



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

Issued by the Chief Inspector

Name of designated centre:	TLC Centre Maynooth
Name of provider:	Veritdale Limited
Address of centre:	Straffan Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	28 May 2024
Centre ID:	OSV-0000684
Fieldwork ID:	MON-0043278

About the designated centre

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

TLC Centre Maynooth is a ground-floor nursing home located on the outskirts of Maynooth, Co. Kildare. The centre is registered to accommodate up to 123 residents within two buildings that are divided into five areas- Kinvara House, The Courtyard, Oak House, Arkle House and Champ House (Corridor 4). Kinvara House is in a separate building that accommodates 57 residents. Bedroom accommodation consists of 41 single bedrooms and eight double/twin bedrooms with full en-suite facilities. A variety of open-plan and communal spaces were available. Meals were transported to the Kinvara House kitchenette/dining room from the kitchen located in the other/main building. Oak House, located in the main building, accommodates 13 residents living with dementia or Alzheimer's disease. Bedrooms comprise eight single and two twin/double. The Courtyard accommodates 31 residents in single en-suite bedrooms. Arkle House and Champ House (Corridor 4) consist of 22 twin/double en-suite bedrooms. These areas share the facilities and communal areas within the main building. The ethos of the centre is to promote residents' independence and value individuality. The aims of the centre are to meet the individualised needs of residents by encouraging them to continue to lead as active and fulfilling a life as is within their desires and capacities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

116

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
Tuesday 28 May 2024	08:35hrs to 16:30hrs	Sinead Lynch	Lead
Tuesday 28 May 2024	08:35hrs to 16:30hrs	Aoife Byrne	Support
Tuesday 28 May 2024	08:35hrs to 16:30hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Overall, inspectors observed that residents were supported by staff to make independent choices about their daily lives and to enjoy a good quality of life in the centre. The feedback from residents and family members was very positive. Residents informed inspectors that the staff was very helpful and caring. The family members spoken with were 'delighted with the care and found the staff approachable'. The inspectors observed staff chatting with residents, and they had a kind and caring rapport.

There was clear evidence on this inspection that great improvements had been made to residents' quality of life and the care delivery in the centre. Residents were observed to be stimulated and enjoying the interaction with staff and their fellow residents. Residents appeared to be offered increased supports and appeared to be more involved in decisions in how they lived in the centre. Residents' positive feedback was echoed in the residents' surveys that had been completed since the last inspection.

The centre was laid out on ground floor level and was divided into two buildings; Main Building and Kinvara. The lived-in environment was pleasantly decorated and met residents' needs. There was sufficient private and communal space for residents. Access to enclosed external courtyards was unrestricted. Residents were encouraged to personalise their bedrooms with personal belongings and photographs. Wardrobes were available for residents to store their clothes and were well-maintained. The inspectors found the centre to be clean and well-organised. There had been many areas of the centre that had undergone renovations since the last inspection. Overall, there had been positive improvements with the premises which was mostly well maintained. However, some areas required attention and will be discussed under Regulation 17: Premises.

The dining areas were well laid out, with sufficient tables and chairs for the residents to use. Residents said that they liked the food on offer and that they could ask for an alternative meal if they did not like what was on the menu.

Residents had the choice to have their personal clothes laundered in the centre. The feedback from residents on this service was very positive. Residents had been provided with locks for securing their personal items since the last inspection.

There were plenty of activities scheduled, and activity whiteboards were visible throughout the centre. The whiteboard showed the ambassadors for the resident's council, and other residents were aware of who to talk to about their concerns.

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

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. This was an unannounced inspection which took place over one day, to monitor ongoing compliance with the regulations.

The management team had made good progress in relation to the compliance plan following the last inspection. Improvements were observed across many regulations to include fire safety. The management team had a robust plan in place to maintain these improvements and further quality improvement plan were in place. However, the provider had given a commitment to ensure all staff had completed training in relation to food and nutrition. On the day of inspection there were 12 staff yet to attend this training.

The registered provider of the centre is Veritdale Limited. This centre is part of the Orpea Group, which owns and operates a number of nursing homes throughout the country. The management team within the centre consists of a person in charge, three Assistant Directors of Nursing and a team of clinical nurse managers. The management team within the centre also had support from the group's regional director of operations, human resource department and finance department.

A continuous and complete monitoring system was in place to ensure the delivery of a high quality service. There was evidence of a comprehensive and ongoing schedule of audits in the centre, including areas such as documentation and infection prevention and control. Audits were objective and identified improvements. However, some gaps were found in the environmental audit which did not identify issues found by the inspectors on the day of the inspection. These are discussed further under Regulation 17: Premises.

An annual review was available and reported the standard of services delivered throughout 2023 and included a quality improvement plan for 2024. It included feedback from residents and relatives.

The registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding the residents' needs. Residents' call bells were answered to promptly and residents were appropriately supervised in communal areas. The person in charge was supported by three ADONs and CNMs on each unit. Inspectors were told that there are healthcare assistant (HCA) vacancies but staff have been recruited and will commence in the coming weeks following receipt of garda vetting and permits.

The management team had been pro-active in managing fire safety since the last

inspection. They had completed all the required works as provided on the previous compliance plan.

Staff had received the majority of mandatory training. However, there were staff that were required to complete some training and the person in charge had this training booked to be completed over the following three months.

There was a complaints policy and procedure in place in the centre. This was updated as required. The complaints register was viewed by the inspectors. The provider and the person in charge had followed the procedure in relation to the process for responding to complaints. The review officer was also made available.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge did not ensure that all staff had access to appropriate training. For example;

- Although some action had been taken in respect of food and nutrition since the previous inspection, there were 12 staff yet to complete training in food and nutrition.
- Six staff had yet to complete responsive behaviour training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place required review in relation to ensuring the service was consistent and effectively monitored. For example;

- Issues in relation to the maintenance of the premises and the impact on residents' lived experience were not identified on the provider's

environmental audits, and consequently were not proactively managed and responded to.

- The monthly social service charge fees, intended for specific additional services required review. Part of these fees, for instance, were allocated to cover the cost of pastoral care service, which was not appropriate. This was a blanket charge applied to all residents which included services residents could avail of free of charge and which did not take into account their religious beliefs.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. The procedure was displayed in the reception area.

A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures as stated in Schedule 5 of the regulations. These policies were updated and reviewed at intervals not exceeding three years.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents. They were easy to read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policies, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care for residents who required specialised 1:1 care, and these arrangements were included in these

contracts.

Judgment: Compliant

Quality and safety

Overall, residents received a good level of nursing and medical care to meet their assessed needs. There was a commitment to delivering person-centred care with residents supported to maintain their independence.

The premises were kept in a good state of repair overall, clean, and nicely decorated. Inspectors observed improvements in the storage practices and cleanliness of the centre. A new system was in place with a schedule of ongoing and planned maintenance works. However, further action was required to ensure all areas of the premises promoted a good quality of life for residents; this is outlined under Regulation 17: Premises.

A review of records demonstrated that residents' health care needs were met through regular assessment and review by their general practitioners (GPs). The provider had robust arrangements in place for regular clinical review of resident health care needs. There was evidence in the residents' files that referrals were sent to health and social care professionals, such as dietitian services, occupational therapy, palliative care and speech and language therapy where appropriate and needed.

The inspectors reviewed a sample of resident's assessments and care plans and found that assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents.

Menus were developed in consideration of residents' individual likes, preferences and, where necessary, their specific dietary requirements. There was an adequate number of staff available to assist residents with their meals. Assistance was offered in a discreet and sensitive manner.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

Residents had access to religious services and resources, and Mass was held in the centre. A programme of activities, which included bingo, live music, sound therapy, quizzes, and exercises, was available to residents. There was evidence that residents were consulted with and participated in the organisation of the centre. This was confirmed by residents' meeting minutes, satisfaction surveys, and speaking with residents on the day of the inspection.

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. The wardrobes were observed to be in neat order.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations. The following issues were highlighted as safety risks to residents:

- Equipment was observed to be damaged and not well-maintained, for example: two dining tables and a cabinet were observed to be damaged in the Oak unit; there was also a warped fire exit door, with more than 4mm gaps observed.
- Poor ventilation was found in parts of the centre; for example: two en-suite bathrooms and a treatment room in Kinvara.
- Emergency call bells were observed not to be accessible to residents in a bathroom in Oak unit; this posed a risk that should a resident require assistance they would not be able to call or alert staff.
- The inspector found unsafe floor coverings in two bedrooms which posed a trip hazard to the residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. They were offered a choice at mealtimes and provided with adequate quantities, and the food appeared wholesome and nutritious. There was a sufficient amount of staff to supervise and assist residents with their meals.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of files of residents residing in the Kinvara unit was reviewed, and inspectors saw that nursing-validated tools were used for the assessment of residents' needs. These were seen to be comprehensively updated to inform individualised care of residents in their care plans. Inspectors reviewed mobility, nutritional, restrictive practices and behavioural support care plans and saw that all comprehensively described the needs of residents, provided a summary of care and guided staff members on how to attend to the care of residents. There was also evidence of the residents and, where requested by the residents, their representative input into their care plan.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care. General practitioners (GPs) routinely attended the centre and were available to residents. Residents were referred to a range of health and social care professionals, such as physiotherapists, dietitians, speech and language therapists, tissue viability nurses, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 8: Protection

The systems in place to safeguard residents from financial abuse were appropriate. The inspector was assured that the arrangements in place for residents who required a pension-agent were in line with best practices and Department of Social Protection guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents were afforded choice in their daily routines and had access to

individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents, and their contact details were on display.

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 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for TLC Centre Maynooth OSV-0000684

Inspection ID: MON-0043278

Date of inspection: 28/05/2024

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training will continue to be a priority and at least 90% of staff will have food and nutrition and responsive behavior training completed by 30th September 2024.</p> <p>The training matrix will be reviewed monthly at governance meetings by the PIC and regional team from 1st July 2024- complete and ongoing.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>By the 31/07/2024, a process to ensure items identified in audits are escalated and addressed in a timely manner, through the facilities management software, or procurement, will be in place.</p> <p>By the 30/09/2024 the contract of care, including additional charges, will be reviewed and updated</p>	

Regulation 17: Premises	Substantially Compliant
<p data-bbox="172 208 1337 282">Outline how you are going to come into compliance with Regulation 17: Premises: By the 30/09/2024 the 2 dining tables in Oak unit will be replaced in Oak unit.</p> <p data-bbox="172 322 1422 356">The cabinet identified in Oak unit was addressed on the day of the inspection- complete</p> <p data-bbox="172 398 1410 472">A process to ensure that all ventilation units are maintained in good working order, has been agreed and is now in place- complete.</p> <p data-bbox="172 515 1353 627">Staff have been reminded of the process to escalate items to the new maintenance system to facilitate timely actions including repair and replacement- complete and ongoing.</p> <p data-bbox="172 669 1222 703">The emergency cord in the bathroom in Oak has been replaced- complete</p> <p data-bbox="172 745 1410 819">The weekly call bell audit has been enhanced to ensure any further faults are identified in a timely manner. This process will be in place and on-going by the 31/07/2024.</p> <p data-bbox="172 862 1410 936">A phased floor replacement programme is in place and by 30/09/2024, the 2 bedrooms identified will be completed.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/07/2024
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	30/09/2024
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	31/07/2024