



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

Issued by the Chief Inspector

Name of designated centre:	TLC City West
Name of provider:	Cubedale Limited
Address of centre:	Cooldown Commons, Fortunestown Lane, Citywest, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	30 September 2022
Centre ID:	OSV-0000692
Fieldwork ID:	MON-0038045

About the designated centre

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

TLC City West is a purpose-built nursing home which can accommodate 139 male and female residents over the age of 18. There are 83 en-suite single rooms and 28 en-suite double rooms in the centre over four floors: Ground, 1st, 2nd & 3rd Floor. The building is T shaped which is divided into left, right and middle wing. The details of rooms, sizes and facilities are available in the centres statement of purpose. Each bedroom is fully furnished and has a television and a phone provided.

The centre is designed to meet the individual needs of the older person in pleasant surroundings, whilst facilitating freedom and independence. TLC Citywest is ideally located close to the Red Luas line, Citywest Hotel, Citywest shopping centre and Saggart village. It is just off the N7 or the N81 in the other direction and within close proximity to Tallaght Hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

121

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 30 September 2022	08:10hrs to 18:15hrs	Niamh Moore	Lead
Friday 30 September 2022	08:10hrs to 18:15hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

Inspectors met and spoke with several residents and visitors and spent time in communal areas to gain an insight into the residents' daily lives and experiences living in TLC City West. Staff were observed to treat residents with respect and kindness. The overall feedback from residents was that they were content living in TLC City West. Comments from residents included that staff were very good to them and reported they were "caring".

When the inspectors arrived at the centre, they were met by the receptionist who ensured that all necessary infection prevention and control measures, including hand hygiene, checking for signs of infection and the wearing of face masks were implemented prior to entering the rest of the centre.

An introductory meeting was held with two members of management and one of the inspectors did a walk around the nursing home. The centre is located in Citywest, Dublin 24. The centre is based across five floors which includes a basement, ground, first, second and third floor. Access to each floor was by stairs and lift. The centre provides accommodation for 139 residents in 83 single and 28 twin bedrooms. All bedrooms had en-suite facilities.

The inspectors viewed a number of residents' bedrooms and saw that residents had personalised their spaces with personal possessions such as family photographs, plants and ornaments. Most bedrooms were observed to be clean and pleasant spaces, however some bedrooms required maintenance and refurbishment of their carpet or lino flooring. Six residents spoken with were very complimentary in their feedback with regard to the levels of cleaning in the centre. Three residents mentioned that did not like the carpet in their room and said "they are not very clean" and comments such as "they are very old". Inspectors were told that 17 bedrooms were due to have their carpets replaced within the coming days following the inspection. Residents acknowledged that the staff members kept their bedrooms and all areas in the home neat and tidy. However, inspectors found that while they were of a sufficient size, many of the multi-occupancy rooms did not provide residents with sufficient storage for their belongings as wardrobes and chest of drawers were shared between both residents. In addition, some bedrooms did not provide sufficient privacy for residents because the curtains did not close properly.

Inspectors observed that alcohol hand gel was available at the point of care and at strategic points throughout the centre. There were posters illustrating the correct procedure to perform hand rubbing above all alcohol gel dispensers. Inspectors saw good examples where residents were assisted, by staff, to clean their hands before entering dining areas. Inspectors were told that to ensure staff had access to dedicated clinical hand washing facilities, which were within easy walking distance of residents' rooms, the provider had plans to install additional clinical hand wash sinks along corridors and to upgrade other hand wash sinks to support good hand hygiene

practice.

Each floor was set up with separate dining and various communal spaces. Residents of each floor had access to a large dining room, activity room and oratory based on the ground floor. Inspectors noted that the provider had made improvements to the layout of seating areas around nurse's stations on each floor to provide a more homely environment. Inspectors observed that many residents chose to spend time in these areas throughout the day of the inspection.

The provider had developed an internal newsletter which included topics such as residents' life stories, employee of the month, recent activities held and a crossword. The newsletter for September showed that residents availed of outings to Dublin zoo and Kildare farm. Inspectors were informed that weekly outings were planned with a recent trip to visit a local shopping centre. Recent internal group activities held included basketball and fishing. There were two available activity staff working on the day of the inspection who facilitated two group activities including art and knitting. Residents were seen to enjoy these activities and told inspectors that they enjoyed attending the activities that were on offer. However, inspectors found that given the size of the centre, many residents were observed to spend long periods of time alone in their bedrooms or communal spaces with minimal meaningful engagement.

During this inspection, inspectors visited some residents' bedrooms, toilets and bathing facilities, communal and dining rooms as well as ancillary rooms such as dirty utilities, cleaners' rooms, store rooms, laundry and staff areas. Overall, the general environment appeared clean. However, the underside of shower chairs and commodes were seen to be unclean. In addition, some surfaces such as cupboards at nurses' stations were damaged.

Inspectors observed the main dining room on the ground floor and smaller dining rooms on the second floor during the lunch-time meal. Menus were displayed outside the dining areas with choices seen to be offered for the main meal at lunch-time, tea time and dessert. There was also a snack menu available 24 hours a day. Assistance was provided by staff for residents who required additional support during meals and inspectors observed this support to be kind and respectful. All residents spoken with were complimentary regarding the food within the centre.

There were arrangements in place to support residents to receive their visitors. Visiting took place within bedrooms and communal spaces. Many visitors were seen to meet and spend time with their loved ones throughout the day of the inspection. Inspectors spoke with two visitors who confirmed that they were happy with the visiting arrangements within the centre.

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

Capacity and capability

The purpose of this unannounced risk inspection was to review the compliance plan assurances submitted by the registered provider following an inspection carried out in February 2022. The inspection also reviewed an application submitted by the registered provider to renew the designated centre's registration. Inspectors found that while some improvements had been made, a number of regulations such as premises, residents' rights and infection control continued to require review and were identified as repeat non-compliances on this inspection.

Cubedale Limited is the registered provider for TLC City West. The management team comprises of four company directors, with two of these directors holding senior decision making roles within the designated centre such as the chief executive officer and a chief operating officer. Other members of the senior management team include a regional director, associate regional director and the person in charge.

Overall, inspectors found that the provider had sufficient resources to ensure that care was provided in line with the statement of purpose. However, inspectors found that the resources made available for activities required further review. The person in charge was supported in their management role by three assistant directors of nursing and four clinical nurse managers. Other staff members available included nurses, senior healthcare assistants, healthcare assistants, activity staff members, catering and domestic staff, maintenance and administration staff. Inspectors saw that there was a weekly recruitment report to ensure that any vacancies were filled in a timely manner with successful recruitment for a number of posts currently in process.

Inspectors were advised that the registered provider was reviewing training within the centre and had planned on-site education and training with a schedule seen for the month of October. This included training for staff on areas such as restrictive practices, safeguarding, infection control, palliative care, fire, cardiopulmonary resuscitation, understanding dementia and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, the findings of this inspection found that further training and supervision was required on standard infection control precautions including hand hygiene, personal protective equipment (PPE) use and equipment and environmental hygiene practices. This is further discussed under Regulation 23: Governance and Management.

The emergency COVID-19 contingency plan had been updated during September 2022 and contained information to adequately guide staff in the event of an outbreak. The centre had experienced one COVID-19 and one norovirus (norovirus is a very contagious virus that causes vomiting and diarrhoea) outbreaks since the last inspection in February 2022. The centre had access to Public Health for outbreak support. The provider completed formal reviews of the management of the outbreaks and used learnings from outbreaks to improve the quality and safety of

care in the centre.

The infection control programme was developing where monitoring of antimicrobial use was evident in the stewardship program. The centre had a number of infection control and cleaning policies. However, they did not contain sufficient detail on standard and transmission based precautions. For example, with regard to the care and management of multiple drug resistant organisms (MDRO) or guidance information on the cleaning of and management of nebulizers and patient monitoring equipment, laundry and clinical waste management. This may result in inappropriate cleaning processes being used and equipment not being safe for further use.

Management systems within the centre included regular management meetings, incident analysis and auditing. Meeting minutes seen by inspectors discussed key performance indicators and topics relevant to service delivery. Topics discussed at these meetings included housekeeping, human resources, finance, maintenance, infection control, quality and safety, risk register, occupancy, complaints and activities. While auditing was seen to occur, some audits did not identify the findings which the inspectors identified on this inspection. For example, call bells were being audited in resident bedrooms and therefore the provider had not identified that there was no call-bell facility available within a communal bathroom. This will be further discussed under Regulation 23: Governance and Management.

Regulation 15: Staffing

On the day of the inspection, inspectors found that there was a sufficient number and skill mix of staff for the assessed needs of residents and the size and layout of the designated centre.

Findings relating to staffing resources for activity provisions will be reported under Regulation 9: Residents' Rights.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure that all management systems in place ensured that the service provided was effectively monitored. For example:

- the management systems in place in the centre had not adequately addressed repeat issues of regulatory non-compliance identified over the previous inspection relating to the premises, infection control, care planning and meaningful use of time and social engagement for residents
- overall, inspectors found that the provider had not taken all necessary steps

to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, guidelines, oversight and monitoring systems

- a physical restraint audit was completed in August 2022, and while this audit had recommendations for improvement on assessments and care planning, it did not identify the requirement for evidencing alternatives trialled as per the findings of this inspection
- the provider had completed a review of notifications relating to safeguarding incidents submitted to the Chief Inspector of Social Services for the last three quarters. There had been an increase in submissions for the last two quarters, however, there was no documented evidence within the analysis to identify the reasons or to respond to this.

Judgment: Substantially compliant

Quality and safety

Overall, the residents in the centre were receiving good clinical care with timely access to healthcare. Residents were consulted with and had opportunities to participate in group activities. However, this inspection identified that action was required to meet the regulations for care planning, restrictive practices, managing responsive behaviours, safeguarding, the availability of staff for meaningful engagement, personal possessions, the premises and infection control.

Inspectors reviewed a sample of residents' records. Pre-admission assessments were seen to be in place prior to residents being admitted to the designated centre. Comprehensive assessments to monitor and assess residents' needs on areas such as daily living skills, mobility, nutrition, skin integrity and manual handling were in place. Relevant care plans were developed based on these assessments for residents' no later than 48 hours after their admission to the centre. In addition, the registered provider had created an admission checklist to ensure that provisions to meet all new residents' needs were in place upon admission. However, care plans for the safe care of two medical devices, such as catheters and a small number of residents with MDROs, were not in place to guide staff with regard to infection control care practices for these residents. While monthly monitoring of health care associated infections and antimicrobial use were completed, there were gaps in information with regard to colonisation noted. This could result in delayed identification of any onward transmission of a health care associated infection. In addition, many care plans while set up within regulatory timeframes and formally reviewed within the last four months, were seen to include generic information from a template that did not reflect the residents' needs. Some care plans had not been updated to reflect the resident's current health status.

Inspectors were assured that residents had access to appropriate medical and

health care. A general practitioner (GP) attended the centre on a daily basis from Monday to Friday. Access to specialised services such as geriatrician and palliative care was through a referral system from the GP. Records showed that residents had access to psychiatry of later life. Residents had good access to services such as physiotherapy, occupational therapy, dietitians and speech and language therapy. Access to community services such as chiropody, dental and opticians were also available. Inspectors were told that residents were facilitated to access the services of the national screening programme.

The registered provider had a restraints register in place. Assessments and care plans were seen to be in place for restrictions, however improvements were required in documented evidence of alternatives trialled to ensure that the least restrictive solution to manage the risk was in place.

Inspectors reviewed records of responsive behaviour assessments and care plans and found that these were appropriate to guide staff as they identified triggers and measures for de-escalation and diversion. There was a high level of peer to peer incidents occurring within the centre and inspectors found that the registered provider was actively trying to reduce incidents of responsive behaviours. A review was completed on the environment and of some residents by a dementia care specialist. Recommendations included reviewing the layout of communal areas which was seen to be complete. A sample of assessments for four residents was reviewed and included recommendations for increased social engagement with staff. The provider had ordered dolls, newspapers and magazines to be used by staff as tools for engagement with residents. While inspectors observed that staff responded well to incidents of responsive behaviours on the day of the inspection, it was noted that residents were largely unoccupied on the day of the inspection apart from task-focused time with staff. The preventative measures of increased social engagement as recommended by the specialist were not occurring.

Training records showed that staff were trained in relation to the detection and prevention of and responses to abuse. Inspectors reviewed safeguarding investigations and found that appropriate measures were identified to safeguard residents from abuse. While investigations also included a number of recommendations, inspectors noted that for one review, a recommendation had not yet commenced. The person in charge was identifying and training staff in how to write safeguarding plans and while this was an ongoing piece of work, inspectors found gaps within safeguarding plans and the implementation of these.

The provider had some arrangements in place to ensure that residents' rights were upheld within the centre. Residents reported to feel safe and comfortable to raise a complaint. One resident told inspectors that feedback was taken on board within the centre. This was also detailed within recent resident committee meetings and inspectors observed that requests had been facilitated. For example, residents' requested condiments on tables at meal times, the return of a priest to the centre and outings which were all seen to be in place at the time of the inspection. Televisions, radios and newspapers were available for residents' use. There were facilities for occupation and recreation, inspectors observed that two group activities occurred as per the activity schedule on display within the centre on the day of the

inspection. This schedule displayed three activities each day from Monday to Sunday. Residents had psychosocial assessments and activity care plans to detail information relating to their families and activities they enjoyed. Records of participation and refusal to attend activities was also recorded. However, inspectors were not assured that the current activity provisions and resources within the centre ensured all residents had opportunities to participate in activities in accordance with their interests and capacities. In addition, due to the configuration of the majority of twin rooms, some residents' privacy was compromised. This is further discussed under Regulation 9: Residents' Rights.

Inspectors saw that the registered provider had a phased improvement plan for the upkeep of the premises with some works commenced and further dates scheduled to complete paintwork and replacement flooring. Inspectors were told that 17 bedrooms were due to have their carpet replaced starting in the days following the inspection. The registered provider had also completed a trial of new furniture in one twin bedroom which met the criteria of Regulation 17. However, the remaining 27 twin bedrooms were outstanding which meant that for some residents within these bedrooms their access to retain control over their belongings and privacy was impacted. Further details on how the registered provider had not ensured that all areas of the premises conformed to the matters set out in schedule 6 of the regulations will be discussed under Regulation 17: Premises.

Inspectors identified examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the early signs and symptoms of COVID-19, influenza and norovirus. They knew how and when to report any concerns regarding a resident or should they become unwell. Regular monitoring of residents for signs of infection were undertaken by staff and there was a successful vaccination programme in place for COVID-19 and influenza. There were spill kits available (a set of equipment specifically designed to control, contain and clean up hazardous substances) in the centre. However, action was required to ensure that infection prevention and control practices in the centre were in line with best practice. For example, staff required refresher training on the correct disposal and safe storage of clinical waste, the correct wearing and disposal of PPE and hand hygiene to ensure safe infection prevention and control practices in the centre. While staff had good knowledge of what to do should they experience a needle stick injury, safety engineered sharp management devices were not available to staff to reduce needle stick injuries in the centre. Action was required to ensure that clinical waste was stored securely. For example, clinical waste stored externally was not locked to prevent unauthorised access which could lead to risk of blood borne viruses. Details of further issues identified are set out under Regulation 27: Infection Control.

Regulation 12: Personal possessions

For a sample of 13 multi-occupancy bedrooms viewed, residents shared both a chest of drawers and a wardrobe which meant that for the residents of these rooms, they

could not retain control over their clothes.

Judgment: Substantially compliant

Regulation 17: Premises

The inspectors noted the following areas required more oversight to ensure they conformed to the matters set out in Schedule 6 of the regulations:

- the majority of the multi-occupancy bedrooms were not configured as required within the regulations. For example: nine bedrooms viewed only had one chair. Findings relating to privacy and personal storage within these rooms will be outlined under Regulation 12: Personal Possessions and Regulation 9: Residents' Rights
- some areas of the premises had not been kept in a good state of repair. For example, some areas of lino flooring in bedrooms were badly marked and damaged, cupboards at some nurses' stations were peeling and some door frames were seen to require repair
- the windows were very dirty and required cleaning
- emergency call facilities required review as one communal bathroom on the ground floor did not have a call-bell. In addition, a resident with a specialised need required review to ensure their call-bell was available at all times to them.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured effective arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- local infection prevention and control guidelines did not give sufficient detail to guide staff on precautions required for the care of residents with MDROs, the effective cleaning and decontamination of equipment or laundry and clinical waste management. This may result in transmission of infection to residents
- there was no clear guidance available to staff with regard to the safe management of nebulizers. Staff gave differing methods on how to safely clean and manage these devices. One machine was stored on the floor of a bedroom and another was seen to be unclean. Two nebulizer giving sets contained clear liquid. This meant that they had not been cleaned or safe for further use

- there was some ambiguity among staff (healthcare assistants and cleaning staff) regarding which residents were colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for these residents
- safety-engineered sharps devices, such as needles were not available to staff. This increased the risk of needle stick injuries in the centre.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was decontaminated and maintained to minimise the risk of transmitting healthcare-associated infections. For example:

- intravenous trays, shower chairs, twelve hand gel dispensers and some cleaning equipment inspected were not visibly clean. This meant that they had not been cleaned and were not safe for further use
- access to the hand hygiene sinks and bedpan washers were obstructed in the dirty utility rooms by linen hampers. There was no sink in one cleaners' rooms. Sinks in clinical rooms and communal areas did not meet national standards for clinical hand hygiene sinks. This did not support effective hand hygiene practice
- a small number of bins in clinical rooms and at one nurses' station were unclean and had damaged surfaces which could impact on effective cleaning.

Staff did not consistently adhere to standard infection control precautions. This was evidenced by:

- four care staff were seen to wear wrist jewellery which meant that staff could not effectively clean their hands
- there were gaps in effective standard precautions seen, for example, two staff were seen entering hallways, a kitchen or other resident bedrooms, when they had not cleaned their hands following contact with used linen or continence wear. This practice could result in healthcare-associated infections
- in conversations with inspectors, staff described differing processes in how they would deal with urine spills. For example they said they would inappropriately dispose of cleaning equipment in clinical waste following urine spills
- staff did not demonstrate an appropriate knowledge of the centres infection control policy with regard to the correct use of single use items such as dressings and bottles of sterile water. This was a repeat finding from the last two inspections
- blood glucose monitoring needles: the use of these devices require a risk assessment to ensure they do not pose a risk of cross contamination
- the external area storing clinical waste awaiting collection was not secure. One out of four clinical waste bins stored in this area was not locked and sharps bins were stored on the floor of clinical rooms. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them
- in shared bathrooms, residents personal hygiene products were stored with other resident's possessions such as tooth brushes, shampoos, shower gels

which could lead to cross infection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors found that from a sample of care records reviewed, the registered provider had not arranged to meet the needs of each resident as per their assessment. For example:

- two residents who had either confirmed or suspected MDRO infection, did not have individual care plans in place to guide staff in safe care to prevent possible onward transmission of infection
- in two care plans reviewed for residents with urinary catheters (A urinary catheter is a flexible tube used to empty the bladder), one did not have a care plan and the other did not give clear guidance with regard to the management of urinary catheters to prevent infection
- A care plan for a resident who was deemed high risk of falls, was not person centred to their needs and was seen to be a template. Another residents' mobility care plan did not reflect a recent fracture
- A care plan for a resident with a nutritional risk recorded that the resident should be on both monthly and weekly weights. This created the risk that staff were not aware of the level of monitoring required. Inspectors were told this should be weekly, however there were gaps within this monitoring with the last weight recorded 17 days prior to the inspection
- A resident's nutrition care plan recommended that three days monitoring of food and fluid should occur ten days prior to the inspection, inspectors were told this had not occurred.

Judgment: Not compliant

Regulation 6: Health care

Records evidenced that residents' healthcare was maintained by appropriate access to a GP, health and social care professionals and evidence-based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required in how responsive behaviour was managed within the designated centre. A recommendation to increase social engagement was made which was not seen to be fully actioned.

Three residents' care records did not provide information in relation to other methods trialled prior to restrictions such as bed rails and a wandering alarm being put in place to ensure the measures were appropriate.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had not taken all reasonable measures to protect residents from abuse.

- one resident had no safeguarding plan in place
- four safeguarding plans were not updated to reference the outcomes of the safeguarding investigations.
- the recommendations of a safeguarding investigation were not seen to be fully completed. For example, a resident was due to be referred to a specialist service which had not occurred. Following the inspection, assurances were provided that this referral would be made
- one resident's safeguarding plan referred to 30 minute monitoring, however when inspectors requested to review this documentation, assurances were not fully provided. There was no record of who had been assigned to complete this on the day, three staff spoken with were unsure who was assigned to complete the monitoring or where the documentation for the day was located. Inspectors were later provided the signed off safety checks.

Judgment: Substantially compliant

Regulation 9: Residents' rights

For one resident within each of the 13 twin bedrooms viewed, the privacy curtain did not close and therefore this impacted the residents' right to privacy and to undertake their personal activities in private.

Although there were two activity staff members on shift on the day of the inspection and two group activities did take place, given the size of the building and the number of residents, this was inadequate to ensure that all residents had opportunities to participate in activities. Inspectors saw evidence of 11 days in the previous month where there was reduced activity staff available to residents. Inspectors observed many occasions throughout the inspection where staff did not

engage residents in meaningful engagement.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for TLC City West OSV-0000692

Inspection ID: MON-0038045

Date of inspection: 30/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A schedule of proposed works was submitted to the Authority on 20/10/2022 to realign the layout of the centre thereby facilitating a reduction in occupancy from 139 to 119 residents. All works will be complete by 31/12/2022. • A review of activities provision is underway to analyze the current service and identify enhancements. To be complete by 30/11/2022. • Additional IPC training for all staff will be completed by end of Q4 2022. • By end of Q4 2022, training on care planning will have been completed for all relevant staff. • By end of Q4, 2022, an audit of restrictive practices will have been completed. The outcomes from this audit will be used to inform the approach to be adopted. • A dedicated dementia specialist has been working alongside staff since September 2022 to provide specialist input into the care of specific residents, to advise on evidence based best practices and provide on-site training for staff. This work will be complete by 30/11/2022. 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Work to ensure that all multiple occupancy rooms are fully compliant with the relevant regulations will be completed by 31/12/2022. 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A schedule of proposed works was submitted to the Authority on 20/10/2022 to realign the layout of the centre thereby facilitating a reduction in occupancy from 139 to 119 residents. This work will be complete by 31/12/2022. • By 31/12/2022, all minor works identified during the inspection will have been addressed. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The Infection Control and Decontamination policy has been amended to reflect the changes highlighted during inspection. (Complete) • Dedicated policies in relation to infection, prevention and control including the management of MDROs will be in place by 30/11/2022. • Additional IPC training for all staff including Household staff will be completed by end of Q4 2022. • All IPC issues identified during inspection such as single use oxygen masks, nebulizer masks, individual glucometers have been actioned and same in place. • The locking of the external bin shed have been addressed. (Complete) • Hand Hygiene sinks have been ordered and delivery of same is pending • Single use items i.e. kidney dishes and dressing packs etc is now the preferred choice in the centre and same have been ordered, delivery pending • New clinical trolleys are now in place. • Replacement furniture has been ordered and delivery of same is pending at this time • A multi team approach to monthly vi clarity IPC audits will be completed which aims to ensure the standards are improved and maintained. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

- Updated care plan training will be provided to all grades of nursing staff by an external provider. The training programme will commence in Q4 2022 and conclude early 2023.
- A program of in house care plan training has already commenced in the centre.
- A sample of care plans will be audited monthly for a specific period, which will be further reviewed at the monthly Governance meetings to ensure we are meeting the regulation.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- A dedicated dementia specialist has been working alongside staff since September 2022 to provide specialist input into the care of specific residents, to advise on evidence based best practices and provide on-site training for staff. This work will be complete by 30/11/2022.
- By end of Q4, 2022, an audit of restrictive practices will have been completed. The outcomes from this audit will be used to inform the approach to be adopted.
- A program of restrictive practice training is commencing in 4th quarter 2022
- A sample of restrictive practice care plans and assessments will be audited monthly and presented at the governance meetings for evaluation until we are meeting the regulation

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- A review has taken place in relation to safeguarding plans and as required, updated plans will be in place by 15/11/2022.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The realignment of privacy curtains in shared rooms is included in the proposed schedule of works for the centre and will be complete by 31/12/2022.
- A review of activities provision is underway to analyze the current service and identify

enhancements. To be complete by 30/11/2022

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/12/2022

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/12/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/11/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only	Substantially Compliant	Yellow	30/11/2022

	used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	15/11/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/12/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2022