<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Gormanston Wood Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000131</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Gormanston, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 841 4566</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:gormanston@trinitycare.ie">gormanston@trinitycare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Costern Unlimited Company</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>87</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 August 2018 10:00</td>
<td>14 August 2018 16:30</td>
</tr>
<tr>
<td>15 August 2018 08:30</td>
<td>15 August 2018 13:30</td>
</tr>
</tbody>
</table>

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was an unannounced inspection conducted by one inspector over two days. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspector reviewed the providers self assessment and policy documents submitted prior to the inspection. The inspector followed up on notifications, information received and three action plans from the last monitoring inspection which took place in September 2017. All three action plans had been addressed.

39 residents in the centre had a diagnosis of cognitive impairment, alzheimers disease or dementia. The centre has an nineteen bedded dementia specific unit.

The governance of the centre was strong. This is reflected in the high standard of
compliance on this inspection. Complaints were well managed by the management team.

The inspector found the health and social care needs of residents with dementia were met. The environment had been decorated to meet the needs of residents with dementia. The layout enabled residents with dementia to wander inside and outside independently and safely. Residents with dementia had choices in relation to all aspects of their life and their personal choices were respected by all staff. Activities focused on the needs of those with dementia. Staffing levels and skill mix were appropriate to meet the needs of residents' with dementia. Staff had received training in caring for residents with dementia and how to manage behaviours that challenge. The interaction of staff with residents was overall positive.

The management submitted an improvement plan on their self assessment and had already put plans in place to make improvements where necessary. As the centre was found to be compliant in the provision of care to residents' with dementia there are no actions plans to be addressed.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The health and social care needs of residents were met.

Residents had access to medical and allied health care professionals. They had chosen a general practitioner to care for them who was accessible to them when required. Residents also had access to a geriatrician and a consultant psychiatrist of older age. There was no delay in referring residents for assessment to any of the allied health care team members. The inspector saw evidence of referrals made, assessments completed and recommendations made in resident files. There was evidence that all residents had a full medical review every four months, medications, including psychotropic medications were included in these reviews.

The action plan from the last inspection relating to the recording and checking of controlled medications had been addressed. The inspector reviewed the procedure followed, checked the count and records of controlled medications on two of the four units and found that they reflected best practice and were in line with the local policy.

Residents had a pre-admission assessment on file and comprehensive assessments completed on admission. Those reviewed reflected the resident's individual needs. Care plans were in place to reflect the care required to meet needs identified. The care plans were person centred. Assessments and care plans were updated on a four monthly basis with input from the resident and their family.

Staff provided end of life care to residents' with the support of their general practitioner and the palliative care team if required. Residents had their end of life preferences recorded. Those reviewed reflected the resident's wishes and preferred pathway at end of life care. They were detailed and included input from the resident, their family and general practitioner. This preferred care pathway was reflected in a end-of-life care plan. Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.
Residents nutritional needs were met and they were supported to enjoy the social aspects of dining. Inspectors saw table settings in the dining room promoted independence. Residents' were given the choice as to where they wanted to eat their meals, their choice was respected and facilitated by staff. The menu provided a varied choice of meals to residents, those with a diagnosis of dementia had the same choice as other residents. Residents had access to fresh drinking water, snacks and hot drinks throughout the day. Residents who required support at mealtimes were provided with timely assistance from staff. They had a malnutritional risk screening tool (MUST) completed on admission and this was kept under review. Residents were routinely weighed on a monthly basis. Those with nutritional care needs had a nutritional care plan in place. The inspector saw that residents likes, dislikes and special diets were all recorded and known by both catering and care staff.

**Judgment:**
Compliant

---

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Measures to protect residents with dementia from harm or abuse were in place. Residents who spoke with inspectors said they felt safe in the centre. There was a policy and procedure in place for the prevention, detection and response to abuse. There was evidence that reported incidents were investigated in line with this policy. Staff who met with inspectors had a good knowledge of what constituted abuse and they all had up-to-date refresher training in place. The management team confirmed that all staff had been garda vetted. The centre was a pension agent for a small number of residents. The practice reviewed reflected the centres policy. The pensions for these residents were lodged into a residents' account.

The centre was moving towards a restraint free environment. This was reflected in the low use of restraint and the high use of alternative non restrictive equipment. Residents with bed rails in place had assessments completed, these stated what alternative s were trialled prior to bedrails being used. Residents had care plans in place to reflect the care provided when using bedrails and lap belts as a form of restraint.

Staff spoken with had good knowledge of residents displaying behaviours that challenge. They knew the triggers, diversion therapies and medicinal treatments for individual residents and these were reflected in a sample of care plans reviewed.

**Judgment:**
### Outcome 03: Residents' Rights, Dignity and Consultation

#### Theme:
Person-centred care and support

#### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

#### Findings:
Residents privacy and dignity was respected. They had choice in relation to how they lived their life. They had access to a variety of activities that focused on the needs of residents with dementia.

Residents with dementia had access to advocacy services. There contact details were available on the residents notice board and in the statement of purpose. Residents with dementia and their relatives contributed to the running of the centre. Minutes and attendance at monthly resident meetings lead by the activities staff reflected this.

The inspector completed an observational study on three separate occasions over the two day inspection. Staff including, nurses, care assistants, catering and household were observed treating residents with respect. The level of communication overall was positive and meaningful.

Residents privacy was respected, they received personal care in their own bedroom or a bathroom which could be locked. There were no restrictions on visitors and residents could receive visitors in their own bedroom or in either of the many communal sitting rooms.

All residents were registered to vote. They were facilitated to vote within the centre or at the local polling station. Residents confirmed that their religious needs were met. Mass was said in the centre on a frequent basis.

There was wide variety of dementia focused activities available to residents. The activities staff had completed training on the delivery of a number of activities specifically focused on meeting the needs of residents with dementia. Activities scheduled and observed during this unannounced inspection included a sonas session being delivered by a trained practitioner, ball games and music with a banjo player. Resident with dementia were actively involved in all these activities. Other non-group activities observed being delivered included reflexology therapy, bio energy therapy, walks to the beach located across the road from the centre and nail painting.

Residents had access to daily newspapers and residents in single bedrooms had their own television those in twin bedrooms shared a television.
**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The complaints of each resident with dementia, his or her family, advocate or representative, and visitors were listened to and acted upon.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the centre. Residents with dementia and their relatives told the inspector that they would complain to the clinical nurse manager in charge in the dementia specific unit, the person in charge or any of the staff. A review of complaints recorded to date showed that they were all dealt with promptly by the person in charge who was the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process. Complaints were discussed at management meetings and were analysed in detail on a quarterly and annual basis.

**Judgment:**
Compliant

---

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were appropriate staff numbers and skill mix to meet the assessed needs of residents with dementia and for the size and layout of the centre. Extra staff nurse hours had been put in place at night time, this change had been implemented in response to an action plan on the previous inspection report.

There were effective recruitment procedures in place. A sample of staff files reviewed
contained all the required documents outlined in schedule 2. A sample of staff nurses files checked had an up-to-date registration with the relevant professional body in place and a copy of annual staff appraisals were available for review.

Staff had up-to-date mandatory training in place, including fire and fire evacuation, and safe guarding vulnerable residents. The assistant director of nursing had completed a masters in dementia care and was a dementia care trainer. The clinical nurse manager who was responsible for managing the dementia specific unit had completed training titled dementia champion in 2017. A significant number had attended training on providing care to dementia residents and on how to manage residents displaying behaviours that challenge.

A volunteers file reviewed contained an outline of evidence that they had garda vetting in place and the fact that they worked with activities co-ordinator when in centre.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The location, design and layout of the centre is suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. The issue identified on the last inspection in relation to the size of one twin bedroom had been addressed. This bedroom was meeting the needs of both residents.

The provider representative and a second director of the company had attended a three day course on developing a dementia friendly environment. They had invested in the interior design of the dementia specific unit to ensure it was dementia friendly. The inspector was informed they had plans to role out this design to the remaining three units in the centre.

The layout and design of the dementia specific unit provided a good standard of private and communal space and facilities. Residents and visitors were observed enjoying the different indoor and outdoor spaces provided in the dementia specific unit. They could independently access the outdoors as there were two enclosed safe courtyards accessible to them from the dementia specific unit. The environment was bright, clean and well maintained throughout. Hand rails were available on both sides of the corridors and residents were observed mobilising independently using them as support. Residents in the second unit reviewed had access to a similar environment.
Residents in the dementia specific unit were facilitated to find their way independently by the use of colour and signage. Bedrooms doors were painted in a colour selected by the resident, they looked like a front door of ones home and facilitated residents to recognise their bedroom. Colour was used in communal toilets, toilet seats and hand rails were coloured red and the doors were bright with a large picture of a toilet. This enabled residents to find their way to these facilities independently. The signage in the centre was good. Each communal room was well signposted on corridors and outside the actual room.

Bedrooms were comfortable, had adequate wardrobe space and storage for personal possessions. There were a mixture of single and twin rooms, some were ensuite. There was an assisted toilet close to the sitting and dining room areas. There was a functioning call bell in all bedrooms, bathrooms and in communal areas.

The centre and its grounds were maintained to a good standard. The inspector observed a high standard of cleanliness throughout, and residents and relatives expressed satisfaction with the facilities provided and with the standard of maintenance and cleanliness.

**Judgment:**
Compliant

---

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**
Sheila McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority