



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

Issued by the Chief Inspector

Name of designated centre:	Tearmainn Bhríde Nursing Home
Name of provider:	TBNH Limited
Address of centre:	Brideswell, Athlone, Roscommon
Type of inspection:	Unannounced
Date of inspection:	20 January 2022
Centre ID:	OSV-0000399
Fieldwork ID:	MON-0032888

About the designated centre

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

Tearmainn Bhríde Nursing Home is a family-run nursing home located in the rural village of Brideswell Co. Roscommon. The centre is located approximately 10km from the larger town of Athlone. The centre is registered to provide residential care to 29 residents, both male and female, over the age of 18 years for long-term, short-term, convalescence and respite care. Residents with dementia are also cared for. A day service facility for up to three residents is also available. The centre has two sitting areas available, a dining room and a small oratory. Bedroom accommodation comprises five single bedrooms, two with an en-suite toilet and shower and 12 two-bedded rooms. All bedrooms have secure storage facilities for residents' belongings. A small smoking area is available. There is a landscaped garden to the front of the building and a small enclosed garden to the rear of the premises and ample parking to the front and sides.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 January 2022	10:15hrs to 19:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

From what residents said and from what the inspector observed, residents were content with the care they received within Tearmainn Bhríde Nursing Home. The inspector saw that residents were relaxed and comfortable throughout the day of the inspection. Residents were supported and encouraged to actively participate in and make decisions about how they spent their time.

This was an unannounced inspection. On arrival to the centre, the inspector was met by a staff nurse who conducted a COVID-19 risk assessment, ensured that hand hygiene was completed and that appropriate personal protective equipment (PPE), such as face masks, were being worn. The inspector noted that the required procedures for staff and visitors were in place and were being complied with by those that attended the centre.

An opening meeting was held with the registered provider representative and the person in charge. After this meeting, the inspector was guided on a tour of the premises. The building is single storey comprising five single and 12 twin bedrooms, a number of communal rooms and an external garden area. Residents were observed relaxing in the various communal rooms throughout the day of the inspection. These rooms were comfortably furnished. Bedrooms were observed to be nicely decorated and could accommodate residents' furniture and supportive equipment. Residents could personalise their room and many rooms were observed to contain items such as flowers, photographs, soft furnishings and other possessions.

The inspector spent time observing interactions between staff and residents. Staff were found to be positive, engaging, patient and respectful at all times. There was a comfortable rapport between residents and staff, and a relaxed atmosphere was evident. One resident who spoke with the inspector said that staff were "the finest", while others agreed that staff provided good care to the residents.

Some residents were observed engaging in activities during the inspection, such as exercises, prayers, completing artwork and ball games. While staff told the inspector that outings did not take place last year due to restrictions in relation to COVID-19 and lack of access to suitable transport, there had been efforts made by staff to entertain residents. For example, an ice cream van had visited the centre, a number of staff had visited with their pets and Halloween and Christmas parties had been held which included karaoke. The centre had also participated in an initiative where people in the community sent care packages to residents in the nursing home, and staff were also assigned a resident to purchase gifts for at Christmas time.

The inspector had the opportunity to meet with two visitors over the course of this inspection. They were "delighted" with the quality of care provided to their loved one and were appreciative of staff. They also praised the flexibility in regard to the current visiting arrangements.

To better facilitate social distancing, residents had the choice to take their meals across various communal rooms or in their bedrooms, in line with their preferences. Residents were happy with this arrangement, and were observed thoroughly enjoying their meals of beef stew or pork chops on the day of the inspection. Many residents were eating independently and sufficient staff were available to support those who required some assistance or prompting. The inspector saw that residents were offered additional servings of food and tea or coffee was served with their dessert. All of the residents who spoke with the inspector praised the quality and choice of food, with one resident saying that they really enjoy their dinners in the centre. Catering staff outlined how they supported residents' choice and preferences, and ensured that residents were served food that met their dietary and nutritional requirements.

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

Capacity and capability

Overall, the findings of this inspection were positive and the inspector was assured that the centre was well managed for the benefit of the residents who were living there. The inspector found that there were clear lines of accountability and responsibility in relation to governance and management arrangements. There was good clinical oversight of residents' needs and it was clear that there was a person-centred approach to the care provided. However, some improvement was required in relation to infection prevention and control standards, the management of staff files and the recording of complaints and care plan reviews.

TBNH Limited is the registered provider for Tearmainn Bhrìde Nursing Home. There was a clearly defined management structure in the centre which set out the lines of accountability and responsibility. The registered provider representative was present in the centre on a regular basis and provided support to the person in charge. The nursing management team consisted of the person in charge and the assistant director of nursing. They were supported by a team of nurses, including a senior staff nurse, healthcare assistants, activity staff, catering, housekeeping, maintenance and administrative staff. Records indicated that the person in charge met with the registered provider representative on a monthly basis at a minimum and that standing agenda items were discussed such as infection prevention and control, audits, staff recruitment and training. Meetings attended by all staff were also held on a quarterly basis.

Clinical and operational audits were scheduled and routinely completed, in areas such as falls, nutrition, medication management, restrictive practice, residents' finances, safeguarding and staffing levels. Findings of these audits informed ongoing

quality and safety improvements in the centre.

An annual review for 2021 had been completed and was available for review by the inspector. It included an action plan to address any areas for improvement.

There was a training programme in place for staff that incorporated mandatory training in moving and handling practices, prevention and detection of abuse, fire safety and infection prevention and control. All staff were up to date with this training, and nursing staff had also completed training in relation to the management of responsive behaviours, restrictive practices, medication management and wound management. A total of 11 staff had completed training in basic life support.

The staffing number and skill-mix on the day of inspection was appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. A number of residents had recently been admitted to the centre and the person in charge stated that they were monitoring staffing levels to identify if any increase in the staffing complement was needed. They confirmed that the provider would support any requests to increase staffing levels.

The inspector reviewed a sample of staff files and found that, while records had improved since the previous inspection, further improvement was required to bring the designated centre into full compliance with regulation 21.

Regulation 14: Persons in charge

The person in charge had commenced in the role approximately seven months prior to this inspection. They worked in the centre on a full-time basis and fulfilled the requirements of the regulations. They were knowledgeable of the residents and their respective needs.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there were sufficient numbers of staff with the required skills and knowledge to meet the needs of the residents accommodated in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date with mandatory training, and some staff had also completed training in other areas that would support quality care of residents. The actions relating to the content of some mandatory training and records of staff training had been addressed since the previous inspection.

Judgment: Compliant

Regulation 21: Records

In order to follow up on an action identified on the previous inspection, the inspector reviewed a sample of staff files. While the majority of these contained all of the documentation required by Schedule 2 of the regulations, one recently recruited staff member had not yet provided any written references in relation to their employment history. While the other files reviewed did contain written references, two staff had not provided references from their most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management and oversight systems had been strengthened to ensure that care and services were effective and appropriate and that there were sufficient resources available to deliver the service in line with the centre's statement of purpose. A programme of auditing was in place and meetings amongst management and staff occurred on a regular basis.

An annual review for 2021 had been completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place and set out the terms of each resident's accommodation.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was available in the centre, and had been revised following the previous inspection. While it now set out an appeals process, it did not include the details of how complaints may be referred to the Office of the Ombudsman. Additionally, while the complaints records reviewed documented the nature of the complaint, details of the investigation and the outcome of the investigation, the satisfaction of the complainant was not consistently recorded.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The inspector reviewed the centre's safeguarding and fire safety policies and found that they had been reviewed following the previous inspection. The action in relation to these policies was therefore addressed.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Access to a general practitioner (GP) and allied healthcare professionals, including physiotherapy, dietetic, speech and language therapy and specialist palliative care services were made available when required. Comprehensive pre-admission assessments were carried out and recorded for all residents that were admitted to the centre. The inspector found that the majority of assessments and care plans provided a clear picture of the residents' assessed needs and the care they required. Some improvement was required in relation to infection prevention and control, the recording of care plan reviews and the level of detail included in some end-of-life care plans.

The inspector found that residents who presented with responsive behaviours were responded to in a compassionate and dignified way by the staff. Staff spoken with were knowledgeable about each resident's individual interventions and distraction techniques. This was reflected in detailed behavioural support plans which described the behaviours, the triggers to them and person-centred interventions to engage or redirect residents.

Residents were supported to maintain personal relationships with relatives and

friends. Visits were carried out in line with the current COVID-19 Health Protection Surveillance Centre (HPSC) guidance, and residents were kept informed of changes to these guidelines. Visitors attending the centre were appropriately risk assessed on arrival.

The centre had implemented many measures to promote infection prevention and control. Staff had received training in relation to hand hygiene and the donning and doffing of PPE, and were observed implementing the processes effectively during the inspection. Housekeeping staff had completed training in relation to safe cleaning practices. Wall-mounted alcohol hand sanitisers were appropriately located throughout the centre, and corridors were clean and free of clutter. However, some areas of improvement were required in relation to the cleaning and decontamination of equipment and other cleaning practices. These are set out under regulation 27, infection control.

A restraint-free environment was promoted in the centre. It was clear that efforts were made in relation to promoting and educating staff regarding residents' choices and rights. Alternative measures to restraints such as were trialled and consent was obtained when restraints such as bedrails were used.

Residents' nutritional and hydration needs were met. Residents had good access to food and drinks of their choice at mealtimes. Snacks and refreshments were provided throughout the day and were available at night time if residents wished to have them. Residents' weights were closely monitored and checked routinely. Residents had good access to a dietitian and speech and language therapy services. These services were available to residents on referral, based on assessment of need or a change in a resident's condition. The inspector found that the recommendations made by the dietitian or speech and language therapist were promptly communicated to the centre's kitchen and staff.

An activity programme for residents had been developed in line with residents' interests and capabilities, and residents were supported to engage in these activities. Since the previous inspection, the provider had recruited additional activity staff and more structured records relating to activities and residents' engagement in activities had been introduced. In addition, social engagement care plans had been developed for each resident. On the day of the inspection, live music and group exercises were being facilitated by external service providers and the activity co-ordinator was carrying out activities such as prayers, ball games and room visits with residents.

Records indicated that residents' meetings were held and were attended by some residents, the activity co-ordinator and a resident advocate. Additionally, the registered provider issued a survey to residents' representatives, which were completed by 17 families between September and October 2021. The feedback collated showed that families were happy with the care provided to their loved ones.

Regulation 11: Visits

Visits were being facilitated in line with the current COVID-19 Health Protection Surveillance Centre (HPSC) guidance on visiting long term residential care facilities.

Judgment: Compliant

Regulation 13: End of life

Residents had end-of-life care plans in place which, for the most part, clearly described the arrangements for residents at the end of their lives. An action relating to residents' religious, spiritual or cultural preferences is detailed under regulation 5, individual assessment and care plan. Palliative care expertise was available to guide best evidence-based practice.

Judgment: Compliant

Regulation 18: Food and nutrition

Systems were in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practices required more robust oversight to ensure best outcomes for residents. A number of issues that had the potential to impact on infection, prevention and control measures were identified during the course of the inspection. For example:

- Some cleaning checklists had been pre-signed by staff, therefore the inspector could not be assured the records reflected an up-to-date record of what cleaning had been completed in the designated centre on the day of the inspection
- The cleaning trolley was not clean
- No soap was available at the wash-hand basin in the cleaning store room
- Some hairdressing equipment was inappropriately stored in a toilet
- Wheelchairs and hoists used for transferring residents were not part of the cleaning schedule and therefore it could not be confirmed that they were

cleaned and decontaminated between each use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector noted that some care plan reviews were not recorded if the nursing staff did not identify any change to the resident's condition. The person in charge had identified this as a non-compliance and work was ongoing to address this practice.

A small number of residents exhibited responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While dedicated care plans had been developed to guide staff to support these residents, they were not consistently found to be supported by validated assessment tools.

While residents did have end-of-life care plans in place which set out their expressed wishes and preferences for their future care needs, the inspector noted a small number of these did not adequately detail residents' religious, spiritual or cultural preferences.

Judgment: Substantially compliant

Regulation 6: Health care

The health and wellbeing of each resident was promoted. Residents had access to appropriate health-care supports including regular access to a doctor of their choice and a team of allied health-care professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were appropriately trained to support residents who might display responsive behaviours. Care plans were available to guide staff in this respect.

There were low levels of restrictive practice in the centre, and any use of restraint was informed by an assessment and appropriately documented.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to protect residents from abuse, including appropriate policies and procedures and regular training for staff.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld by staff, and that their privacy and dignity were respected at all times. Residents were encouraged to participate in activities in accordance with their interests and capacities. An action from the previous inspection relating to activity provision had been addressed.

Judgment: 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tearmainn Bhride Nursing Home OSV-0000399

Inspection ID: MON-0032888

Date of inspection: 20/01/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Audit of Staff files has now been completed , Relevant documentation is being acquired	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints policy is now up to date to reflect the necessary requirements.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: A more robust cleaning schedule is now in place to include additional equipment . All relevant staff have been provided with further education and training around cleaning schedules. An appropriate storage area has been provided for hairdressing equipment. Soap dispensers are now included in a daily routine check.	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plans are reviewed 4 monthly . It has been discussed at recent Nurses meeting to reflect on each individual care plan, if no change has occurred to document this. Audit of care plans to be completed.</p> <p>Religious preferences are documented in a separate end of life plan. This will now also be reflected in the end of life care plan, once one has been implemented.</p> <p>Review of residents care plan with responsive behaviours will be completed and any additional assessments required will be identified and carried out.</p>	

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/05/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/05/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints	Substantially Compliant	Yellow	24/03/2022

	procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	24/03/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/05/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	31/05/2022

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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