



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

Issued by the Chief Inspector

Name of designated centre:	Tara Winthrop Private Clinic
Name of provider:	Tara Winthrop Private Clinic Ltd.
Address of centre:	Nevinstown Lane, Pinnock Hill, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	18 November 2024
Centre ID:	OSV-0000183
Fieldwork ID:	MON-0043997

About the designated centre

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

Tara Winthrop private Clinic is situated close to the village of Swords, Co Dublin. The centre provides nursing care for low, medium, high and maximum dependency residents over 18 years old. The centre is organised into five units made up of 136 beds of which 112 are en-suite bedrooms. There are eight sitting room areas and six dining room areas and at least 15 additional toilets all of which are wheelchair accessible. The centre is set in landscaped grounds with a visitor's car park to the front of the building. It is serviced by nearby restaurants, public houses, library, cinemas, community halls, the Pavilions Shopping Centre, a large variety of local shops, retail park and historical sites of interest and amenity such as Swords Castle, Newbridge House and Demense, Malahide Castle and Demesne.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	90
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 18 November 2024	09:00hrs to 16:45hrs	Sheila McKeivitt	Lead
Monday 18 November 2024	09:00hrs to 16:45hrs	Lisa Walsh	Support

What residents told us and what inspectors observed

Residents reported that the service provided to them was good and that they were happy living in the centre. All of the residents and visitors who were spoken with were complimentary of the staff. One resident informed the inspectors that 'staff were kind and caring', while a visitor said 'staff go above and beyond for all the residents'.

Inspectors were told by a number of residents and their relatives that there had been many positive changes made in the centre in the past few months, all of which had improved the quality of life of those who lived in the centre. One relative said the communication between staff and relatives had improved and they gave the example; 'that you didn't have to ask for a meeting' they were now invited to a meeting every few months to discuss the residents care needs. Another said 'the residents were put first, they got the information first, then the relatives, residents were prioritised in this centre'.

Relatives said the activities on offer had improved, residents were now brought from one unit to another for certain activities, this meant the resident's were moving about a lot more and were getting to know other residents living outside of their unit. Inspectors saw an activity schedule on display in each unit and noted that there was a good variety of group and one to one activities that residents could choose from. Inspectors observed residents participating in an exercise class in the morning and preparing to watch an old classical movie in the afternoon.

Residents had access to newspapers which they said were delivered to them daily. A number of residents were observed reading the daily newspapers in both their bedroom and in communal areas. Inspectors observed residents with communication needs being facilitated to communicate with loved ones using electronic devices.

Although the centre was over two floors, residents' were being accommodated on the ground floor only. Inspectors were informed that this was due to the lift being out-of-order. The lift service company could not repair the lift, a new part was required, it had been ordered and they were awaiting delivery of the part from abroad. The residents spoken with that had been accommodated on the first floor told inspectors that they were fully informed about the situation prior to being moved from their bedroom on a temporary basis. The lift was due to be fully repaired within one week of this inspection.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. Residents and relatives told inspectors that there were enough staff on duty to meet their needs. The inspectors observed that some residents were up and dressed participating in the routines of daily living. Staff were observed attending to residents' requests for assistance in an unrushed, kind and patient manner. It was

clear that staff were familiar with residents' care needs and that residents felt safe and secure in their presence.

The inspectors viewed all the treatment rooms and saw that new HBA-10 compliant clinical wash hand sinks had been installed in each of them. They also noted that the outside smoking areas had been revised and were now a safe place for residents to smoke. Handrails had been installed outside of Lambay and this area was now safe for residents to use. The front door had been connected to the fire alarm and the upgrading of the hoist storage area had been completed.

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, inspectors found significant improvements to the systems in place to monitor the quality of care provided to residents. Inspectors were assured that the residents were now supported and facilitated to have a good quality of life, and substantial improvements in regulatory compliance were observed.

This was an unannounced inspection which took place over one day by two inspectors, to assess ongoing compliance with the regulations and review the registered provider's compliance plan from the previous inspection in July 2024. The registered provider had been required to stop admissions from 10 June 2024 following significant issues identified during the previous three inspections in November 2023, June 2023 and March 2024. A completed application to reopen the designated centre to admissions (through the removal of condition 4) had been received by the Office of the Chief Inspector before the inspection, and this application was under review. Inspectors also followed up on a number of issues of concern received on different occasions from members of the public since the last inspection, in relation to, weight loss, care being provided, staffing arrangements and activities.

Tara Winthrop Private Clinic Limited, the registered provider, operates Tara Winthrop Private Clinic. The person in charge reported to the group regional manager, who in turn reports to the chief executive officer. It was evident that the person in charge was very well-known to the residents and they demonstrated a commitment to providing a good quality service for the residents. The three assistant directors of nursing (ADON) within the centre supported the person in charge in maintaining oversight of the care of residents. The group regional manager and ADON's were new to their posts and the person in charge had been in their position since March 2024. With that in mind, there was a need for enhanced focus on the support and development of the new management team. The person in charge also had oversight of a team of clinical nurse managers, nurses, healthcare

staff, activity staff, chefs, a catering and domestic team, administration, and maintenance staff.

The registered provider had audit and monitoring systems in place to oversee the service. Audits covering areas such as weight management, skin integrity, restrictive practice and falls were managed on a computerised system and fully implemented across all audits within the centre. Actions identified for quality improvement were assigned to a nominated person, with times for completion noted. Updates on these actions were then discussed in management meetings. The systems in place identified areas for quality improvement that enhanced the service delivered to residents. Weekly meetings were held with the person in charge and staff from all departments to discuss clinical and non-clinical operations.

A restrictive practice committee was now in place and regularly reviewed the restrictive practices in use within the centre. A monthly falls committee had also been established to ensure oversight of falls prevention. Monthly clinical governance meetings were taking place and attended by the registered provider. In addition, monthly local management meetings were taking place discussing areas of quality improvement required to meet the regulations.

On the day of inspection, there were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the 90 residents, taking into account the size and layout of the designated centre. The group regional manager position which had been vacant on the previous inspections had now been filled. On the day of inspection, there was four clinical nurse managers (CNM). Inspectors were informed that the vacant CNM's posts were in the recruitment process. To support clinical practice within the centre, a practice development nurse had also been recruited and inspectors were informed that they were due to commence their role in the coming months.

Staff had access to appropriate training and development to support them in their respective roles and a training schedule was in place. All staff had completed their mandatory training in safeguarding. While there were arrangements in place for staff to receive relevant training, some staff members were out-of-date with some of their mandatory training, for example, fire safety training. However, training dates had been scheduled for December for staff to complete this training. In addition to the mandatory training, the previous inspections had identified additional areas of training that was required following observations of staff practice. For example, in-person training for restrictive practice for all staff and training in antimicrobial stewardship and management of residents colonised with multi-drug resistant organism (MDROs) for all nurses. Some staff were yet to complete these, however, staff due to complete these areas of training were scheduled to attend in the coming months.

For residents who were receiving additional funding for services, the registered provider had implemented a calendar which was regularly updated to detail the services the residents were receiving which was aligned with the residents contracts. In addition, these residents care plans detailed the additional needs of the residents.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration
The provider submitted an application to remove a restrictive condition attached to the certificate of registration.
Judgment: Compliant
Regulation 15: Staffing
The inspectors reviewed the actual staff duty rotas and communicated with residents and their relatives. They found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.
Judgment: Compliant
Regulation 16: Training and staff development
<p>Staff had access to training and were appropriately supervised. All staff had completed their mandatory training in safeguarding. Five staff were out-of-date with their mandatory fire safety training, however, fire safety training was scheduled for December and they were due to attend.</p> <p>In the previous inspection the findings were that further training was also required in infection control, use of restrictive practices, and auditing, this was due to be completed by 31 October 2024 as detailed in the compliance plan from the last inspection in July 2024. All staff who audit any aspect of the service had received training in this area. All nurses had completed additional antimicrobial stewardship training. Four nurses had yet to complete the antimicrobial resistance and multi-drug resistant organism (MDROs) training, however, they were due to complete this training in November and December. 54 staff had yet to complete in-person training on the use of restrictive practice, with training dates set for November.</p>
Judgment: Substantially compliant
Regulation 19: Directory of residents

The registered provider had established a directory of residents which was made available when requested. It was compliant with Schedule 3.

Judgment: Compliant

Regulation 21: Records

The care plans for a small cohort of residents were reviewed and inspectors found that they outlined the additional items each resident was funded for and the content reflected what was stated in their individualised contract of care. In addition, there was a calendar in place which was signed off by each discipline when they provided additional funded care. A review of this calendar, one of which was available for each of resident receiving additional funded care, assured the inspectors that the residents were receiving care in accordance to in their contract of care.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had implemented a revised governance and management structure that identified the lines of authority and accountability, specified roles and detailed responsibilities to ensure effective oversight of the care of residents. This included, a chief executive officer, a group regional manager, Grace Healthcare (Holdings) Limited Ireland as a person participating in management, a person in charge, three assistant directors of nursing and a team of clinical nurse managers.

There were new management systems in place to monitor the effectiveness and suitability of the care being delivered to residents, which identified actions for quality improvement and enhanced the service delivered to residents. However, inspectors found that some of the actions identified from the previous inspections' compliance plan had not been fully addressed, as detailed in Regulation 16: Training and staff development.

On the day of inspection, in general, there was sufficient resources in accordance with the statement of purpose to ensure effective delivery of care were in place. However, the practice development nurse post, which had been vacant for a significant period of time was not in place. Inspectors were informed that this position had been recruited for and was due to commence in the coming months.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Actions identified on the last inspection were addressed and inspectors saw policies and procedures required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were reviewed, made available to staff and being implemented in the centre.

Judgment: Compliant

Quality and safety

The inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their care needs were being met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of resident and family involvement when residents were unable to participate fully in the care planning process.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours.

The premises was clean, tidy, warm and well lit. The layout of Shenick had been revised and the additional space of the old reception and new signage made it a less confined space and it appeared to be a more pleasant place to live.

The outstanding issues identified on the last inspection report were all followed up on and inspectors found that these had all been addressed as per the compliance plans response received.

The inspectors were assured that medication management storage systems were in place and that residents were protected by safe medicine storage practices.

Infection prevention and control practices had improved, staff had completed further training in this area and clinical wash hand sinks had been installed in the treatment rooms. There was evidence of good oversight of multi-drug resistant organisms

(MDRO) and antibiotic stewardship and residents with MDRO infections had detailed care plans in place.

Regulation 17: Premises

The issues outlined in the last inspection report had been addressed;

- The layout of Shenick had been reviewed. The door leading to the old reception area was opened and this area was accessible to residents. This increased the amount of communal day space available to them and residents were observed using this space throughout the inspection, mainly to take part in activities.
- Two communal rooms, one named day space room 2 and the dining room both in Shenick were not accessible to residents at different times of the day. There were restrictive locks on both these room doors however, these were removed prior to the end of the inspection.
- New temporary directional signage had been put in place throughout Shenick Unit, permanent signage had been ordered and was awaiting delivery.

Judgment: Compliant

Regulation 27: Infection control

The issues identified on the last inspection report had been addressed;

- Infection control practices had improved, staff were observed washing their hands in the clinical wash hand sinks accessible to them on the corridors.
- HBN-10 compliant wash hand sinks had been installed in each of the treatment rooms and plans in place to replace the hand wash sinks in each sluice room.
- The first aid boxes were all in date and there was process in place to check these monthly.

Judgment: Compliant

Regulation 28: Fire precautions

All the issues identified on the last report in relation to fire had been addressed in full. The inspectors saw that this work was complete during their walkabout the

centre and then reviewed records which provided further assurance that the work was fully complete.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management policies were implemented in practice. Medications were stored within each unit in a safe and secure manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were comprehensive and described the care required to meet the needs of residents. A comprehensive nursing and social care assessment was completed on all residents within 48 hours of admission. Continuous re-assessment of residents needs' was completed on a four-monthly basis or sooner if warranted.

Residents were regularly consulted with about their care needs and where a resident lacked capacity their care representative or next of kin was involved. Care plans were very person-centred and reflected the care provided.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behaviours associated with dementia or with mental health difficulties were assessed and there were appropriate interventions in place to support the residents. Residents had access to Psychiatry of Later Life to provide additional support if required.

Procedures were in place to ensure responsive behaviours (how people with dementia may express discomfort with their physical and social environment) were tracked, analysed and recorded in order to identify triggers. Staff had received training in responsive behaviours and displayed good knowledge of residents and how to respond appropriately. The care plans for responsive behaviours were detailed and person-centred. This enabled staff to anticipate certain behaviours and initiate pre-emptive actions before behaviours escalated.

A restraint free environment was promoted in the centre. The use of bed rails was in accordance with best practice guidance and was based on comprehensive assessment. Restraints were used as a last resort, the use of restraint was being reduced and was being closely monitored.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to meaningful activities. The activity schedule was displayed in each unit and residents were observed participating in group activities and person-centred activities throughout the day. There were five staff employed in this area of care with one or more on duty each day of the week.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tara Winthrop Private Clinic OSV-0000183

Inspection ID: MON-0043997

Date of inspection: 18/11/2024

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> <ul style="list-style-type: none"> • All five staff who were due for fire safety training have now completed the training in December. • Four nurses who were due to complete the antimicrobial resistance and multi-drug-resistant organism (MDROs) training have now completed. • 54 staff who were due to complete the in-person training on the use of restrictive practice training have now completed. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All five staff who were due for fire safety training have now completed the training in December. • Four nurses who were due to complete the antimicrobial resistance and multi-drug resistant organism (MDROs) training have now completed. • 54 staff who were due to complete the in-person training on the use of restrictive practice training have now completed. • The practice development nurse will commence the post on 10th February 2025. 	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2024
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	10/02/2025