</p>	Completed

Outcome 18: Suitable staffing

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Staffing levels and skill mix currently outlined will require to be reviewed as resident numbers increase based on an evidence-based rational including the care deployed by nursing staff with particular reference to night time.</p>	
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Action required: Monitor and review the staffing levels to ensure that the skill mix is adequate based on the assessed needs of the residents', the size and layout of the building and an evidenced-based rational for the decisions made.	
Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: It is our stated intention to progressively recruit suitable staff to adequately cater for the needs of prospective residents. Once the centre opens we will regularly monitor and review our staff numbers and skill mix to ensure that the assessed needs of all our residents are being fully met.	Ongoing

Any comments the provider may wish to make¹:

Provider's response:

On behalf of Tinnypark Residential Care Ltd, and the person in charge we wish to thank the inspectors for undertaking a detailed and extensive inspection of the premises. The inspection was conducted in a professional and cordial manner and we look forward to working with the Inspectorate in the future.

Provider's name: Tinnypark Residential Care Ltd

Date: 12 April 13

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