



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

Issued by the Chief Inspector

Name of designated centre:	TLC Centre Santry
Name of provider:	TLC Spectrum Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	06 October 2023
Centre ID:	OSV-0000184
Fieldwork ID:	MON-0041646

About the designated centre

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

TLC Centre Santry is a designated centre located in north Dublin, registered to provide care for 128 men and women over the age of 18 years in single and twin bedrooms across four storeys. The ethos of TLC Santry is to promote an individualised person-centred approach to care for residents and their families who choose to live in the designated centre. TLC Centre Santry aim to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment. All staff encourage residents to maximise their independence, achieve their potential and maintain interests. We support residents to develop new friendships and participate in activities appropriate to their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	82
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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
Friday 6 October 2023	08:20hrs to 17:15hrs	Karen McMahon	Lead
Friday 6 October 2023	08:20hrs to 17:15hrs	Margo O'Neill	Support

What residents told us and what inspectors observed

Overall, residents reported that they felt safe in the centre and that staff were kind and helpful when providing support. Inspectors observed positive interactions between staff and residents and it was clear that the person in charge was well known and well respected in the centre. Residents told inspectors that they were happy with the care provided in the centre and that they never had to wait for help from staff. One resident reported that staff were 'all down to earth'.

On the day of inspection inspectors were met by the assistant director of nursing, who guided them through the sign-in procedure. After a brief introductory meeting with the person in charge and the assistant director of nursing, the person in charge escorted the inspectors on a tour of the premises. The premises was laid out over five floors including a basement level, that was not in use, which also had an adjoining area where the kitchen and laundry were housed.

There were sitting rooms and a dining room on each floor. Over all these were found to be pleasant spaces which were nicely decorated and contained focal points of faux fireplaces, pianos and other items of interest. There was appropriate furniture in these rooms to support residents' independence and freedom of movement. Inspectors noted that some items of furniture such as tables and chair legs had cracked laminate finishes and so could not support effective cleaning.

Residents had personalised their rooms with photographs and personal possessions. Bedrooms were observed to be bright and spacious. However, the general up keep and maintenance of the rooms was observed to be poor. There were many areas of chipped/worn paintwork as well as damaged doors and skirting boards. Old water stains were also noted in the ceilings of some rooms.

An oratory was located on the ground floor of the centre. This was a calm and relaxing space. There were religious images hanging on the walls such as the Stations of the Cross and the person in charge informed inspectors that an electrical candle stand had been acquired recently for residents to enhance the space further and so that residents could light candles when spending time in the oratory.

The enclosed external garden and courtyards were well-maintained with level paving, colourful comfortable seating and shaded areas. Inspectors observed however that parts of this area were littered with cigarette ends. The garden had a smoking cabin, this had a call bell, fire extinguishers and fire blanket however inspectors noted that the bin for disposing of cigarette ends had a plastic liner, creating a potential fire hazard.

Inspectors spent time observing meal times and saw that these were relaxed and unhurried. Residents took their meals where they preferred, either in their bedrooms or in one of the many dining rooms throughout the centre. Inspectors saw that there was sufficient staff available to provide support to residents who required

support at meal times. Inspectors observed that staff sat with residents and provided discreet, patient centred care and support . Inspectors saw that staff were familiar with residents' needs and knew residents well, with conversation and light hearted jokes occurring between staff and residents. All residents reported that the quality, taste and choice of food on offer in the centre was very good. The food was freshly cooked on-site daily and residents were offered two hot options at lunch time and three at supper.

Residents' family and friends visited residents in the centre throughout the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors who spoke to inspectors were very complimentary of the service provided to their loved ones and were grateful for the kindness and care from staff.

Inspectors observed that the centre's updated complaints procedure was displayed throughout the centre for resident and visitors' information. Residents reported that they could bring any issue that occurred to any staff member but especially the person in charge. Information boards around the centre also informed residents about the weekly activity schedule, advocacy services and various health services.

The general up keep of the premises was observed to be poor throughout the building. Many areas were seen to require paintwork and much of the carpentry in the building needed repair or replacement. Cleaning practises in the centre were also seen to need improvement with inspectors observing many unclean areas in the centre.

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

Capacity and capability

Overall, the provider aimed to provide a good service and to support residents living there to receive a good standard of quality care. Residents' health care needs were well met, however, this inspection found that the registered provider had not ensured that the governance systems were effective in overseeing that a safe service was continuously provided for residents living in the designated centre. Significant action was now required to bring the centre into regulatory compliance and to strengthen governance and management systems and the oversight of premises and fire safety.

This was a one day inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

2013 (as amended).

The centre is operated by TLC Spectrum Ltd., who is the registered provider. There was a person in charge who was responsible for the oversight of the day-to-day running of the centre, including the health care and social needs of the residents. The person in charge was supported in their role by an assistant director of nursing, clinical nurse managers and clinical staff, including nurses and health care assistants. Other staff also included activity co-ordinators, household and catering staff. Members of the providers regional operation team also provided support to the centre.

Schedule 5 policies and procedures were provided to inspectors. All had been updated at intervals not exceeding three years. There was a current and valid contract of insurance against injury to residents in place.

The registered provider had updated the centre's complaints policy and procedure to reflect the recent amendments to the regulations that had occurred in March 2023. The policy detailed the complaint procedure and the timelines within which complaints would be processed and dealt with. A named complaints officer and identified review officer were identified in the policy and procedure. Inspectors observed that there was written information available for residents regarding advocacy services throughout the centre and in the residents guide. A sample of records of complaints received were well documented with clear records of investigations and steps taken by management to address issues brought to their attention. Records were maintained separate to residents' care records.

The centre has an attached restrictive condition to the registration which requires the registered provider to renovate and reconfigure all 21 twin bedrooms to ensure that all residents have not less than 7.4 m² of floor space, with in which area shall include the space occupied by a bed, a chair and personal storage space by 30 June 2023. This deadline had passed by three months at the time of inspection and inspectors found that renovation and reconfiguration works had not yet commenced and a time bound action plan was not available on the day of the inspection. Twin bedrooms were observed to be set up as single occupancy bedrooms however should two residents be accommodated in these rooms their rights to privacy dignity and autonomy would not be supported due to insufficient space and layout of the rooms.

Inspectors reviewed governance and management arrangements regarding the risk of fire. Inspectors found that checks were being carried out on a daily, weekly and monthly basis, which were not identifying areas of action to be taken by the provider. For example, large gaps around fire doors were identified and some doors were not closing appropriately on release of the door holder. These items are discussed further under regulation 23 Governance and management and regulation 28 fire precautions.

Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 86 residents living in TLC Centre Santry at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents living TLC Centre Santry.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to comply with condition 4 of their registration. Inspectors found that the compliance plan put forward and agreed to by the provider regarding the upgrade of the premises had not been met within the time frame specified.

Furthermore, the registered provider had failed to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The system of auditing in place was not robust enough to provide adequate detail and action plans to minimise risks identified in the centre. Daily, weekly, monthly and yearly checks did not provide assurance that the management systems in place at the centre were effectively monitoring fire safety devices. Numerous fire doors throughout the centre had large gaps around them, were not closing effectively, or did not close on release of the holder. This was not being picked up on the weekly fire door checks. Further information is detailed under Regulation 28, Fire Precautions.
- Oversight of the maintenance of the premises was not robust, inspectors found that there were several areas throughout the centre that had sustained heavy wear and tear and required attention. Furthermore accommodation audits provided to inspectors were found to be ineffective and had not

identified the issues identified by inspectors
Judgment: Not compliant
Regulation 34: Complaints procedure
The complaints policy and procedure had recently been reviewed and updated to reflect the recent regulatory changes. Relevant complaints training was also planned in the days following the inspection for the nominated complaints officer and the review officer.
Judgment: Compliant
Regulation 4: Written policies and procedures
All required policies and procedures as set out in Schedule 5 of the regulations were available to inspectors. All had been updated at intervals not exceeding three years.
Judgment: Compliant
Quality and safety
<p>Overall residents appeared happy living in the centre and their health, social care and spiritual needs were well catered for. Residents were well supported by staff and were able to choose how they spent their day. However, the registered provider had failed to identify significant fire safety risks in the centre. Furthermore, the provider had also failed to adequately address the findings of the previous inspection, to improve the quality and safety of residents living in the centre.</p> <p>The registered provider had prepared a comprehensive resident information guide to clearly outline information regarding the designated centre. All details required under the regulation were clearly detailed.</p> <p>Visiting arrangements had returned to pre-pandemic arrangements. There was an open visiting policy and visitors were observed attending the centre throughout the inspection. Residents could receive their visitors in the privacy of their bedrooms or</p>

in a private visiting room as required.

Residents reported positively regarding the food on offer in the centre and inspectors found that residents' nutritional and hydration needs were being met. Residents' nutritional status was assessed every month and health care professionals, such as general practitioners, speech and language and dieticians, were consulted when required.

Residents had access to adequate storage and lockable spaces to store personal possessions. Laundering of residents' clothing was provided on site.

Notwithstanding the provider's efforts to ensure fire safety in the designated centre, the inspectors found that the registered provider had not taken all adequate precautions against the risk of fire and containment of fires, in the event of a fire. Significant containment issues were found throughout the centre. This is further discussed under regulation 28: Fire precautions.

Inspectors found that arrangements in place at the centre to keep the premises in a good state of repair, were not identifying and addressing issues. For example significant improvements were required in respect of premises and infection prevention and control. Many surfaces and finishes of items of furniture, wall paintwork and flooring were worn, chipped or cracked and as such did not facilitate effective cleaning. This was a repeat finding from the previous inspections.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely in the centre. Where specialist communication aids were required residents had access to appropriate services. Care plans adequately reflected the needs of the resident.

Judgment: Compliant

Regulation 11: Visits

There was an open visiting policy and arrangements in place to allow visitors to attend the centre to visit residents throughout the day. There were a number of quiet and private spaces available for residents to receive their visitors and guests other than their bedroom should they require it.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Laundering of residents' clothing and used linen was completed on site and there was system in place to ensure that residents clothing was labelled to ensure they were safely returned from the laundry.

The registered provider was the nominated pension agent for five residents. Records provided to inspectors were clear and transparent and safely maintained.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that the registered provider had failed to take the appropriate action required to ensure that the premises was kept in a good state of repair internally, in line with the requirements of schedule 6 of the regulations. As previously identified on the last inspection. There were numerous areas of wear and tear seen within the décor of the centre. For example flooring in bedrooms and toilets, day rooms and corridors were badly marked, there were multiple areas of chipped paintwork any many door frames and skirting boards were badly damaged. There was also historical leaks marks in areas of the ceiling.

The registered provider had also failed to address issues with multiple occupancy bedrooms, as per condition 4 of their registration. The purpose of which was to ensure that residents had appropriate space and could access their belongings in private, as many rooms had one wardrobe which residents had to share.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. Choice was offered to residents at mealtimes and residents were provided with adequate quantities of wholesome and nutritious food. There were adequate staff available to

meet the needs of residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide had been prepared in writing and was provided to all residents. This was found to be comprehensive and included all information as outlined by the regulation.

Judgment: Compliant

Regulation 27: Infection control

The management of the environment did not minimise the risk of transmitting a healthcare-associated infection. This was evidenced by;

- One communal bathroom was found to be unclean and was being used to store items of equipment such as hoists. Inspectors identified however that the cleaning schedule in the bathroom was found to be ticked off as having been cleaned and completed for that day. This indicated that cleaning processes and oversight were ineffective.
- Damage from wear and tear continued to impact negatively on the centre, especially bedrooms and bathrooms on the third floor. Surfaces and flooring were worn and poorly maintained, bathrooms tiling was cracked, there were small holes in walls and grout was stained. This did not facilitate effective cleaning.
- Inspectors found that in some parts of the centre the floors were sticky. This indicated that the cleaning process for floors required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors were not assured that the registered provider had taken all reasonable actions to ensure that residents were appropriately protected from the risk of fire. Inspectors identified the following areas that required action to ensure that

adequate fire safety precautions were in place;

- Inspectors tested several sets of fire doors throughout the centre and found that all were inadequate at providing safe containment and protection against the spread of fumes, smoke and flames in the event of a fire. Inspectors observed large gaps under and between these fire doors. Many of these doors when released swung loose in a rapid and dangerous manner potentially posing a risk to residents, staff or others who maybe in close proximity when these doors released. This had not been identified by management on monthly local checks recorded as having been completed. This posed a significant risk to containment of fire and smoke in the event of a fire. Furthermore several fire doors had been fitted with handles and/or magnet locking devices, leaving holes in the doors that affected the fire protection purpose of the doors.
- Inspectors observed several holes in walls and the ceiling of one sluice room where service pipes passed through and one gap in a ceiling in the basement which had not been adequately sealed, in order to adequately protect against the spread of fire, smoke and noxious fumes in the event of a fire.

Inspectors also found that there was no effective management systems in place for the oversight of fire safety in the basement of the building. For example:

- Inspectors found that ceiling tiles had been removed in some areas of the basement, these were replace on the day of inspection.
- A locked room in the basement was found to have a collapsed area of ceiling. This had not been identified by the registered provider.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for TLC Centre Santry OSV-0000184

Inspection ID: MON-0041646

Date of inspection: 06/10/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Revised daily, weekly and monthly audits which include visual inspection of the fire alarm, fire equipment and completion of daily maintenance tasks has been introduced. This will be carried out by the maintenance staff and documented in the Fire Register. The Person In Charge and Maintenance Manager will ensure completion of same. This is in effect from 27 October 2023. 2. The weekly alarm bell test completed by the maintenance team will verify the integrity of the fire alarm system and processes. This was introduced immediately following the inspection. 3. A monthly room audit is carried out by the maintenance team with a core focus on environment. The oversight of actions to address findings of this inspection will be the responsibility of the Person in Charge and will be monitored in the monthly Clinical Governance Meeting by the Regional Director. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. A new end of day sheet has been introduced for onsite maintenance staff to clearly identify tasks completed and escalated. This sheet is sent to the Facilities Manager and Person In Charge for oversight. This end of day sheet is implemented since 27 October 2023. 2. A monthly room audit is carried out by the maintenance team with a core focus on environment. The oversight of actions to address findings of this inspection will be the responsibility of the Person in Charge and will be monitored in the monthly Clinical 	

Governance Meeting by the Regional Director.

3. Six rooms have been identified to be configured as twin occupancy. Three of these rooms are on the ground floor and three on the top floor. Works will be completed as rooms become vacant. All other rooms will remain as single occupancy. The room configuration will bring registered capacity to one hundred (100). An application to vary the registration accompanied by an updated SOP and revised floor plans was submitted on 23 October 2023 to reflect the proposed change.

Regulation 27: Infection control

Substantially Compliant

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

1. The training and supervision of housekeeping staff will be enhanced to include further training on cleaning methodology, use of chemicals for floor cleaning and the importance of accurate documentation of cleaning schedules. This will be undertaken by the Housekeeping Manager and overseen by the Person In Charge and completed by 30 November 2023.
2. A planned schedule of work to improve the condition of surfaces on the third floor has been scheduled. This will be completed by 31 December 2023.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. External contractors have been employed to review & correct fire doors within the building and rectify any uncompleted fire compliance works; this will be completed by 30 November 2023.
2. Revised daily, weekly and monthly audits which include visual inspection of the fire alarm, fire equipment and completion of daily maintenance tasks has been introduced. This will be carried out by the maintenance staff and documented in the Fire Register. The Person In-charge and Maintenance Manager will ensure completion of same. This is in effect from 27 October 2023.
3. The findings in relation to ceiling tiles in the basement and wall in the sluice room has been resolved by 24 October 2023.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2023
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.	Not Compliant	Orange	26/10/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2023