<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Youghal and District Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000307</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Gortroe, Youghal, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>024 90 280</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:youghalnursinghome@eircom.net">youghalnursinghome@eircom.net</a></td>
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<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>Gortroe Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</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>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>54</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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
From: 14 December 2017 12:30
To: 14 December 2017 18:45
15 December 2017 10:30
15 December 2017 16:30

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>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially 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>Compliance demonstrated</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Notification of Incidents</td>
<td></td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection
This unannounced inspection by the Health Information and Quality Authority (HIQA) sets out the findings of a thematic inspection which focused on the care of residents with dementia in Youghal and District Nursing Home. In preparation for this inspection management staff had attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to dementia care.

During the inspection the inspector met residents and staff and observed practice using a validated observation tool. Documents were reviewed such as policies, training records, care plans, staff files, complaints log and minutes of residents'
meetings. Overall, the inspector found that there was a welcoming, warm atmosphere throughout the centre. The home was clean and well furnished. Residents told the inspector that they were very happy in the centre and were very complimentary of the food, the staff and the social interactions. Staff spoken with by the inspector were knowledgeable about residents' life stories and their care needs. They were observed caring for residents in a respectful manner. The person in charge and the management staff demonstrated a commitment to the delivery of person-centred care and continuous improvement. They were aware of the regulations and associated HIQA standards.

The centre was found to be in substantial compliance with regulations. Some actions necessary to ensure full compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016 were detailed in the action plan at the end of this report.
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

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<td>Safe care and support</td>
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Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.

Findings:
Residents were assessed by a member of the management team prior to admission to ensure that the service was suitable to their needs. The inspector reviewed a number of care plans for residents with dementia and observed that there was a comprehensive assessment carried out following admission. The assistant person in charge explained the importance of this assessment to ensure that the centre had the capacity and the capability to care for the specific needs of any person with dementia. Residents and relatives, where appropriate, were involved in developing and reviewing the care plans.

The inspector found that there was a good quality of care provided to residents. This was monitored and audited on an ongoing basis. Residents' healthcare needs were met through timely access to medical treatment. The centre accessed the services of local general practitioners (GPs) who visited the centre as required and conducted three-monthly medicine reviews including review of psychotropic medicine. Evidence of this was viewed in residents' files. Residents confirmed that they had ready access to their own GP. The services of allied healthcare professionals were availed of; including speech and language therapy (SALT), dietitian, mental health, palliative, dental, optician, chiropody, physiotherapy, occupational therapist (OT), public health nurses and geriatricians. Clinical assessments using standardised evidence-based tools were undertaken on all aspects of care needs including cognition and skin integrity. Documentation and correspondence around discharge, admission and transfer were viewed by the inspector. These were found to contain relevant information about the specific diagnosis and needs of each resident with dementia. However, a number of care plans were yet to be reviewed within the four-monthly regulatory time-frame. The assistant director of nursing explained that new plans were being developed and said that this omission was a transitional problem which would be resolved when all the new information had been inputted into the computerised system.

Nursing staff undertook manual handling evaluations, monthly recording of residents' weight and blood pressure checks. The assistant person in charge informed the inspector that required and annual blood tests were completed and records confirmed this. Minutes of residents' meetings indicated that staff discussed food choice and access to regular exercise with residents as part of a health promotion ethos.
The policy to support end of life care was detailed and comprehensive. Advanced care plans were being developed and these set out residents' preferences. There was weekly mass in the centre and residents were facilitated to receive Communion also. Specialist palliative services were available and subcutaneous fluids would be offered if deemed clinically necessary in an effort to minimise transfer to hospital.

There was a policy in place for the monitoring and recording of nutritional intake and this was seen to be implemented in practice. The MUST (Malnutrition Universal Screening Tool) was used by staff to check if any resident was at risk of malnutrition. The inspector sat with residents while they were being offered their choice of meals at dinner time and observed that food was well presented. Residents stated that there were a variety of courses available at dinner time and that there was a choice of two main courses and desserts. A number of family members were seen to support their relatives with meals. There was access to drinks throughout the day. Modified diets were stated to be appetising by one resident.

Nursing staff were found to be familiar with the policies in place for the management of medicines. The inspector reviewed medicine documentation and records of controlled medicines and these were found to be in line with relevant professional guidance for nurses. Medicine management was subject to audit. Psychotropic (mind altering, sedative) medicines were subject to internal controls and when PRN (when required) psychotropic medicines were administered the rational for this was documented. There was good pharmaceutical support available and staff had attended regular training in medicines management.

Effective care plans and communication plans had been developed to guide staff in supporting residents with dementia. Residents who exhibited episodes of the behaviour and psychological symptoms of dementia (BPSD) were supported by the use of the ABC (antecedent, behaviour and consequences) chart. This was used to identify the cause and outcome of each behaviour episode. Distraction techniques and walking therapy were outlined for relevant residents. The inspector observed that residents with dementia had long periods of contented behaviour and they displayed a sense of wellbeing by smiling and interacting with each other and with staff. The environment in the centre was stimulating and spacious with plenty of objects to engage and interest residents. The inspector heard a resident playing the piano, with great recall of Christmas carols, in preparation for the Christmas party.

All grades of staff fulfilled a role in meeting the social needs of residents and the inspector observed that staff communicated effectively with residents with dementia including those who experienced BPSD. Staff had been afforded a range of training opportunities including dementia training courses which outlined effective communication strategies.

Judgment:
Substantially 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:
There was an updated policy on the prevention of elder abuse in place with referenced best evidence based practice and relevant national policy. Staff with whom the inspector spoke demonstrated their knowledge of the constituents of abuse. There was an ongoing program of relevant training which staff had attended. Staff recruitment procedures were robust and induction training was documented in staff files. According to the person in charge all staff had Garda Siochana vetting in place prior to employment in the centre in compliance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

There was a policy on the care of residents who had dementia including those who experienced BPSD. Staff spoken with were familiar with residents' usual behaviours and could describe particular interventions which suited individual residents. During the inspection the inspector observed that staff interacted with residents in a sensitive and appropriate manner.

The inspector found that the culture of care promoted a restraint-free environment. There was a restraint register in place to document and check bedrails when in use. Consent for bedrail use had been signed and the inspector viewed the risk assessments which had been undertaken prior to their use. The inspector was informed that alternative measures such as low-low beds, cushioned mats and bed alarms were in use.

Residents' finances were managed with care. There was a policy on residents' accounts and personal property in the centre. The inspector reviewed the system in place to manage residents' money and found that it was sufficiently comprehensive to ensure transparency and accountability. Any financial transaction record was signed by the resident and co-signed by a staff member. Residents could access their money when required. The centre acted as pension agent for a small number of residents and this was managed appropriately with clear records maintained.

Judgment: Compliant

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:
The inspector found that staff were aware of the individual needs and choices of residents. Life story information underpinned individualised care for residents. The inspector observed that residents were supported to maintain their independence. A wide variety of social and recreational activities was available. Family involvement was encouraged. Residents told the inspector that their relatives were always welcome in the centre. The inspector met with a number of relatives who were visiting on the days of inspection. They praised the staff and the care available to residents. They stated that they could bring concerns to the management staff and they expressed confidence that any concerns would be addressed.

The person in charge informed the inspector that residents with dementia were consulted with and participated in the organisation of the centre by attending resident meetings. Where this was not possible advocacy services were available. Residents with dementia were enabled to make choices with support from their personal representatives and staff. The inspector reviewed the minutes of residents' meetings and found that a wide range of topics were discussed. Issues were addressed and discussed at the following meeting. In addition, there were resident surveys carried out. Menu choices including seasonal changes were discussed with residents.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with the sense of freedom they experienced to walk around the centre. A small number of residents had unrestricted, independent access to the front gardens. The person in charge informed the inspector that some outside areas were not suitable for residents who might abscond due to the effects of their cognitive impairment. Where any such resident was accommodated in the centre a risk assessment was undertaken prior to admission. According to the person in charge residents with dementia were enabled to access the external enclosed garden areas while those who wished to walk out the front were accompanied outside by staff or relatives, weather permitting.

Photographs were on display which had been taken at events and celebrations both inside and outside the centre. There were a number of areas where residents could meet visitors in private. On the day of inspection visitors were observed spending time with residents in the dining room, in the bedrooms, in the tranquillity room and in the sitting rooms. There was a variety of activities available to residents in the centre which were organised and facilitated by two activity coordinators who spoke with the inspector. They explained that the weekly activity schedule included music, outings, board games, matches, arts and crafts, gardening, newspaper reading, religious activity, Sonas, balance exercises and chair-based exercise. They informed the inspector that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. The activity coordinator spent time with these residents facilitating for example, music sessions, religious service on TV, rosary and hand massage. Documentation to this effect was seen in residents' care plans.

Life story information included details of residents' individual interests, level of communication, preferences and background. These life stories informed the activity
plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their privacy. There was a detailed communication policy in place that included strategies for effective communication with residents who had dementia.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. At intervals during the inspection the inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the sitting room areas and in the dining room in the centre. Each observation lasted a period of 30 minutes. The inspector evaluated the quality of interactions between carers and residents with dementia. In the sitting room interactions were positive and meaningful. The room was decorated in a beautiful manner for Christmas. Residents remarked on the grand Christmas tree and the lit-up motorised "Christmas toy-town" display in the hall, arranged by the person in charge. Staff were seen related to residents in a calm and engaging manner. Residents were referred to by name and there was eye contact between residents and staff members. Staff engaged in social conversation and encouraged residents to join in singing and chatting. Small warm blankets were provided on request to a number of residents for added comfort. Tea was offered and the atmosphere was calm but lively. Visitors were present with residents and their presence added to the wellbeing of residents who appeared delighted to see them visiting. In the dining room when dinner was served to residents with dementia staff were seen to engage positively and attentively while carefully supporting those who required help with meals. A third observation took place during the evening rosary time. 19 residents were present and all joined in the prayers being said. Residents with dementia were included in all these events. Where a resident was noticed to become restless a staff member intervened to support the resident. The overall evaluation of the quality of interactions during the observation periods was one of positive, connective care.

Advocacy services were advertised and had been accessed for some residents.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**

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

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

**Findings:**
The inspector viewed the concerns and complaints logs, which were maintained on the electronic record-keeping system. Complaints, actions taken and outcomes were documented and feedback was given to the complainant. In most cases, the satisfaction
or not of the complainant was recorded, as required under Regulation 34. Where this
had not been recorded the complaint was still under investigation.

However, the content of one complaint indicated that a notification should have been
sent to HIQA following the events. This was addressed under Outcome 12: Notifications.

**Judgment:**
Compliant

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**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:**
A sample of staff files was reviewed. The inspector found that regulatory documentation
was in place as required under Schedule 2 of the Health Act 2007 (Care and Welfare of
Residents in Designated Centres for Older People) Regulations 2013. Current registration
with the relevant professional body was in place for nurses. Staff files demonstrated that
annual staff appraisals were undertaken at regular intervals. Files were maintained in
good order.

Systems of communication were in place to support staff with providing safe and
appropriate care. There were handover meetings each day to ensure good
communication and continuity of care for residents. The inspector found staff to be well
informed and knowledgeable regarding their roles, responsibilities and residents’ needs.
The inspector observed that residents were familiar with staff members and engaged
easily with them in personal conversations. Residents and relatives, spoken with, were
positive about the communication they experienced with all members of staff.

The number and skill-mix of staff on the day of the inspection appeared adequate to
meet the assessed needs of residents. Staff spoken with by the inspector stated that
they were generally happy with the staffing levels on both day and night duty. Staff
rosters were in place and staff induction training and probation meetings were
undertaken. Staff had been afforded mandatory and appropriate training.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre was spacious and suitable to accommodate the needs of the residents who resided there. Conservatory-type sitting rooms were located at the end of each hallway upstairs. These were equipped with bookshelves, lamps and large picture windows looking out over the surrounding countryside. One of these rooms had been converted into a hairdressing salon. This was in constant use throughout the inspection as residents were preparing for the upcoming Christmas party. Overall the premises was modern, well-designed and furnished to a high standard of comfort. The communal rooms were nicely carpeted and a piano was available for the use of residents and relatives. The premises were very fresh and clean.

Residents had been provided with large wardrobes and bedside lockers in which to store their personal belongings. Bedrooms were all single occupancy en-suite rooms and were seen to be personalised, warm and comfortable. A number of extra toilets and a bathroom were easily accessible to meet the needs of all residents. Sluicing facilities were clean and modern. A new external staff smoking facility had been developed at the side of the building for staff.

The centre had a large kitchen which was well equipped and the laundry area was well organised. The staff member spoken with said that there was sufficient equipment and storage available to enable her to work efficiently.

However, similar to previous inspection findings while there was a secure external patio/garden area available the inspector found that this was insufficient safe outdoor space for all residents, especially residents with dementia who might benefit from the opportunity to go for a walk outside unaided. The patio had been upgraded since the previous inspection and was furnished with colourful raised flower beds and painted fencing. The inspector discussed the size of this area with the person in charge. He said that a small number of residents were capable of walking independently out in the main grounds. The person in charge stated that staff and relatives accompanied residents outside to the main grounds when the weather was amenable. He explained that he was planning a porch area to the front of the building which would enhance the lives of residents by providing added secure, external space. The inspector found that the entrance driveway had been made safer by the addition of large raised flower beds which prevented cars from driving up to the doorway. In addition, the sense of space and light was greatly enhanced by the conservatory sitting rooms which were designed to ensure that resident got a sense of the 'outdoors' when sitting in these upstairs lounges.

Judgment:
Substantially Compliant

Outcome 12: Notification of Incidents
Theme: 
Effective care and support

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

Findings:
A review of the complaints indicated that a notification had not be sent to HIQA following an event which was notifiable under the regulations. This was sent to HIQA on the day following the inspection.

Judgment:
Non Compliant - Moderate

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:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
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<tr>
<td>Date of inspection:</td>
<td>14/12/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10/01/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure that all care plans are reviewed on a four monthly basis.

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Youghal & District Nursing home strives to achieve 100% compliance with regard to care plan reviews. To achieve this, staff have been allocated a set number of residents each and admin days of protected time to be provided where possible.

**Proposed Timescale:** 30/04/2018

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Ensure that there is sufficient secure outdoor space available to residents.

**2. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Plans for west wing garden i.e. new garden at west wing of building to include level access walkways with flowering borders circumnavigating central gazebo with access to polytunnel which are currently on hold due to plans by fire officer to incorporate underground water storage facility will hopefully be realised in Summer of 2018.

**Proposed Timescale:** 30/09/2018

### Outcome 12: Notification of Incidents

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All notifications had not been submitted in line with regulatory requirements.

**3. Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
Youghal & District Nursing home has always aimed to achieve 100% compliance in this respect and will continue to do so. Management to discuss on a daily basis any issues that hold potential for notification.

**Proposed Timescale:** 09/01/2018