Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	TLC Carton
Name of provider:	TLC Spectrum Limited
Address of centre:	Tonlegee Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0005800
Fieldwork ID:	MON-0036615

About the designated centre

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

TLC Carton is a purpose-built nursing home designed to meet the individual needs of the older person, while facilitating freedom and independence for the more active. TLC Carton is located off the Malahide Road and close to Beaumont Hospital, and can accommodate up to 163 male and female residents over 18 years of age. The building has three storeys consisting of 135 single bedrooms and 14 double/twin bedrooms. Each bedroom has full en-suite facilities, and furniture which includes a television, call bells and a phone. Each floor is serviced by stairwells and passenger lifts and access to outdoors spaces are available on the ground and first floor.
TLC Carton provides long term, respite care and stepdown care to meet the health and social needs of people with low, medium, high and maximum dependencies. The centre provides 24-hour nursing care. The provider's aim is to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment that respects the individuality of each resident who chooses to reside in TLC Carton.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	103

How we inspect

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 31 March 2022	08:15hrs to 19:00hrs	Niamh Moore	Lead
Thursday 31 March 2022	08:15hrs to 19:00hrs	Margo O'Neill	Support
Thursday 31 March 2022	08:15hrs to 19:00hrs	Margaret Keaveney	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were enjoying a good quality of life within TLC Carton. The environment was well-maintained, clean and homely. Residents looked well cared for and were complimentary of the care that they received from the staff team.

When inspectors arrived at the centre, they were guided through infection prevention and control measures necessary on entering the designated centre. These measures included a signing-in process, a declaration of no symptoms, hand hygiene and the wearing of face masks.

The design and layout of the centre promoted a good quality of life for residents, and it was well maintained. The centre was warm, bright and well-ventilated. The centre was laid out over three floors, with lifts and stairs to facilitate movement between residents' accommodation and the communal areas. Residents had access to a number of large, comfortable and nicely decorated communal spaces, including sitting rooms and dining rooms on each floor, and an oratory on the ground floor. Appropriate furniture was available to enhance residents' independence and inspectors observed that in communal areas furniture was arranged to encourage and facilitate residents to interact and enjoy each other's company.

Activities staff had tastefully decorated the centre for the upcoming Easter celebrations and residents' Easter arts and crafts work was displayed in areas throughout the centre. There was clear written directional signage in the centre, to help orientate residents in the direction of communal rooms and the garden.

Residents had access to a large, safe enclosed garden with seating and planting from communal rooms on the ground floor. The registered provider had gone to great efforts to distract from surrounding concrete buildings by decorating the perimeter fence with forest murals and by placing large, faux palm trees around the garden. There was also lots of garden seating and sculptures for residents to enjoy. Residents on the first and second floor had access to large safe balconies from communal rooms. These balconies overlooked the gardens, and had seating and tables for resident's use in the fine weather.

Bedroom accommodation comprised of 135 single bedrooms and 14 twin rooms, all with en-suite toilet and shower facilities for privacy. Each bedroom had a memory box located outside it; some of which contained reminiscence memorabilia that reflected interests, hobbies and life experiences of the resident living in that room. Inspectors viewed a number of residents' bedrooms and found them to be clean, bright, and homely spaces, with both light and heavy curtains on the windows to protect resident's privacy. Many were personalised with art, ornaments, photographs and their own furniture, which enhanced their feeling of being at home in the centre. Residents' bedrooms had sufficient wardrobes and secure storage for residents, and all had a wall mounted television in their bedroom for entertainment.

The bathroom ensuites viewed had adequate space and facilities to allow residents undertake personal care activities independently or comfortably with assistance.

Residents praised the staff and reported that staff were "great" and "could not be better". One resident described the staff as "amazing" and that they had "great fun" with them particularly during the regular bingo activities. Two residents told inspectors that they had great praise for how hard the staff worked within the designated centre. During the inspection day, inspectors observed that staff knew residents well and that residents and staff interactions were relaxed, informal and friendly. A number of residents who spoke with inspectors said that they would feel comfortable to speak to staff if they had any concerns or complaints.

The centre had its own minibus which was used to bring residents on day trips to nearby coastal areas, villages and on shopping trips. There was also a cargo bike that was previously used to bring residents on short local trips. A musical entertainer and arts and crafts leader frequently visited the centre to entertain residents, and the centre's own team of four activity staff also led a varied schedule of activities across the week. There were notice boards on each floor which advertised the daily activity schedule, which included art classes, pottery, bingo, board games and quizzes. The schedule was not available in pictorial form to meet the capabilities of all residents living in the centre. The provider had organised summer parties in the garden for residents' enjoyment, and pre COVID-19 residents' families were also invited. Residents were also provided with a monthly entertainment magazine which included reminiscence articles and a quiz and, with their permission, a 'Day in the life' profile for one resident living in the centre. Two hairdressers visited the centre three times per week and residents were seen to visit their dedicated salon during the day of the inspection.

Inspectors observed mealtimes to be a calm and relaxed occasion with vintage music played to add to the atmosphere. Residents were offered choice regarding the food they ate and where they wished to eat their meals. Assistance provided by staff for residents who required additional support during meals was observed to be patient, respectful and in the main person-centred in nature. However, inspectors observed some staff to stand while assisting residents with their meals. Most residents reported that the food on offer in the centre was "very good", some residents reported however that the food was not tasty enough and that the food was not always hot enough. Activities and catering staff organised a monthly fine dining experience for a small group of residents each month, with a formal menu and elegant table layout provided during the experience. Activity staff ensured that all residents who wished to attend were provided with an opportunity.

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

Capacity and capability

The inspectors found that the registered provider ensured that residents received good care with sufficient staffing levels. There was a well-defined management structure in place and overall, there were good systems in place to support residents' care. However, improvements were required to; ensure staff had access to mandatory training, the directory of residents, and contracts for the provision of services.

TLC Spectrum Limited is the registered provider for TLC Carton. The management team was established and consisted of the Chief Operating Officer, a Regional Director, an Associate Regional Director and the person in charge. The person in charge was new to their post commencing in February 2022 and was suitably qualified to carry out their role. The designated centre is part of Orpea Care Ireland and as a result, other management supports were available from this group such as Human Resources and Quality personnel.

The person in charge was supported in their role by two assistant directors of nursing and five clinical nurse managers. Other staff resources included staff nurses, team leaders, healthcare assistants, social care staff, housekeeping, maintenance, administration and catering staff.

From a review of the rosters and from their observations during the inspection, inspectors found that that there were sufficient staff with appropriate knowledge and skills to deliver care and services in line with the designated centre's statement of purpose. The registered provider had adequate arrangements in place to provide cover for any planned or unplanned leave, with part-time and, where possible, the same agency staff available. This helped to ensure continuity of care for residents from staff who knew them well.

Although the registered provider had a comprehensive mandatory training plan in place for 2022, the records showed that a significant number of staff required refresher training in fire safety and in safeguarding of vulnerable adults. Inspectors observed that fire safety training was completed with a number of staff on the day of the inspection and future dates were scheduled. Training in infection control and the movement and handling of residents was up-to-date for the majority of staff. Staff were also provided with specialist training in key areas such as responsive behaviours and end of life care. A number of staff had received dementia training to improve their knowledge and skills in caring for residents living with dementia, and there were plans in place to assign a staff member as a Dementia Champion who would lead out future training in this area. Nursing and care staff were supported and supervised in their work by the clinical nurse managers who worked on each floor. In addition the person in charge and the assistant director of nursing were available Monday to Friday, and over some weekends.

Inspectors were informed that the directory of residents was available for review electronically. However, the directory shown to inspectors did not meet the requirements of the regulations.

There were systems in place to monitor the service through a variety of meetings

and key performance indicators. In addition, there were regular committees and group meetings on topics such as COVID-19, Regional meetings, Governance, Health and Safety, Clinical and Infection Prevention and Control. A new system of recording management meetings was also seen which ensured any actions identified for completion were assigned to key personnel with a tracking system for completion.

Inspectors reviewed a sample of audits and found that the findings did not reflect the findings on the day of the inspection; for example, recent audits on care planning and hand hygiene recorded 100% compliance. In addition, the audit template on hand hygiene recorded full compliance on the clinical hand wash sinks, which were not compliant with standards.

An annual review of the quality and safety of care delivered to residents in 2021 was in process. A recent resident and family survey had also been completed and the person in charge was due to develop an action plan arising from the findings. The inspector was told this survey will be used to guide feedback from residents and families for the annual review.

The contract for provision of services between a resident and the registered provider did not clearly set out the terms on which the resident shall reside in the designated centre. For example, the occupancy of the bedroom allocated and services available for health entitlements such as through the GMS scheme were not detailed.

The person in charge had responsibility for managing complaints in the centre and to ensure that complaints were responded to appropriately and records kept as required. A sample of complaints records from 2021 and 2022 were reviewed, which confirmed that they were appropriately recorded and investigated by the person in charge, and the outcome was discussed with complainants. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was in place.

Regulation 15: Staffing

A minimum of two day staff nurses and one night staff nurse were on duty on each floor of the designated centre. Inspectors were assured that appropriate numbers of skilled staff were available to meet the assessed needs of the 103 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Approximately 26% of staff required refresher training in fire safety and 18% in

safeguarding vulnerable adults from abuse. Such gaps in training could impact on the safety of residents living in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was in electronic format and did not meet the criteria as set out within Schedule 3 of the regulations. For example, the directory presented to inspectors did not include information relating to the residents next of kin or their general practitioner.

Judgment: Not compliant

Regulation 23: Governance and management

Action was required to ensure there was sufficient oversight of all management systems within the centre. For example:

- The last five audits on hand hygiene within the designated centre recorded 100% compliance. This was not consistent with findings on the day of the inspection where one staff was seen to wear a wrist watch and long sleeves, another staff member had a stoned ring and a further staff member was seen to wear nail varnish.
- Further oversight of risk management within the designated centre was required. Inspectors observed that three air mattresses were plugged in to a socket located in a cluttered store room posing a potential fire risk. Management addressed this during the inspection.
- An outdoor balcony area was being used by some residents as a smoking area, this area did not contain appropriate call bell facilities or fire extinguishing equipment.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed the contract for the provision of services and found that this did not meet the criteria set out in the regulations. For example,

- While a room number was recorded, this did not detail if the room was single

or multi-occupancy.
- For some fees listed for health and social care professionals, it did not refer to other entitlements a resident may be entitled to, such as GMS services.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Quality and safety

Residents reported to be content living in the centre and said they felt safe. Residents were able to choose how they spent their day, where and when they dined and were helped to maintain relationships with their families and friends. Inspectors found that there was good care and support provided to the residents. Action was required in the following areas to ensure the quality and safety of the service delivered to residents; care plans, food and nutrition, the premises and infection control.

Inspectors reviewed a sample of resident's care records to ensure that residents' health, social and personal needs were being met. The registered provider had a process in place to ensure all residents were assessed to identify their needs prior to their admission. This provided assurance that each residents' individual needs were identified in order to ensure they could be met by the service before their admission. A comprehensive assessment, that included a range of validated assessment tools, was completed for most residents on admission. Individual care plans were then formulated for each resident to guide staff when providing care. The majority of care plans reviewed contained person-centred information and guidance for staff. Action was required to ensure that all assessments and care plans were being completed and reviewed in a timely manner to ensure that staff had up-to-date information to deliver appropriate care to residents. This is further discussed under regulation 5.

Residents had good access to medical and health care services. General Practitioners (GP) attended the centre to review residents on Tuesday and Fridays or

when needed. An out of hour's medical service was also available. Staff communicated with doctors through a secure electronic mailing system to ensure timely communication and referrals. The person in charge informed inspectors of an integrated care pilot programme established by a local hospital that the centre was linked with. This provided good access for residents to specialist services such as psychiatry of later life, clinical nurse specialists and geriatrician services; these professionals attended the centre monthly for multi-disciplinary meetings and assessment of residents as required. Records showed that when a need was identified, residents had timely access to appropriate reviews and treatments, such as speech and language therapists, dietitian, tissue viability experts, chiropody and occupational therapy services. The provider had arrangements in place so that a physiotherapist was available and worked on site Monday to Friday in the centre.

There were appropriate assessments and care plans in place to guide staff when providing support to residents with responsive behaviours. Inspectors observed that residents living in the centre were relaxed and calm throughout the day of inspection and were assured that staff were knowledgeable and skilled in responding to and managing residents who were known to display responsive behaviours. Records showed that residents displaying responsive behaviours from time to time were managed in the least restrictive manner.

Training records showed that a number of staff required refresher training in safeguarding vulnerable adults from abuse. However, when inspectors spoke with a number of staff on how to respond to various types of abuse that could take place in the centre, they were knowledgeable about how to respond. Although there was a policy in place to guide staff on the prevention, detection and response to abuse in the centre, the policy required review as it did not specify to staff who the Designated Officer was, with responsibility for leading the investigations on safeguarding incidents in the centre. Inspectors reviewed resident records for a number of residents involved in alleged or confirmed incidents of abuse, and saw that residents had been reviewed appropriately and referred to other services where necessary.

From a review of the minutes, inspectors saw that the residents' committee had met infrequently over the last 9 months due to COVID-19 outbreaks in the centre. When meetings had occurred, inspectors saw that resident's views on food, visiting and infection control had been discussed and action plans subsequently developed to address the issues raised. Activities were provided by a minimum of two staff daily, over seven days of the week. During outbreaks of COVID-19 in the centre, the activities were tailored to one to one and small group activities in the various outbreak zones. Residents were supported to practice their religious faiths remotely during the COVID-19 pandemic, and inspectors were informed that there were plans to resume visits by local religious clergy to the designated centre. Inspectors reviewed a sample of resident's records on their assessed needs for social activities and engagement. This is further discussed under regulation 5. Resident's privacy was respected by staff, who were seen to knock on residents' bedroom doors before entering and to close bedroom doors during personal care activities. Residents had access to television, newspapers, telephones and Internet connection.

Overall visiting systems in the designated were in line with the latest guidance from the Health Protection Surveillance Centre (HPSC), including ensuring that residents selected a Nominated Support Person for visits. Inspectors saw that the Nominated Support Person was recorded in one of two areas of the resident's record, which could impact on staff easily accessing this information. On the day of the inspection, visits were restricted to the Nominated Support Person in many units of the centre due to the COVID-19 outbreak. Relatives and friends were not required to schedule their visits in advance and could meet with residents privately in their bedrooms or in designated areas of the centre. Inspectors observed good visitor activity in the centre, and that visitors were required to complete a risk assessment on COVID-19 on their arrival.

Inspectors reviewed a sample of end-of-life care records. These indicated that staff communicated with residents to establish their end-of-life care wishes and preferences and used this information to formulate individual care plans. Nursing daily progress notes showed that residents' wishes were implemented in practice and that there was regular ongoing communication with resident's families. There were private single rooms for residents who were at end of life and facilities were available for residents' families if they wished to stay with the resident during this important time. There was good access to palliative care specialists, advice and services through links with a local hospice. Inspectors noted that residents' possessions and belongings where managed with care and respect following the passing of a resident and that the centre utilised Irish Hospice family handover bags to enhance care after death.

The physical environment was well-maintained. Communal areas were free of clutter, bright and clean. There was sufficient outdoor space for residents and these areas were welcoming and homely. There was inappropriate storage seen in store rooms with a large amount of boxes and equipment seen stored on the ground, this poor storage impacted on sufficient and effective cleaning of these areas. In addition, inspectors were not assured that the observed design and layout of the multi-occupancy bedrooms within the designated centre met the criteria of Regulation 17: Premises.

All residents had their nutritional needs assessed and there was a system in place to ensure that catering and care staff were aware of residents' individual nutritional and dietary needs. There was timely access to dietitians and speech and language therapists. Residents' care plans were seen to contain recommendations from these specialists.

Overall, mealtimes were observed to be a pleasant experience for residents. Action was required regarding the following issues identified by inspectors. While the majority of residents who spoke to inspectors reported that food was enjoyable, a number of residents also reported that food often lacked taste and many residents stated that food was often not hot enough when served. Minutes of monthly residents' meetings with the person in charge and chef echoed this feedback too. While there were sufficient numbers of staff available to provide support and assistance for residents at mealtimes, some staff were observed at times to stand rather than sit while assisting residents with their food. Inspectors also noted that

greater oversight from senior staff was required to ensure that residents were provided with additional servings of food that they enjoyed at meal times to ensure residents received adequate quantities of food. Inspectors observed that residents who required modified texture diet and fluids did not have water jugs in their rooms and so had limited access to fluids at free will. This was discussed with the management team who informed inspectors that this was due to safety reasons and that these residents had their fluid intake recorded by staff which was monitored by senior clinical staff daily.

There were some good examples of infection control processes within the centre, the designated centre had been cohorted into different COVID-19 areas, for confirmed, suspected and undetected residents. The premises was found to be clean and there was oversight arrangements in place for cleaning schedules. Residents and staff were monitored at a minimum of two times a day for signs and symptoms of infection. However, further oversight of the infection control measures within the designated centre was required. For example, there was inappropriate amounts of clinical waste piled on top of bins in the bin-holding areas, some of which were ripped, further details will be discussed under Regulation 27.

Regulation 11: Visits

Visiting systems in the designated centre were in line with the up to date guidance from the Health Protection Surveillance Centre in units of the centre not in outbreak and that guidance from public health was being followed in the units experiencing an outbreak.

All changes to visiting arrangements were promptly communicated to residents and families. There was sufficient space for residents to meet visitors in private within the designated centre.

Judgment: Compliant

Regulation 13: End of life

The person in charge had measures in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address their physical, emotional, social, psychological and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that some action was required to ensure the premises conformed to all of the matters set out in Schedule 6 as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example:

- A sample of multi-occupancy bedrooms were viewed by inspectors and found that they did not comply with the requirements of 7.4m2 of floor space for each resident of that bedroom, which area shall include the space occupied by a bed, a chair and personal storage space. For example, in the four multi-occupancy bedrooms seen, the wardrobes were outside all residents privacy curtain. This meant that residents of these rooms had to leave their private space to access their belongings and clothes.
- Enhanced oversight of maintenance was required as some fire strips were pealing on two fire doors seen.
- There was inappropriate storage observed in three store rooms. These rooms were cluttered with numerous items on the floor, preventing effective cleaning of these areas.
- The windows were very dirty and required cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Greater oversight from senior staff was required to ensure that residents were provided with additional portions of food that they enjoyed at meal times to ensure they received adequate quantities of food.

Some residents stated that food was often not hot enough when served. Catering staff informed inspectors that although hot boxes had been installed and equipment had been serviced to ensure it was working correctly, further work was required to ensure that food was served to residents while it was still hot.

Some staff were observed to stand rather than sit while assisting residents with their food.

Judgment: Substantially compliant

Regulation 27: Infection control

A number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example:

- Clinical hand wash sinks did not comply with HBN-10 specifications.

- The outdoor storage of clinical waste was inappropriate and unsafely managed.
- Open packets of wound dressings which were single-use only were observed in a treatment room.
- The oversight of hand hygiene required review as three staff were seen not to be bare below the elbow by wearing a wrist watch, stoned ring and nail varnish.
- While there was colour coding on bedroom doors to alert staff to the residents' COVID-19 status, not all staff were aware of what these colours meant.
- There was insufficient personal protective equipment provisions located outside a bedroom for a resident who required transmission-based precautions.
- Separate clinical areas were not available for staff allocated to care for residents with suspected and active COVID-19 infection on the first floor. These arrangements did not ensure ongoing containment of infection.
- Clean open packets of incontinence wear were stored in store rooms and shared bathrooms which created a risk of cross-contamination.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors were not assured that all assessments and care plans were completed within 48 hours of a resident's admission. Action was also required to ensure that assessments and care plans were formally reviewed and updated at intervals not exceeding four months.

Further oversight was also required to ensure that residents and, if deemed appropriate, their appointed support person, were consistently involved and consulted when reviewing and updating assessments and care plans.

Inspectors identified other gaps within resident's care records. For example:

- There was inadequate detail on the interventions required to manage the responsive behaviours of a resident.
- Documentation on residents' preferences for recreation and occupation required action as the quality of care plans developed to guide staff on resident's activity preferences and social needs varied. Some care plans reviewed were both detailed and personalised in accordance with resident's interests and capacity, others provided inadequate guidance to staff on how to meet resident's recreational needs. As a result staff were not able to meet and monitor whether the resident's needs in this area were being met.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had arrangements in place for residents living in the centre to receive timely access to medical and health and social care professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Although there were low levels of restrictive practices being used in the centre, action was required to ensure that restraint, was used in accordance with national policy as published by the Department of Health. For example, inspectors identified that not all assessments and care plans for bed rails were completed and updated formally every four months. Records also did not indicate whether less restrictive alternatives were trialled before implementing full bed rails.

Judgment: Compliant

Regulation 8: Protection

Procedures were in place for the protection of residents, and staff were aware of their responsibilities in the event of a safeguarding concern being brought to their attention.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and dignity was upheld in the centre through staff practices and supervision. Residents had access to recreation if they wished and choices about how to spend their time. There was an advocacy service available if they required.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Not 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 TLC Carton OSV-0005800

Inspection ID: MON-0036615

Date of inspection: 31/03/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • TLC Carton has a monthly training calendar that reflects ongoing learning and training needs of all staff. The training calendar was modified to cover any outstanding mandatory training. • Training needs are analysed every month and as needed. • The outcome of the training analysis is then discussed in fortnightly HR meetings, weekly Heads of the Department meetings and monthly governance meetings.	
Regulation 19: Directory of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: • TLC Carton has a Directory of Residents as per Schedule 3 of the Regulation. This can be accessed through our EpicCare system 'Resident Registrar'. This is an online system however printouts are available. • A guidance document was developed with instruction on printing and is available at the reception.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: • Hand Hygiene Auditors have to complete a Hand Hygiene train the trainer course. This is aimed to be completed by 30.6.2022. Furthermore, Hand hygiene auditors training has been organized for the 7th of July 2022. This will include CNMs. • Internal Communication sent to staff to remind about keeping "bare below elbows". Compliance to same is checked by the clinical management team during daily walkabouts and hand hygiene audits. • Internal audit tools were reviewed and amended to include recent guidelines/standards i.e., HBN 00-10 Part C: sanitary Assemblies for handwash basins. • Since 14.04.2022, a new checklist which includes PPE availability and compliance with bare below elbow was introduced to ensure greater oversight on Infection Control and Prevention practices within the Centre. An IPC link was identified for each floor who has the responsibility to ensure that the practices within their area is in compliance with Centre's Infection Control Policy and National Standards. • Storage in TLC Carton was reviewed after inspection. As of 05.05.2022, excess stocks were moved to a holding facility (Group Level). Review of stock levels/storage is also being done on a weekly basis in Heads of Department Meetings. Spot checks are regularly carried out by PIC or designate to ensure inappropriate storage is avoided and immediately addressed. • Outdoor balcony area was used temporarily as a smoking area during the center's Covid-19 outbreak. Since the formal closure of outbreak by the Public Health on 25.04.2022, all residents who smoke have resumed using the Outdoor Smoking Facility within the enclosed garden area on the Ground Floor. As part of the center's preparedness plan, mounting of call bell facilities and fire extinguishing equipment were reviewed and agreed in the Governance Meeting dated 12.05.2022. This is now in place since 16.05.2022.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: • After the inspection, Contracts of Care were reviewed on 04.04.2022. Details on occupancy i.e., single or sharing rooms were immediately rectified by the Accounts Manager. • The resident's entitlement is clearly outlined in the Statement of Purpose and will be incorporated into future updated contracts.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Multi occupancy rooms in TLC Carton were reviewed on 04.04.2022 to ensure compliance with regulatory requirements. An empty shared room was identified as a "showroom" to trial any changes. This includes moving of wardrobes to ensure this is within the resident's personal space and re-adjusting the privacy curtains. All changes for the showroom were completed on 29.04.2022. A refurbishment plan for the remaining shared rooms to mirror the showroom is currently under development by our facilities team.
• Integrity of all fire strips across the centre were reviewed post inspection. Any fire doors identified to have peelings have been replaced. Interim facilities manager reviewing this on a monthly basis.
• Storage in TLC Carton was reviewed after inspection. As of 05.05.2022, excess stocks were moved to a holding facility (Group Level). Review of stock levels/storage is also being done on a weekly basis in Heads of Department Meetings.
• All windows have now been cleaned. Schedule for cleaning of the outside windows is already in place and monitoring of this is done by Interim Facilities Manager and Housekeeping Manager. Escalation system has also been developed in case of needed cleaning outside of schedule.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• TLC Carton is operating 'protected' mealtimes to ensure residents' privacy and dignity is maintained. Enhanced monitoring by Senior Team has been established during mealtimes to ensure that residents are getting adequate intake as well as to support staff to ensure best practices are followed and address any issues at this time, i.e., sitting beside residents while assisting with their meals.
• Monthly audit on overall residents dining experience is also in place to ensure adequate monitoring and support.
• Resident food group which is a part of quarterly Resident's council meeting is also in place and meets regularly to ensure feedback around food temperature, taste and variety from residents are actioned. Last council/food group meeting was done on 11.05.2022 and an action plan has been developed.
• In addition, preferences of residents including portions are reflected in each of the resident's nutrition care plan and is reviewed on a four-monthly basis as per the regulation. Care plan meetings are done with the resident and their families to ensure feedback and agreement of the plan.
• TLC Carton has been chosen by the Group as a pilot site to further enhance quality of catering services. Project commenced 6.5.2022 and aims to be completed by end of summer.

• All residents in TLC Carton always have access to a safe supply of fresh water, as per Regulation 18: Food and Nutrition. However, residents on modified diet are assisted by our staff, rather than leave the jug of water in their rooms. The PIC also consulted the provider of the thickeners being used in the centre on 12.05.2022, wherein it was reiterated the manufacturer's recommendations to keep modified liquids only for two (2) hours. Additionally, these residents are risk assessed and monitored. Moreover, water fountains are available in key areas across the centre for residents who are more independent. Further, the residents identified the inspectors on the date of inspection have recorded good fluid intake. A system is also in place to monitor residents' daily intake through their local huddle.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• PIC undertook several steps including organising an external audit by an IPC link Nurse to ensure the Centre was in compliance with all regulatory standards. This was completed on 14.3.2022.

• Noncompliance of handwash sink with HBN-10 specifications has already been identified and escalated to the Regional Director at the monthly Clinical Governance Meeting. A replacement plan has been developed to replace sinks that are non-complaint

• Covid-19 outbreaks were open in the Centre at the time of inspection. It was identified on 14.03.2022 of the need for clinical waste to be collected immediately by our provider. This was immediately escalated to group level for further action and support. The issue on clinical waste collection has now been resolved. At the time of inspection, paper trails on escalation and actions done by the Centre and the group were given to the inspectors. The management team regularly monitors management of clinical waste and any concerns associated are discussed in the weekly Heads of Department meetings and as necessary.

• Open packets of single use wound dressings were immediately disposed. All staff were also educated on the use of the single use only dressings.

• Since 14.04.2022, a new daily IPC checklist was introduced to ensure oversight on Infection Control Practices.

• An IPC link is identified for each floor who has the responsibility to ensure that practices within their area is in compliance with the Centre's Infection Control Policy and National standard, and to ensure that the checklist is completed and any actions identified as a result is responded to in a timely manner. This includes checking of any inappropriate storage, i.e., open packets of single use dressings, and open packets of incontinence wear.

• Hand Hygiene Auditors have to complete Hand Hygiene train the trainer course organised onsite. This is aimed to be completed by 15.6.22. Furthermore, Hand hygiene auditors training has been organized for the 7th of July 2022. This will include CNMs.

• Internal Communication sent to staff to remind about keeping "bare below elbows". Compliance to the same is checked by the clinical management team during daily

walkabouts and hand hygiene audits. Posters on 'bare below' are displayed at all strategic positions.
• Internal audit tools were reviewed and amended to include recent guidelines/standards i.e., HBN 00-10 Part C: sanitary assemblies for handwash basins.
• Since 14.04.2022, a new checklist was introduced to ensure oversight on Infection Control Practices. As part of this, an IPC Link is identified per floor who has responsibility to ensure that the practices in each floor are as per standard, and to ensure that the forms are filled. The IPC link is supported by the IPC Lead and the management team.
• Separate clinical areas for the first floor was discussed on 04.04.2022, following the inspection. A room has already been identified (Room 101) to be the temporary clinical room, effectively separating the two units on First Floor, if in case the units are ever in outbreak. This is also reflected in the Centre's outbreak preparedness plan.
• Dissemination of information after each outbreak meetings were reviewed. Any changes are cascaded to the team by each Head of Department. Outbreak Meeting Minutes are also readily available. Sharing of information is also done through Altra Staff communication in relation to signage and color coding system.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• Staff nurses have a number of residents allocated for whom they act as the primary nurse. They are responsible for the formulation, review, and updating of each resident's care plans including any necessary assessments. However, staff nurses will update care plans with changes and/or any immediate assessments required within their own shift.
• A system is in place to complete formal reviews with the resident as well as the families (as per the resident's wishes). Each CNMs are responsible for auditing the care plans to ensure person-centeredness and that reviews are being done in a consistent manner.
• By the end of September 2022, all staff nurses should have received a Care Plan Refresher Training.
• Information on assessments and review of care plan as per the regulation were discussed during staff nurse's meeting on 11.04.2022.
• Information Booklet for Nurses, outlining the same was re-distributed to all nurses.
• CNMs carry out KPI audits and admission checklist to ensure residents are assessed and care plan is developed within 48 hours of admission.
• There is a system in place to review care plans every 3 to 4 months and this is undertaken in partnership with residents and their significant others where appropriate. Additionally, CNMs carry out KPI audits monthly to monitor compliance with this collaborative approach in the care plan review process in a consistent manner.
• Staff are trained to report all incidents concerning responsive behaviour amongst other incidents and report to nurse in charge of the resident. The staff nurse will discuss care plan and interventions carried out with CNMs and ADON who will action the incidents in the EpicCare system and ensure that appropriate assessments were carried out in a

timely manner and care plan was evaluated to include interventions individual to each resident. New audit list to include management of residents with responsive behavior which guide management team to monitor and improve care plan of residents with responsive behavior.
• The information booklet has a section on guiding staff to develop psychosocial wellbeing care plans including recreation and activity needs. This will be circulated to all staff and communication and guidance to improve same has been planned and aimed to be completed by 31.7.22

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2022
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.	Substantially Compliant	Yellow	30/09/2022
Regulation 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh drinking water at all times.	Substantially Compliant	Yellow	24/05/2022
Regulation 19(1)	The registered provider shall establish and maintain a Directory of Residents in a designated centre.	Not Compliant	Orange	24/05/2022

Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	24/05/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/09/2022
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service	Substantially Compliant	Yellow	30/05/2022

	of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
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	31/07/2022
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	24/05/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	30/06/2022

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			