Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	TLC Centre Maynooth
Centre ID:	0684
Centre address:	Straffon Road Maynooth Co Kildare
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Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	TLC Limited
Person in charge:	Tania Spelman
Date of inspection:	24 and 25 March 2010
Time inspection took place:	**24 March Start:** 08:20 hrs **Completion:** 17:00 hrs **25 March Start:** 07:45 hrs **Completion:** 14:15 hrs
Lead inspector:	Valerie Mc Loughlin
Support inspector:	Aileen Keane
Type of inspection:	☒ **Registration** ☐ **Scheduled** ☒ **Announced** ☐ **Unannounced**

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

TLC Centre Maynooth is a converted hotel which has been adapted and extended to provide 84 residential places for older people and people with dementia, in single-storey accommodation. The centre is surrounded by six acres of landscaped gardens with an orchard, a bowling green and an enclosed courtyard.

The reception area is situated at the main entrance, and the person in charge has an office located near the reception area. There are two spacious open plan sitting areas, an activities room, a coffee dock, and a main dining room. There is a wheelchair assisted bathroom off the main dining room, and two bathrooms, one of which is wheelchair accessible, within a short distance of the dining room and the reception area. The hairdressing room and treatment room are adjacent to the sitting area.

Accommodation for residents consists of 23 twin bedrooms and 38 single bedrooms. All bedrooms have en suite shower and toilet facilities. These areas are divided into five separate areas for the purpose of allocating care.

Corridor 1 has 10 single rooms and 1 twin room. Corridor 2 has eight single rooms with a sitting area overlooking the courtyard. There is a spacious hoist assisted bathroom, and two separate bathrooms, one of which is wheelchair accessible.

Corridor 3 has 12 single rooms, some of which over look the courtyard garden.

The Oak Unit has eight single and two twin bedrooms. It is designated as a unit to care for residents with Alzheimer's disease or dementia. Communal areas include a spacious dining room and an activities room, and residents have access to a secure courtyard garden area. The unit has a hoist assisted bathroom and there is a storeroom next to this unit.

Other facilities include an overnight guest room for relatives, a cinema/library, an oratory, administrative offices and staff facilities.

There are automatic gates at the main entrance and close circuit television (CCTV) in public areas. Ample parking facilities are available.

Location

TLC Centre Maynooth is situated in the countryside of County Kildare, just off the N4, two kilometres from Maynooth town. There is a regular bus service and relatives can contact the receptionist to arrange a car to collect them from the local station.

Date centre was first established:	October 2008
Number of residents on the date of inspection	82 and 2 residents in hospital
Number of vacancies on the date of inspection	0

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	2	28	30	22

Management structure

The Providers for this centre are Dr Liam Lacey who is the Chief Executive Officer and Michael Featherston who is Chairman. The Person in Charge, Tania Spelman, reports to them. The Assistant Director of Nursing, Mike Weston reports to the Person in Charge and Clinical Nurse Managers report to him. Staff nurses report to the Clinical Nurse Manager. Care staff report to the senior carer whom in turn reports to the nurse on-duty. Catering staff, housekeeping and laundry staff are managed by the catering supervisor, and she reports to the Person in Charge. Other staff such as activities staff, administrative and portering staff report to the Person in Charge. The maintenance supervisor reports to Michael Featherston.

Staff designation	**Person in Charge**	**Assistant Director of Nursing**	**Charge Nurse**	**Nurses**	**Care staff**	**Catering staff**	**Physio -**
Number of staff on duty on day of inspection	1	1	1	5	18	3	1

Staff designation	**Activities Coordinator**	**Cleaning and laundry staff**	**Maintenance**	**Admin staff**	**Porter**
Number of staff on duty on day of inspection	1	4	2	4	1

Summary of findings from this inspection

This was an announced registration inspection carried out over two days and the third inspection of this centre by the Health Information and Quality Authority's (the Authority) Social Service Inspectorate. The provider has made an application for the centre to be registered for the first time under the Health Act 2007 (Registration of Designated Centers for Older People) Regulations 2009. The inspectors read the fit person self assessment document in advance of the inspection along with all the information provided in the registration application form and supporting documents. Inspectors noted the person in charge and the provider were committed to ensuring there was enough suitably qualified staff to provide effective safe quality of care and quality of life for residents.

As part of the registration process the provider and the person in charge has to satisfy the Chief Inspector that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. A fit person interview was carried out on this inspection with the person in charge. The provider was interviewed previously, during the registration of TLC City West nursing home of which he is also the provider.

Inspectors met residents, their relatives, the provider and person in charge, assistant director of nursing, clinical nurse managers and other staff on duty. They observed how residents were cared for and examined records including care plans, medical records, accident and incidents reports, and fire safety records, staff records including training records, policies and procedures.

Inspectors found that the service was well managed and residents received a good standard of person-centred care. Staff provided care in a professional manner, which respected residents' dignity. Care provision was well organised, staffed and supervised. Residents were well-groomed and well-dressed. Residents and relatives spoken to during the inspection were happy with all aspects of care provided.

Staff demonstrated a comprehensive knowledge of residents' needs and preferences. Staff engaged with all residents, including more dependent residents. The atmosphere was homely and relaxed and routines were tailored to meet residents' needs. Residents spoke of being encouraged to exercise choice on a daily basis and remain independent in their daily lives.

Inspectors were satisfied that the nursing medical and psychosocial needs of residents were met to a satisfactory standard. Staff were trained and skilled to meet the changing needs of the residents and there was ongoing continuing education programmes in place and evidenced based policies to guide their practice.

Eleven residents residing in Oak Unit had dementia but this unit was not established as a dementia care unit and was not furnished or designed for this purpose. However, the person in charge and provider acknowledged this and had plans to develop the unit in this regard.

The inspectors found that the premises, fittings and equipment were clean and well maintained. There was a high standard of décor and adequate communal space throughout the centre. Secure gardens were well maintained and there was ample seating and tables available for residents' and relatives' use.

Some improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and *the National Quality Standards for Residential Care Settings for Older People in Ireland.* These issues are included in the Action Plan at the end of this report.

Comments by residents and relatives

Inspectors received six questionnaires prior to the inspection and they spoke to residents and relatives throughout the days of inspection. Residents were very positive about their experiences of daily life in the centre. Many commented on the range of social events and activities available. They described what they liked to do during the day and gave examples such as daily exercises, yoga, baking, pet therapy, trips to the shops and movies. They also spoke also of the quality and presentation of the food and said that they enjoyed particularly the social aspect of the "fine dining" which was a monthly event. Many relatives confirmed that there was choice and flexibility in daily routines, for example when and where they choose to dine.

Residents and relatives spoke highly of the staff. One relative described how staff were always very caring and kind to residents and she said this was very noticeable as she visited regularly. Many relatives described the staff as being caring, friendly and respectful and she went on to say staff were "excellent".

Some relatives said that due to the nature of their family member's condition, she or he was unable to make choices for themselves and that they were involved in decision making on their behalf. One relative spoke about how her mother's wishes were respected and said, "Mum can choose to have a female carer and this is important to her".

A number of relatives told inspectors how the resident's physical and emotional condition had improved since living in the home and described the centre as a home from home. A relative who was involved with staff and the palliative care team in providing care for her husband said, "I could not ask for better care, there is great special attention given to meet his needs".

Visitors spoke of being made to feel very welcome when they visited. Visiting times were flexible and relatives said they could visit their family members at any time of the day. They particularly enjoyed the opportunity to sit with their family member and have refreshments with them. They said that that this created a home from home atmosphere for the resident and the family. They told inspectors they had a good relationship with staff and knew the person in charge and staff by name. They said they could speak to the person in charge if they had any concerns.

While many relatives said that there was nothing they would like to see changed, five relatives who completed the Authority's feedback questionnaire said they would like to see a permanent nurse and permanent staff in the Alzheimer's unit (Oak Unit), and more stimulating activities for residents with dementia. Inspectors followed this up and found that permanent staff were assigned to the Alzheimer's unit (Oak unit) including a nurse on each shift. Staff had received additional training to provide care for residents with dementia. A staff member was scheduled to attend a course on activities specifically to improve quality of life for residents with dementia.

Inspectors found that improvements were implemented in the laundry services since the last inspection and residents and relatives spoken to on the day of inspection

said clothing does not go missing. The person in charge was monitoring this carefully.

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The person in charge and provider demonstrated a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Inspectors found that there was a clear organisational structure in place and this was outlined in the statement of purpose. Staff interviewed demonstrated a good understanding of their role and responsibilities. They described the staff structure and reporting mechanisms in place which promoted appropriate delegation of care duties and adequate supervision of residents and staff. The newly appointed assistant director of nursing deputised in the absence of the person in charge.

Inspectors examined staff rotas and found that staffing levels and skill-mix were appropriate to meet residents' assessed needs. There was a clinical nurse manager on duty at all times whose role was to monitor care. Inspectors observed this to be case during inspection, and it was also reflected in the actual and planned rotas. This provided strong clinical leadership and support for staff members. Staff members said that they felt supported by the clinical nurse managers working along side them.

The person in charge was responsible for the philosophy, organisation of care, provision of staff training and the supervision and monitoring of staff. A new team-based approach to care provision was in place since the last inspection and inspectors saw that staff were well supported and supervised appropriately within this method of care delivery.

Formal supervision and staff development were provided in yearly staff appraisals implemented through the line management system. For example, the provider completed an appraisal for the person in charge who in turn completed appraisals for the charge nurses. The senior nurses were in the process of completing appraisals for nurses and care staff in their team. Inspectors saw a sample of these appraisals which were satisfactory. Staff told inspectors that they felt very well supported and felt very confident in their ability to care for residents competently. They said they had been asked what training they required in addition to the scheduled training. They told inspectors the team based approach to providing care meant they got to

know the residents well, and this helped them provide holistic care, which was person centred and focussed on the needs of the individual. Inspectors noted residents spoken to knew which staff member was caring for them that day.

Inspectors found that there was the person in charge and her team had a strong sense of commitment towards person centred care and quality improvement, and staff told inspectors that they very much liked caring for older people and they were very happy in their work. Some staff had identified specialist interests which the provider was supporting, for example, one nurse was scheduled to undertake a course in palliative care, and one nurse had completed a training programme as a Basic Life Support Instructor. One of the activities staff was scheduled to attend a course on activities specifically to improve quality of life for residents with dementia.

Inspectors saw a centre specific health and safety statement dated February 2010 which was comprehensive. The health and safety committee had held its first meeting and put systems in place for specific staff to carry out environment risk assessments to ensure safety of residents, visitors and staff. For example, an assessment had been carried on the storage of chemicals and controls put in place to minimise risk of accidents to residents. Inspectors observed that all chemicals were stored in locked cupboards and housekeeping staff were knowledgeable about safety. There were no chemicals left in bathrooms, toilets or sluice rooms. The assistant director of nursing had experience in health and safety and was identified as the health and safety representative. There were plans in place to provide staff training and commence regular health and safety audits which were to be discussed at scheduled committee meetings.

There was a comprehensive risk management policy in place and a full risk assessment of the centre had been undertaken in February 2010. The provider had prioritised risk reduction strategies. For example, where needle stick injury was identified as high risk, control measures had been put in place relating to safe disposal of needles, prompt removal of sharps containers from the building, staff training and implementation and monitoring of the policy. The person in charge had identified a potential risk of injury to residents and visitors in the coffee dock where hot water was available which could result in scalding. She had allocated a staff member to supervise this area, and provided tea trays to minimise the risk of spillage.

There was a record maintained of all incidents and accidents and the person in charge had notified the Chief Inspector in writing of all reportable occurrences. Inspectors reviewed records of incidents and accidents and noted that they were completed fully and signed by the person in charge. There was evidence of preventative measures outlined in the care plans to minimise risk of reoccurrence. Records indicated that residents were assessed post incident, and referred to the general practitioner (GP) where indicated. Family members told inspectors they were informed promptly if the resident had a fall and were satisfied with the care and attention provided following an incident.

Inspectors found residents' finances were managed and documented in accordance the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and reflective of the policy in the centre.

There was a record of each resident's financial records which were maintained securely and confidentially by administration staff. Inspectors saw that receipts were signed by the residents and a nurse when the resident withdrew cash.

Inspectors found staff were aware of the fire procedure and how to evacuate the building if required. Fire policies and procedures were reviewed by inspectors. Training records indicated that the most recent fire safety training took place on 16 March 2010 and training was scheduled for April 2010 for five new staff members. The records seen showed that the fire fighting equipment was serviced November 2009. The fire safety officer described how the fire alarm was activated weekly in order to assess the staff's response, and how residents were informed of fire procedures. Fire doors and emergency lighting were checked each Wednesday to ensure they were functioning properly. The procedures for what to do in the event of a fire was clearly displayed in prominent areas throughout the centre

The statement of purpose, and insurance certificate were reviewed in advance of the inspection and were found to be in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

All policies outlined in Schedule 5 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were in place. These provided a broad outline of good practice, although some of them were not reflective of the practice in place. For example, while staff were using evidenced based assessment wound assessment tools, these were not reflected in the wound care policy. The person in charge was working toward making the policies more centre-specific.

There was evidence that complaints were taken seriously and dealt with in a robust manner. Inspectors saw the complaints policy was clearly displayed. Residents told inspectors they would talk to the person in charge or the nurse if they had any concerns. The person in charge and the provider told inspectors how written and verbal complaints were managed and recorded. One complaint was still in the process of investigation. Inspectors read records of concerns investigated and the actions taken in response. For example, where there were issues with residents clothing going missing, a full review of the laundering process was undertaken. This resulted in each resident's carer taking responsibility for collecting residents' clothing from the laundry and placing them in the resident's wardrobe. Residents and relatives were provided with a specific incident report form to report missing clothing. The person in charge told inspectors that clothing was now being managed better and was being monitored very carefully. Residents and relatives spoken to over the two day inspection said they did not have any problems with missing clothing.

Some improvements required

While incident and accidents were reported and recorded there was no auditing system in place. This meant that incidents and accidents were not reviewed collectively on a regular basis therefore there were no records of the cause,

frequency, or severity of outcome to residents over time. As a result trends were not easily identified and this meant that a valuable opportunity for learning was lost for further improving systems and processes to minimise similar occurrences in the future.

The person in charge had implemented preventative measures in conjunction with family members to minimise the risk of vulnerable resident leaving the centre unescorted, such as the use of alarm bracelets. However, the elopement policy had not been fully implemented in that there was no formal procedure in place on each shift to regularly check the whereabouts of all residents.

There was no emergency admission policy as required in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). This could result in inconsistent practices as criteria for emergency admission was not specified. For example, timeframes to indicate when the residents would be assessed by the GP; guidelines in how medications are prescribed, administered and recorded when a residents is admitted out-of-hours.

The directory of residents did not contain a record of the referring organisation which arranged the resident's admission.

Inspectors read the Residents' Guide and found that it was not fully in line with the requirements of the Regulations. For example, it did not contain a summary of the statement of purpose, the complaints procedure or the last inspection report.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors found that residents received a good quality of service. They observed that the providers, person in charge and staff were respectful to the residents and noted the friendly caring attitude of staff created a relaxed and happy atmosphere in the centre.

Inspectors found residents were well cared for. Staff were clear about their roles and responsibilities in providing physical and personal care. Residents commented that their daily personal care needs were well met and they received assistance as needed. Staff were seen sitting with residents for a chat, and also taking some residents for walks during the day.

Staff promoted residents' privacy, dignity and self esteem by supporting them to dress according to their individual tastes, assisting them with personal grooming when requested. Inspectors observed that bedroom doors were closed and curtains fully-drawn when personal care was being delivered in shared rooms. Some female residents spoke about how helpful the care staff were helping them applying their make up as this was important to them. Inspectors observed staff taking residents to the hairdressing saloon to have their hair done. Inspectors heard staff speaking to residents in an appropriate and respectful manner.

Inspectors found that there was a good social and recreational programme in place organised by two full time activities staff. Residents said that they enjoyed music, sing-songs, artwork, knitting, board games, exercise, newspaper readings and going to concerts. On the day of inspection, many residents and relatives were enjoying a lively sing-along in the afternoon. Some residents said they liked to read in the quiet library during the day, while some of the men said they liked to place a bet on the horses and watch the horse racing on the big screen in the cinema room. Some residents had learned new skills since going to live in the centre. For example, one resident told inspectors how she enjoyed the knitting class in the morning; she had made some small squares and was planning to make a blanket.

Inspectors saw a list of scheduled activities, including "one-to-one" time displayed in prominent areas in the centre so that residents and family members could choose

what activities they wished to attend. The activity coordinators also told the residents about the events taking place.

The activities coordinator assisted residents in maintaining links with the community by organising events of their choice. A group of residents had a recent night out in the local pub, and they told inspectors that they had a great time together. One resident told inspectors how she loves to remain active and loves to socialise. She said, “I am never bored, there is so much to do, like shopping trips to Liffey Valley, bowling and theatre evenings and dining out.

Inter denominational services were celebrated weekly in the oratory and residents told inspectors that this was important to them. Some residents told inspectors that they also like to attend mass in the local church with their family and meet up with their friends there who lived locally.

Relatives spoke very highly of the warm welcome they received from staff. They told inspectors that they were encouraged to play an active role in the lives of their family members, by availing of open visiting and by assisting in the care delivery of their relative. Inspectors noted that many relatives and grandchildren visited during the day. They told inspectors that they had got to know other residents and visitors, that visiting was an enjoyable social event for the whole family.

The inspector talked to staff and family members about one resident who presented with behaviour which challenged. The staff were knowledgeable in explaining how they managed this resident’s psychological discomfort. Inspectors observed staff approaching him in a calm friendly manner explaining to him what they were about to do. They knew his routines well and said he liked to lie on the couch in the sitting room and spend time in his room. Family members told inspectors that his quality of life improved since admission to Oak unit. They went on to say “they interact well with him, they know his habits, we are so happy because we know that he is happy”.

Inspectors saw that residents’ independence was promoted. One resident told inspectors she loved to do the washing up, and she assisted a staff member to do so. Staff encouraged relatives to bring in family photographs to show to their family members and to stimulate memory and conversation. Staff were seen interacting positively with residents, repeating questions in a calm gentle manner and chatting to residents about their family, friends and recent events. Inspectors observed staff assisting residents with lunch and also encouraging residents to eat independently. Relatives commended the staff in managing behaviours well and maintaining a calm atmosphere and one relative said “The staff are always respectful and responsive to physical and emotional needs”.

The person in charge was able to tell inspectors how residents and family members directed decisions in end of life care, with interdisciplinary team support which ensured residents continued to receive holistic care of their choice in an ethical manner. Inspectors noted that there was a comprehensive evidenced based policy on end of life care in place to support practice and staff had received training. One relative stated in the Authority’s questionnaire, that her husband received, “great special attention, including activities of his choice” during his terminal care. Relatives

were supported and the provider made arrangements for relatives to stay overnight and dine in the centre if they wished to do so.

The choice, quality and presentation of meals were of a high standard. Inspectors observed residents having their midday meal in a bright, relaxed environment which some residents described as, “the restaurant”. Tables were set in an attractive manner with linen tablecloths, place settings, napkins and fresh flowers. The catering staff served meals from the servery and offered a variety of drinks including wine if desired. The food was presented in an attractive manner, including modified consistency diets. Residents said they enjoyed the relaxed atmosphere, the food and the service. Meals were unhurried and staff sat with residents when they required assistance to eat. The menu was posted outside the dining room and it offered two choices for all meals times. Variations to the menu were available when requested. Residents said if they required food or a snack outside of scheduled dining times this is readily available to them. Some relatives including grandchildren sat with residents at dinner time and some assisted their family member to eat. Family members said they valued this time with residents and described the experience as, “very homely and sociable”. Residents told inspectors they could dine in their bedrooms if they wished and two residents chose to do so.

Tea and coffee making facilities, chilled water and a variety of fruit juices were accessible in the dining room and sitting room throughout the day. Inspectors observed staff providing drinks regularly and assisting more dependent residents as required. Family members were seen making tea and sitting chatting with residents in communal areas.

Some improvements required

While many residents enjoyed the variety of scheduled activities, inspectors noted that further development of this programme was required to ensure that all dependent residents’ needs for mental stimulation and inclusion were met, including those residents with dementia. Relatives’ feedback from the Authority’s questionnaire also indicated that residents would benefit greatly in being involved in some meaningful activities as part of everyday living. Some relatives said, “Most of the activities are centred on the residents outside the Alzheimer’s unit and there not enough activities in the unit”.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

The person in charge demonstrated a holistic approach to the care of older persons and demonstrated good knowledge of relevant clinical issues. She had a good knowledge of wound care and had undertaken recent training in this area. She had worked to improve care planning by introducing a new system and training staff in it.

Residents' health care needs were addressed. A GP visited the centre daily, but residents could also choose their own medical practitioner. There was an out-of-hours on call service. Inspectors looked at the medical notes and saw that residents were reviewed by a GP on a regular basis. Access to medical care and treatment was commended by a number of residents and relatives.

The person in charge told inspectors that Medicine for the Elderly team in Connolly Hospital Blanchardtown provided support to residents when they were transferred to acute services. Records reviewed confirmed this and staff commended the service and spoke of its benefits to residents. For example staff in the centre contacted the hospital when a resident was being transferred and the resident was seen by a doctor who was up to date with their medical history. Staff and relatives told inspectors that this service was invaluable in that it promoted continuity of care and in residents' comfort as they were seen promptly.

The person in charge told inspectors that residents with a mental health condition were reviewed by the community Psychiatric of Old Age team based in Kilcock. Residents are referred by the GP and seen in the centre by the community based team.

The provider was committed to continuous improvement in care of older persons and residents requiring dementia care. He told inspectors he was arranging for a specialist in dementia care to provide psychotherapy and educational talks for family members. He said he hoped that this would provide reassurance to family members as they came to terms with the impact of the disease on the resident and extended family. He expressed a commitment to enabling family members to be involved in decision making about care, and he had plans in place to commence a relative's forum.

Inspectors found that residents had access to support services as required. Inspectors saw records to indicate that peripatetic services were provided and accessed on a needs assessed basis. Dietetics, chiropody, ophthalmology and physiotherapy were provided in the centre and included in the fee. Residents told inspectors that they had been referred to these services and many residents commended the service provided by the physiotherapist. One resident told inspectors that he looked forward to seeing the physiotherapist regularly during the week and said his mobility had improved since admission. Residents spoke of how their independence and mobility had improved as a result of regular physiotherapy. They said that they felt very happy as there lifestyle had improved as a result of increased independence. Residents also told inspectors that they were encouraged to participate in the regular exercise classes. The inspectors saw that this activity was reflected on the activities plan and was scheduled regularly.

Audiology and dental care services were accessible in Maynooth at an additional cost. Specialist seating assessment and provision of specialist chairs were arranged on a needs assessed basis and were in addition to the fee. Inspectors observed that residents' seating was appropriate and wheelchairs were only used for transporting residents rather than allowing them to sit in them for long periods of time.

Residents' health was promoted through routine and regular monitoring of blood pressure and blood glucose levels. Inspectors saw records maintained in residents' files, and the required frequency of such monitoring was recorded in care plans.

Inspectors noted that recent admissions had an assessment of their needs completed prior to and on admission. Clinical risk assessments were completed for risk of pressure ulcers, falls and malnutrition. Results of these assessments were used in the resident's files to formulate specific care intervention to minimise such risks. Inspectors saw that measures outlined in care plans were implemented and evaluated. For example, alternating pressure prevention mattresses were set appropriately in relation to residents' weights which would assist in minimising risk of pressure ulcers. Residents' psychological and social histories were also contained in their care plans.

The physiotherapist told inspectors that a falls risk assessment was completed for every resident on admission, and three monthly thereafter, or more frequently if there was a change in a resident's condition. Inspectors saw that specific care interventions were recorded in the plan of care in relation to the level of risk identified. The physiotherapist recommended monitoring timeframes and set particular exercises for residents. Inspectors saw this monitoring taking place. Inspectors also saw records which indicated that specific residents were monitored as specified in the care plan.

Inspectors found residents' nutritional needs were met. Inspectors reviewed some residents' files and saw nutritional risk assessments in place, and appropriate interventions recorded and provided such as assistance with diet and fluids, monitoring and recording food intake and weight. Inspectors observed residents being encouraged and assisted with regular drinks throughout the day. There was a variety of juices available in communal areas, jugs of fresh water available in bedrooms, and water coolers accessible in communal areas for residents, visitors and

staff. Inspectors met the chef and noted that there was satisfactory communication links between nursing and catering staff about residents' nutritional needs.

Inspectors found that wounds were managed in line with evidenced based practice guidelines. The person in charge was piloting a new wound management documentation tool. This included recommendations in how wounds are assessed and evaluated. Inspectors saw these records and there was written evidence that wounds were being assessed and evaluated as required. The person in charge told inspectors that nurses received training in wound management and pain management and inspectors saw records of attendance. Inspectors saw that residents' pain was assessed and pain medication administered where indicated. The person in charge told inspectors that she referred residents to a tissue viability consultant for expert advice on residents' wound care if necessary. Inspectors saw records in residents' files of the tissue viability specialist's recommendations. There was recorded evidence that nursing staff implemented these recommendations.

Inspectors reviewed the medication management policy and noted that it included the procedure for prescribing, administering, recording, safekeeping and disposal of medications. There were clear guidelines in place administering crushed and covert medications. Inspectors saw that residents' medications were reviewed by the GP on a three monthly basis. The person in charge audited the medication administration practices of all nurses. Inspectors observed safe practice in medication administration and recording of the drugs administration. Inspectors observed nursing staff adhering to safe practices when administering medications. For example, they were assisting and supervising residents to take their medications, and signing the medication administration record after the medications had been taken.

Some improvements required

The auditing system of medication management was not sufficiently comprehensive to promote continuous quality improvements and drive quality and safety in residents' care. There was no system in place for reporting of medication errors, near misses or detection of residents' adverse reactions to medication. This was contrary to the medication management policy.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Inspectors found the centre spacious and bright with adequate natural lighting throughout. There were views of the courtyard gardens or fields from the bedrooms and communal sitting rooms. The building was well-maintained both inside and outside. Inspectors reviewed communal areas, en suite bedrooms, sitting rooms, dining rooms, kitchen, laundry and sluice room and found them to be clean and well-maintained.

There was adequate equipment and assistive devices to meet residents' needs, including alternating pressure relieving mattresses, pressure relieving cushions, walkers, wheelchairs and hoists. Inspectors saw residents using specialist seating and mobility aids to maintain their independence. Inspectors saw that all equipment including beds, specialised mattresses, hoists and whirlpool baths were serviced regularly. The records were up-to-date and all equipment noted to be well maintained and clean. Residents and relatives were complimentary about the environment and one relative said, "We found the centre bright, welcoming and well equipped".

Staff were attentive in promoting a safe environment for residents. There was adequate storage space and additional secure storage space outside for extra equipment that was not currently in use. This meant that the environment was clutter free and inspectors observed fire doors were not obstructed and could be accessed freely in the event of an emergency. Inspectors saw the household staff used safety signs while washing floors, and this minimised the risk of a slips and trip hazards. Staff were seen assisting dependent residents when they mobilised, for example inspectors saw one of the care staff spending time during the day taking a resident with limited vision for regular walks.

Some residents showed inspectors their bedrooms which were spacious, well furnished and maintained. There was a call bell, television and telephone access should residents like to have their own phone line. Residents told inspectors that they were happy with their accommodation.

There was sufficient variety of private and communal space throughout the centre. Inspectors saw residents sitting together in different areas having a chat and a cup

of tea together, reading the newspaper or spending time with family or the activities staff. There was an activities room next to the main dining room and this area was used by residents and their families throughout the day. The spacious library was used by residents who liked to spend some quiet time during the day. This room also contained a large TV screen, and residents told inspectors that they watched movies and sport there on occasion.

The inspectors observed the environment to be very clean with evidence of best practice in the management of laundry, domestic and clinical waste and cleaning practices. Housekeeping staff were seen vacuuming, washing floors and doors. Residents and relatives commented on the high standard cleanliness in the centre. Inspectors observed staff changing the water used for cleaning purposes regularly. Mops and buckets were well maintained and clean. There was a separate storage area for cleaning materials and chemicals were stored securely. Hand gel dispensers were visible throughout the building, and staff were seen using them throughout the day.

There were easily accessible, secure gardens available to the residents and they confirmed they used and enjoyed the gardens regularly when weather permitted.

There was a good standard of staff facilities located in a service area which was secure and not accessible to residents or visitors. This area contained separate changing and bathroom facilities for the kitchen staff and separate female and male bathroom and shower facilities for other staff. Staff had access to their own dining room.

Some improvements required

Inspectors found the water in the hot tap of the wash hand basin in the communal bathroom was too hot to touch and could pose a potential risk of scalding to residents. The maintenance supervisor agreed it was too hot to use. The person in charge addressed this issue immediately and confirmed that the thermostat was adjusted to the correct temperature within twenty-four hours. She put a system in place for monitoring the water temperature regularly.

Inspectors found Oak Unit lacked orientation cues for residents with dementia. For example, all doors were painted the same colour and there were no pictures and or signs on doors to assist residents to understand where they were in their environment. Bathroom fixtures were not coloured and thus did not help residents to recognise them. There were no wall clocks with time and date, to help residents orientate themselves in this regard.

The environment lacked a feeling of homeliness, in that there were no focus points of interest to create meaning or stimulation for residents with dementia, such as rummage baskets and other household items. The room identified as the sensory room was not in use and was being used as a storage area. The staff nurse allocated to this unit and the provider and person in charge told inspectors they intend to refurbish the unit to make it more dementia specific. They have arranged to visit a dementia care unit in order to gain specific knowledge in this area.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors observed staff from different teams engaging with residents and family members, discussing aspects of care and keeping family members up to date with the resident's progress. Residents and relatives said how good the staff were in keeping them informed and said, "We are updated on any change in condition". The person in charge told inspectors that she had formally invited residents and relatives to participate in care planning. Some relatives confirmed that they met the nurse to discuss care plans, and that they were always updated on any change in condition.

Inspectors observed appropriate practices when staff were communicating with people with dementia. Staff talked to residents and provided care in a gentle manner specific to residents' needs. Where residents appeared agitated, staff responded appropriately, and for example, diverted the resident in offering to go for a walk or to have a cup of tea to relieve the distress.

Inspectors found communication between care givers was clear and concise. Inspectors joined the morning handover meeting on two of the units which were attended by the clinical nurse manager, nurses and care assistants. The night nurse told day staff how residents had been during the night and provided comprehensive information on each resident's current health status. For example, she discussed residents requiring additional assistance with diet and fluid intake, special attention required for skin care, and maintenance of specific monitoring charts. Arrangements for residents requiring medical appointment or scheduled outings that day were confirmed so that care staff could assist residents in a timely manner. Junior staff sought clarification on residents' care needs and inspectors heard the nurse provide appropriate explanation and advice. Inspectors saw the clinical nurse manager delegating to and communicating with nursing staff regularly during the day. Inspectors also observed the person in charge checking in with the clinical nurse manager, providing advice to ensure all residents were receiving a high quality of care.

Inspectors saw that residents' files were stored securely and confidentially.

The person in charge told inspectors she would like residents to be more involved in the running of the centre but there had been poor response to an invitation to the first residents' committee meeting. She went on to say relatives attended the meeting to advocate on the residents behalf as many residents were unable to express their needs. The person in charge and the provider had plans to meet small groups of residents in a more informal manner and ask them how they would like to be involved in the running of the centre. They were also sourcing an advocate to facilitate meetings. She said family members had expressed an interest in becoming more involved in the running of the centre. The provider and person in charge welcomed this opportunity and told inspectors plans were in place to commence regular meetings with relatives. The person in charge told inspectors she sought formal feedback from residents in using a resident and relative's satisfaction survey. Inspectors noted that respondents were mainly satisfied with the service provided.

The inspectors saw notice boards placed in prominent areas throughout the centre which displayed information on day-to-day events. The weekly entertainment programme was prominently displayed for residents to see. Inspectors saw copies of national and local newspapers available to residents in the main seating area and on the units. There was also a wide range of books in the library.

The chef described how catering staff are kept informed about residents' dietary requirements and preferences. Inspectors saw the dietary sheets which included information about each resident's likes and dislikes, including portion size and information about residents who require specialised modified diets.

Copies of the *National Quality Standards for Residential Care Settings for Older People in Ireland were* observed in all units. Staff interviewed were knowledgeable about the Regulations and the standards.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Inspectors found staffing levels and skill mix were satisfactory to meet residents' assessed needs. Inspectors saw the actual and planned duty rota for each unit. The provider regularly monitored the dependency levels of residents and used this information to determine staffing levels and skill-mix.

Staff were well supervised and supported. Inspectors found that senior management support was in place seven days a week including weekends. The person in charge worked Monday to Friday and told inspectors she visited the centre some weekends as well. Inspectors observed residents and visitors knew her by name and were seen talking with her over the two day inspection

An assistant director of nursing recently joined the team and he worked Monday to Friday, and provided occasional weekend cover. He told inspectors that his role included the provision of staff education and development. He planned to monitor the quality and safety of residents' care by carrying out audits of care practice. Inspectors saw the assistant director of nursing on units observing practice and talking with residents and staff. He told inspectors he would be providing support and guidance for activities staff in developing sensory-based activities for more dependent residents, and residents with dementia. The provider and the activities coordinator confirmed that these plans were in place.

There was a clinical nurse manager on every shift including night duty, which ensured that staff were supported while caring for residents. Inspectors noted the clinical nurse manager was available to staff, residents and visitors throughout the day and staff were observed discussing care issues with her. Care staff told inspectors that senior nurses were supportive and provided guidance when required.

Inspectors found staff recruitment procedures and practices met regulatory requirements. Inspectors read the human resource policy, found that it comprehensive, and reflected in practice. Inspectors selected and reviewed a number of staff files, which were stored securely and confidentially. All files contained a full employment history, three written references, proof of identity, qualifications and training, self-verification of good physical and mental health and Garda Síochána

vetting. Inspectors also found staff were provided with job descriptions, and a contract of employment.

Mandatory training for new staff included orientation to the environment, an overview of how to communicate with residents with dementia and sensory impairment, manual handling instruction, fire training, and basic life support. Infection control practices were demonstrated by power point presentation and practical demonstration in the correct procedure for hand washing. This procedure was posted above all communal wash hand basins. The person in charge coordinated training programmes for staff based on her assessment of residents' needs and following feedback from staff.

Inspectors observed that staff were supported in their work practices by ongoing training and supervision. For example, catering staff received training in food safety and HACCP (Hazard Analyses and Critical Control Point) where applicable. The household staff received training on how to use cleaning materials safely, and there was written information available to them on how to manage accidental spillages safely (safety data sheets). Thirty-five care staff had completed FETAC (Further Education and Training Awards Council) Level 5 training and the remaining 20 staff were due to commence this course in March 2010.

All staff attended mandatory training, such as manual handling given by a staff member who was a qualified instructor. Inspectors saw evidence of good practice in how staff assisted residents safely out of their chair. Fire training was provided by a contractor with experience in fire safety management. Staff were trained in protection of residents in detection and management of abuse. Staff were able to demonstrate their awareness of best practice in these areas to inspectors. Staff were also trained in cardiopulmonary resuscitation (CPR) by two staff members who were qualified instructors in this area. The person in charge had completed a training needs analysis and had schedule further training.

Staff told inspectors they enjoyed caring for older people. Staff morale was good, and there was evidence of good team working. Staff told inspectors that training opportunities and being allocated to care for specific residents within a team helped them to provide good care.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, Dr. Lacey, person in charge, Tania Spelman, assistant director of nursing Mike Wetson and clinical nurse manager Catherine Tighe to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Valerie Mc Loughlin
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

30 March 2010

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
13 and 14 October 2009	☐ Registration ☒ Scheduled ☐ Follow up inspection ☐ Announced ☒ Unannounced
28 January 2010	☐ Registration ☐ Scheduled ☒ Follow up inspection ☐ Announced ☒ Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report

Centre:	TLC Centre Maynooth
Centre ID:	0684
Date of inspection:	24 March and 25 March 2010
Date of response:	13 May 2010

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

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

Inspectors found that the water in the hot tap of the wash hand basin in the communal bathroom was too hot to touch it could pose a potential risk to residents.

The elopement policy had not been fully implemented in that there was no formal procedure in place on each shift to check the whereabouts of all residents at regular intervals. This could result in a delay in identifying that a resident is absent without leave.

Incidents and accidents were not audited. There were no records of the cause, frequency, or severity of outcome to residents over time. As a result trends were not easily identified and this meant that a valuable opportunity for learning was lost for improving systems and processes to minimise similar occurrences in the future.

Action required:

Implement the risk management policy. Implement and monitor control measures that reduce the risk of residents being at risk of burns from very hot water in communal

bathrooms.

Action required:

Implement and monitor the elopement policy to promote early detection of any vulnerable resident leaving the centre unescorted.

Action required:

Implement an evidenced based audit methodology to review accidents and incidents on a regular basis.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: A thermostatic controlled tap has been installed to regulate the hot water in this bathroom. We will undertake a risk assessment in all communal bathroom taps as per our health and safety policy. This will be completed by 30 June 2010. In addition to the contents of the elopement policy which was reviewed, we have developed a system where by every resident is accounted for by the Clinical Nurse Manager at 07:30 hrs and 19:30 hrs. This documentation has been provided to the Authority. Implementation of an evidence based audit tool relating to Falls Accidents and incidents is currently being reviewed by the TLC Professional Development committee. We expect an outcome and recommendations from this group by 31 May 2010. Implementation of the recommendation of this group will be in place by 30 June 2010.	30/06/2010 Completed 30/06/2010

2.The provider has failed to comply with a regulatory requirement in the following respect:

While medication administration was audited, the system and process of medication management was not audited which could result in medication errors and or near miss may not be detected. This could result in poor outcomes for residents.

There was no system in place for reporting of medication errors, near miss or detection of adverse reaction. This was contrary to the medication management policy.

Action required:

Implement regular auditing of medication management as outlined in the medication policy.

Action required:

Develop and implement procedures to record any medication errors or adverse reactions, and or near miss in relation to each resident.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 14: Medication Management

Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: While medication administration audits were taking place as per our medication policy, we have taken the steps of adding in a specific Medication Variance Reporting Form, which has been developed by our Professional Development committee. Copy of this document has been forwarded to the Authority. A training seminar has been formulated for TLC Nurses on Best Practise in medication management and the reporting of Medication Variances. Every nurse in TLC will participate, complete and sign off on this medication management module. We are in preparation for our next medication management audit.	30/06/2010 In process

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

The opportunities for residents in Oak Unit (Alzheimer's unit) to participate in meaningful and purposeful occupation and leisure activities were limited.

Action required:

Provide opportunities for residents to participate in development of activities appropriate to his or her interests and capacities.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: The Oak unit has had a fire place installed, a full sized wardrobe and chest of drawers with jumper and clothes for residents to rummage in is now in place (A rummage corner) The Snoozelen room is fully equipped and operational for our residents and their families. Residents often participate in cleaning up after meals and are supported by our staff when they show any willingness to be involved in the day-to-day routine of the unit. Residents have a clothes horse to put clothes out to dry as an activity that is resident led. The installation of the greenhouse has been a huge success and we achieved our first yield of lettuces this week, this located in our protected garden and is a great hit with our residents. Nurse in charge and activity coordinator have visited another specialist Alzheimer's unit to gather more recommendations. A programme of varying daily activities is displayed in the unit. These activities are centred on both groups' and one-to-one sessions.	Completed

4. The provider is failing to comply with a regulatory requirement in the following respect: The directory did not provide the name and address of the referring authority or organisation which arranged the resident's admission.
Action required: Record the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre in the directory of residents.
Reference: Health Act, 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:

Provider's response: The name and address of the referring authority or facility is now being recorded in our register.	Completed

5. The provider is failing to comply with a regulatory requirement in the following respect:	
There was no emergency admission policy as required in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Action required: Develop and implement as emergency admission policy as required in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response In conjunction with our admission policy TLC have developed a Standard Operating Procedure for nursing staff in the event of an emergency admission.	Completed

6. The provider is failing to comply with a regulatory requirement in the following respect:
The residents' guide and found that it was not fully in line with the requirements of the Regulations. It did not contain a summary of the statement of purpose, the complaints procedure or the last inspection report.
Action required: Further development of Residents' Guide to includes all of the requirements outlined in Article 21. Supply a copy of Residents' Guide to the Chief Inspector and a copy to each resident.

Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: A full review of the Residents' Guide is being undertaken in order that we meet all the requirements outlined in Article 21. We are awaiting further clarification from the Authority. A copy of the statement of purpose and function, complaints procedure and the last inspection report have been made available to residents and their families.	30/06/10

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard : Supplementary Criteria for Dementia-specific Residential Care Units for Older People	Continue to assess and develop the environment in the Alzheimer's Unit (Oak Unit) to bring it in line with dementia – specific residential care settings for older people.

Any comments the provider may wish to make:

Provider's response:

Our registration inspection took place over a two day period, 24 and 25 March 2010. All staff members found this to be a very intensive procedure but were very happy with the outcome and the content of this report.

It is very pleasing for our staff when you receive feedback from the inspectors that is positive and encouraging. This confirms for our staff members that their effort in caring for our residents is of a very high standard. Our aim at TLC is to provide a place for living which is supported by best practise.

We would like to acknowledge the input and support which we received from the families of our residents. We would encourage their continued involvement in helping us to provide the highest standards of care.

We would like to thank our inspectors for the way in which they conducted this inspection in TLC Maynooth. Again we would state that we look forward to continuing to work with the Authority in order to achieve and maintain the highest standards.

Provider's name: Dr. Liam Lacey, CEO
Date: 13 May 2010