Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

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

Centre name:	Alzheimer Care Centre
Centre ID:	OSV-0000113
Centre address:	Highfield Healthcare, Swords Road, Whitehall, Dublin 9.
Telephone number:	01 837 4444
Email address:	seustace@highfieldhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & M Eustace Partnership T/A Highfield Healthcare
Provider Nominee:	Stephen Eustace
Lead inspector:	Nuala Rafferty
Support inspector(s):	Angela Ring Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	148
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 May 2017 09:30	02 May 2017 18:00
03 May 2017 08:30	03 May 2017 15:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

An application was received by the Health Information and Quality Authority (HIQA) to renew the registration of this designated centre. Prior to the inspection the provider was requested to submit relevant documentation to the Authority. Inspectors reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

There was a clearly defined management structure that identifies the lines of authority and accountability. Persons participating in the management of the centre demonstrated throughout the inspection process that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care.

They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with legislation.

Residents and relatives were positive and complimentary in their feedback to the Authority. They expressed satisfaction about the facilities and services and in particular, they highlighted the caring attitude of staff and management and were complimentary of the meals provided.

An examination of the staff rosters, communication with staff on duty, residents and relatives showed that the levels and skill mix of staff were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. All staff had been vetted in accordance with the appropriate legislation.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans. There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre. The systems in place relating to documentation and the assessment, planning and recording of care, and contracts of care required some improvement. Although there were good opportunities for residents to participate in activities, further improvements were required to ensure the needs of residents, who preferred not to, or were unable, to participate in group activities were met.
The premises in the Ryall unit were not designed and laid out to meet the needs of the residents. A restrictive condition is included on the current registration certificate in respect of this unit. The provider informed the inspectors' that plans to address this were being finalised.

The action plan of this report highlights the matters to be addressed. It also identifies where premises, did not meet the needs of residents in the Ryall unit and in accordance with the statement of purpose prepared under Regulation 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:
A clearly defined overarching management structure that identified the lines of authority and accountability at a senior level within the broader organisation of Highfield Healthcare was in place. The management team included both clinical and non clinical

directorates. Supports available to the person in charge on a daily basis included: director of operations, quality and risk manager and clinical director of care. At an operational level the person in charge was also supported by a team of clinical nurse managers who provided direct supervision and guidance to direct care staff.
Other supports included the managers of catering, household, finance, human resources and administration teams.

As part of the governance systems in place monthly management team meetings were held to discuss strategic and operational issues affecting service delivery. Monthly quality and risk management meetings were also held. These meetings considered the outcomes of audits conducted on a monthly and quarterly basis. The audits were based on key performance indicators collated at unit level on clinical and non-clinical aspects of care. The audits in progress for 2017 included areas of clinical practice such as: medication management personal care, restraint, nutrition and care planning. A complete audit cycle that showed learning resulting in consequences for residents were discussed, and measures to reduce or prevent recurrences and improve systems were identified. Results of audits and actions to be implemented where improvements were required were communicated to staff.

An annual review of safety and quality of care was also in place. A report on the review was available. The report identified quality care indicators to indicate the standard of and safety and quality of service being delivered. Residents' and relatives' consultation and feedback processes included invitations to regular meetings, direct feedback to the provider or person in charge and feedback via a suggestion box. A recent resident survey was also conducted on aspects of care including: staffing, activities, meals, choice and respect, and level of safety. 54% of residents responded to the survey and findings revealed that: 87% felt safe and secure, 84% felt listened to by staff and 82% felt supported in the choices they made on a daily basis.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The centre maintained a residents' guide which described the facilities and services provided by the centre and a description of the specialities of each unit. A newsletter was also circulated to keep residents and families informed of updates and events in the

centre. There was information for residents posted regarding matters such as advocate access and the complaints procedure. A notice board was on some of the units which listed out information such as the date and time, activities on that day, and staff on duty. Some of this information was heavy in text and not pictorial or otherwise eye-catching to residents on the unit with a dementia, reduced cognition or vision. Some units did not have any such board to inform residents of the day's activities.

Each resident had a written contract of care signed in agreement with the provider which clearly stated the regular fee payable, the resident's contribution and the services to be provided under that fee. While the contracts of care outlined the terms of residency, they did not specify if the room to be occupied was a single or shared room.

Judgment:
Substantially Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The centre maintained a suite of policies including those required under Schedule 5 of the regulations. Polices were reviewed on a regular basis and within the three year timeframe required by the regulations. General records, as required under Schedule 4, including fire drills, food records and notifications were also in place. A directory of resident was maintained for each unit of the centre and contained complete information on the residents, their next of kin and their general practitioners. The directory was up to date with records of admissions, discharges and transfers maintained.

The statement of purpose, residents' guide and insurance certificate was complete and available.
Documentation of testing and servicing of fire safety equipment and assistive technology for residents such as hoists and specialised chairs was viewed.

The centre kept a log book of visitors coming and going from the centre.

All records required under Schedule 3 of the Regulations were also maintained in the centre. These included appropriate staff rosters, accident and incidents, personal care, and nursing and medical records. However, improvements were required to the systems in place to record care interventions, to ensure they were timely, accurate and sufficiently detailed. The full implementation of care plans, and the recommendations of consultants, GP's and other health professionals are reliant on the accuracy and timely recording of care interventions, such as monitoring of weight, and food and fluid intake and output. However, inspectors noted that in some instances, reviews by visiting clinicians were not based on the most up to date information, as the records were not updated in a timely manner. Some records were not detailed enough to determine the benefit of interventions for residents, whether they were meaningful to them, or to review any trends around interest or ability to engage when reviewing activity care plans. In particular this related to the recording of activities on a one-to-one basis for residents assessed as requiring same. The frequency of the one-to one sessions provided was not documented in order to determine whether they were sufficient to meet residents' psychological or social needs. Evidence that the activities provided, were linked to residents past interests, was not always available. On review of a sample of activity assessments, inspectors noted that some were not fully completed and did not identify past interests or activities on which to base a plan of care.

Also it was noted that the recording of care interventions was not always made by the person who delivered the care but by other staff. This does not assure the accuracy of the information.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Inspectors reviewed a recently updated health and safety statement which was centre-specific in its described hazards and procedures. Risk assessments were maintained for the centre as a whole and for each unit, outlining controls and actions around potential hazards such as falls, illnesses and aggressive behaviours. The centre maintained a risk management policy which included the risk measures required by Regulation 26. The centre had an evacuation procedure and personal emergency evacuation procedures for residents, which was updated daily, noted mobility and verbal assistance required for the residents, as well as identifying residents in hospital at the time of inspection.

All staff and volunteers had received fire safety training, and regular unannounced fire drills were held in the centre. The records of these identified the people involved, the time taken to move residents from the identified zone, and notes on potential impediments to the evacuation for future learning. There had been a recent incident in one unit which required evacuation and this had been done efficiently and without distress for the residents. The cause of this alarm trigger was promptly identified and resolved. Each unit had regular in-house checks of escape routes and fire doors documented, and recent certificates of externals testing and maintenance of fire fighting equipment, emergency lighting and the alarm system were available for review. General maintenance logs for the building were maintained electronically and clearly outlined the issue requiring attention and the dates they were raised and resolved

There were appropriate infection control measures put in place to manage one unit which was closed on the day of inspection due to an illness, and systems were in place to communicate to the household team on matters related to infection issues in the centre. Household staff were clear on what elements of the centre they had responsibility for keeping clean, and there was a cleaning checklist for healthcare assistants on assistive equipment such as hoists and wheelchairs. Inspectors advised that the crash mats on bedroom floors should be specified on the checklist to be clear which team has responsibility for them. Showers and drains were flushed out on a regular basis and water samples were being sent for routine testing for bacteria such as Legionella regularly. The most recent lab results were available and these had come back negative. The centre had an appropriate number of stocked dispensers for alcohol hand gel and staff were observed using them as they moved between units.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Written operational policies were in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.
Medicines were supplied to the centre by a retail pharmacy business in an individual monitored dosage system. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were

recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Nursing staff, administering medicines to residents during the morning administration rounds, were observed. The administration practice was in line with current professional guidance.
The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurse took time to ensure each resident was comfortable before administering their prescribed medicines in a person centred manner.
Details of all medicines administered were correctly recorded. Prescribed medicines were regularly reviewed by a medical officer. Medicine audits were conducted in the centre and a process for recording medicine errors was also in place. As a result of ongoing audits and review processes it was noted that the use of psychotropic medicines particularly where residents had previously been prescribed more than one psychotropic medicines was considerably reduced.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

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 findings of the last inspection required actions to improve care planning and assessment processes to make them more specific and ensure they meet residents' needs. On the last inspection it was found that the care plan system was not sufficiently detailed to guide staff and assessments were inadequate. These findings were recurrent on this inspection. However, the inspectors acknowledged, that this was partly due to the implementation of a new system, to improve processes in place for the assessment planning implementation and review of healthcare needs.

This new system involved a move from paper based systems to a computerised system. Inspectors found this new system was not yet fully operational and staff were still in the process of transferring all information on to the computer data base, but further improvements were found to be required. Samples of clinical records, both electronic and hard copy, were viewed. These included:
- Care plans were not in place for all identified needs such as, mobility, management of subcutaneous administration of fluids, weight monitoring and activities.
- Some care plans contained the minimum information required to manage the health problem identified. Examples included care plans in place to manage responsive behaviours. Some positive behaviour support care plans did not include the form the behaviours might take, triggers associated with the behaviour, all distraction or de escalation techniques to manage the behaviours. Measures in place for some residents to prevent self injurious behaviours, or causing injury and potential spread of infectious disease to staff. were not fully assessed or reviewed. Evidence that other alternatives were tried, and reasons why they were not sufficient to manage the problem were not fully documented. Evidence of a full multi-disciplinary assessment to ensure the least form of restrictive measures were used, for the least time possible, was not found.
- End-of-life care plans were not sufficient to manage residents' holistic care needs. This is fully referenced under outcome 14 of this report.
- Inspectors found that care plans and clinical risk assessments were regularly reviewed and updated but the reviews did not determine the effectiveness of the plans in place to appropriately manage the care needs. It was also noted that care plans were not always updated in a timely fashion to enable other allied health professionals base assessments or reviews on the most relevant information. This is fully referenced under outcome 5.

Residents had access to a wide range of medical and allied health professionals. Evidence of referral and review was found with documented visits, assessments and recommendations by psychiatric consultants,dietician, and speech and language therapists, physiotherapy and occupational therapist reviews. Other services available on referral, including podiatry, dental and optical services. Early recognition of the signs of clinical deterioration with appropriate and timely management strategies implemented was found.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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 consists of 154 beds of which 92 are single bedrooms with full en-suite. There are a further 30 single bedrooms without en-suites and the remaining 32 beds consist of eight bed communal areas in the Ryall unit.

With the exception of the Ryall unit the rest of the centre meets the requirements of the Regulations to a high standard.

The remainder of the centre is comprised of 122 single bedrooms across 5 units, two of which were the results of reconfiguration to join two separate units. Each bedroom was of adequate size with sufficient storage space for clothes and belongings, including lockable storage for cash or valuables. Bedrooms were furnished appropriately with decoration and photographs personalising the room to the residents' preferences. There was a space outside each bedroom door for visual prompts such as names, props and photographs to help residents identify their own bedroom with confidence. En suite bathrooms were suitable for use by the residents, equipped with accessible shower areas and assistive rails. Bedrooms and en suite toilets were equipped with call bells.

Communal rooms such as living and dining room areas were large, comfortable and home-like in their design. The nurse stations were located in these areas but did not dominate the space. Large windows allowed for good levels of natural light and views to the garden. Gardens were directly accessible from most communal spaces and were safe and secure in their design. The outdoor space was furnished with plant boxes and had space for activities to take place outside where suitable. There were benches to allow residents to sit out and the ground was layered with a rubber-like material which could slightly cushion the impact of a fall. The outdoor space was accessible to those with reduced mobility or in a wheelchair, and could easily be supervised from the indoor communal space.

Indoor smoking facilities were available to residents who wished to smoke, and these were equipped with protective aprons, a metal ashcan and a call bell. However, in one unit there was an indoor designated smoking area. This smoking room did not have adequate ventilation, other than a window with a restricted opening range, and as a result the odour of cigarettes lingered in the vicinity of the rest of the living room area.

Corridors were lined on both sides with handrails and were free of obstructions, steps and trip hazards. Pictorial signs identified toilets and directions to the dining and sitting rooms. Hairdressing salons, a coffee shop and a large oratory were available in the centre and a lift was available for residents in the upstairs units to navigate there. There were also multiple designated rooms outside of the unit in which residents could receive visitors in private. The areas between wards were also well decorated and parts of the centre such as the elevator interior and main doors to units were painted or covered to look more distinctive for residents. Minutes of residents meetings evidenced that a vote had been held to decide on colour schemes when painting the units. The centre as a whole was clean and in a good state of repair.

The size and layout of the Ryall unit does not meet the holistic needs of residents, individually or collectively on a daily basis.
The centre's statement of purpose dated April 2017 sets out the mission statement and philosophy of the service as being to:
'provide the highest standard of care and support' in, 'an environment appropriate to their needs, where the priority is to preserve their dignity and promote their independence. '. Our philosophy is to provide a caring environment and a guarantee to strive and meet the needs of all individuals within our service suffering from dementia'.
Residents' personal space is not designed or laid out in a manner to ensure safety, encourage or aid independence and rest, or assure privacy and dignity. Negative impacts included:
- Inadequate storage space meant that assistive equipment such as large specialised seating, was stored alongside residents beds. Bed rail protectors were also observed to be stored on top of vacant beds.
-There was a limited amount of physical space between beds that posed difficulties for staff to provide personal care. Staff had to move specialised seating and/or crash mats, where these were used for many residents, in order to reach the residents for re-positioning or other care interventions. This extended the length of time it took staff to deliver appropriate care interventions and impacted on residents, shortening the amount of time available at night for quiet restful sleep periods. Inspectors also observed that there was limited space available for some residents' personal possessions. Toiletries and bottles of soft drinks were stored on window sills, soft toys in bags and footwear were stored on the floor at the side of lockers or at the side of the bed. The tops of some lockers were cluttered with mouth care swabs, and other care equipment such as nebulizers, dressings and thickening agents for fluids.
- The multi-occupancy layout of each of the bays did not enable staff to meet residents holistic care during the end-of-life phase. The bays did not enable staff to provide a quiet respectful or peaceful atmosphere or ensure that the resident had restful periods. The facilities within the unit did not enable relatives to remain with their loved ones, this is further referenced under outcome 14 of this report.
-Shower or bath and toilet facilities did not meet the needs of all residents. The Pine bay

did not have a shower or bathroom. The residents in this bay had to cross through the central communal area to access a shower or bath. The other three bays contained a shower or bathroom with toilet. There were no separate toilet facilities on any bay in the unit. All of the shower/bathrooms were limited in size. None were large enough to facilitate assistive equipment such as shower trolleys for residents assessed as requiring this equipment. Inspectors learned that the majority of residents in the unit were assessed as requiring this type of equipment.
-The unit contained one large communal area. This served as sitting, dining and recreational space. The room also contained a large central desk area where staff worked and records and computer monitors were maintained. No other recreational space was available to residents or their relatives within the unit.
All residents in this unit were assessed as maximum dependency both physically and cognitively and spend long periods of time in the same room.
Repair or replacement of some equipment and furnishings were required in the unit. These included lockers with chipped or torn edges and ill-fitting doors. There were torn covers on some specialised seating. Both the sluice area and treatment room required review from a spatial perspective to ensure they meet their intended purpose.

Findings on this inspection replicated the findings of the last registration inspection in 2014. A restrictive condition was placed on the centre's last registration certificate on foot of plans previously submitted by the provider. The condition states:
'The physical environment in the Ryall unit of the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 27 August 2014. The reconfiguration must be complete by 30 August 2016.' On the last inspection in May 2016 the provider was revising these plans and these were due for completion and forwarding to HIQA in July 2016. However, these plans were not finalised and the provider applied for a variation to change the date on the condition of registration from 30 August 2016 to 30 August 2022.
Inspectors met with the provider and members of the senior management team to discuss new proposals, recently devised, to address the deficiencies of the environment. The provider stated his intention to submit these as part of his response to the inspection report following this inspection. Inspectors clarified that a time-framed, costed plan was required to address the deficiencies of the premises. The inspectors reminded the provider of the importance of ensuring the timely implementation of reconfiguration plans on this registration cycle.

Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
Access to specialist palliative care services were available with visits from the clinical nurse specialist or consultant when required or requested. Staff were trained in end of life care practices, and were observed to try to meet the holistic needs of residents and their families. Families were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly during the end of life phase. However, improvements were required to care planning and assessment processes to ensure residents full needs were met in a holistic manner.

A system to ascertain and document end of life care needs and preferences was not implemented. End-of-life or palliative care plans viewed, did not include reference to expressed wishes or efforts made to capture residents' wishes for religious or spiritual preference or to facilitate supports for place of death or funeral arrangements. It was also found that the care plans in place did not identify the interventions required to manage key aspects of physical care such as pain, nausea, constipation dehydration or breathlessness. Psychological or emotional aspects were not referenced.
Chaplaincy services and an oratory was available to allow for spiritual prayer, thoughts and reflection for those who wished to avail of it.
Appropriate and comfortable facilities to allow families remain with their loved one were available in the majority of units in the centre.
However, the design and layout of the Ryall unit did not support families to remain close beside their loved one overnight or for long periods without negatively impacting on other residents in the bedroom area. A single room was not always available to transfer the resident at end-of-life within the unit or in other units in the centre.

Judgment:
Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Staff and volunteers were observed speaking with residents in a respectful and patient manner, including residents expressing confusion or agitation. Staff were observed knocking on bedroom doors before entering and engaging residents' attention before asking questions or starting conversations. Resident being assisted to their rooms were asked if they would prefer the door to be open or shut. Staff were familiar with which residents preferred early or late rises from bed in the morning. CCTV was in some corridors and communal areas and where it was present there was signage clearly indicating same.

Residents' were facilitated to vote, and mass was held in the centre twice a week. The mass was streamed to the televisions for the benefit of residents who did not have the ability or desire to attend in person.

The residents had access to an advocate who visited regularly and had their photo and details posted on the wall. Resident meetings were held in the centre every few months, and the actions raised in the minutes of these meetings were followed up on by management. Actions effected from residents' points were apparent in the centre, such as the establishment of a requested newsletter and the design and colour elements of the newly reconfigured units. Resident satisfaction surveys had been collated in December 2016 with the results of feedback on the environment, food, activities, staff and care quality of the centre.

There was a good selection of activities available in the centre, including art, baking, quizzes and walks about the grounds. The centre used volunteer staff to assist residents with these group activities and they were well attended by residents. Activity coordinators worked in the centre from Monday to Friday, although at weekends, care assistants were tasked with organising activities, resulting in them becoming more limited and less structured. In feedback received, some relatives mentioned the need for more activities at weekends, particularly for residents who do not join in group activates. More outings were also suggested.

Feedback from residents and relatives was in the form of conversation on inspection and through responses received to the HIQA questionnaires. Feedback was generally positive with the majority complimenting the kindness of staff and how quickly they respond to resident's needs. Relatives were also happy with how staff kept them informed of any changes in their loved ones health condition. Others commented on the warm and friendly atmosphere in the centre and in particular, how they appreciated getting to know regular staff.
However, the deficiencies of the physical environment in the Ryall unit was raised by some relatives who said, that although they did not want single rooms, more space in the multi-occupancy bays was needed.

Overall, inspectors found that residents rights to privacy and dignity were upheld by staff, however the deficiencies of the physical environment in the Ryall unit were found to negatively impact on the ability of staff to uphold these rights and meet residents care needs in a holistic manner, this is fully detailed under outcome 12 of this report.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.
All clothing was labelled for the laundry, and new clothes were added to an initial list by staff.

With the exception of the multi-occupancy rooms on the Ryall unit, there was adequate space provided for residents' personal possessions, and it was noted that clothing was stored in a neat and appropriate manner.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Inspectors found that the staffing levels, qualifications and skill mix were appropriate for the assessed needs of the current residents' profile. A rota was maintained for each unit

and any absences or gaps were filled by a bank of relief staff. External agency staff were not excessively used and a service level agreement was viewed, that provided assurances on current qualifications, training and Garda Síochána (police) vetting.

Inspectors reviewed a sample of personnel files which contained all information and documentation required under Schedule 2 of the regulations. The provider assured inspectors that all staff have completed Garda vetting prior to commencing work in the centre. All nurses active in the centre had documented confirmation of their 2017 registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing Board of Ireland)

The centre had a schedule of training for 2017 A training matrix tracking training attended by all categories of staff was viewed. All staff were up to date in mandatory training for safeguarding, fire safety and manual handling. Supplementary training available included infection prevention and control, CPR, therapeutic hand care, dementia awareness and nutrition training. Inspectors spoke to staff across multiple units who were confident that they were supported to carry out their role and could request additional training to meet residents' care needs.

Staff were observed interacting with residents in a polite and respectful manner, and spoke with good knowledge of residents' histories, care needs and personalities. Staff were confident in how to appropriately responded to scenarios of fire evacuation, complaints, and alleged or suspected incidents of abuse.

The centre utilised a large body of volunteers who assisted staff by taking residents out for walks or to mass. They primarily assisted with activity provision in group scenarios, entertainment and chatting with residents. The volunteers were not observed performing any duties of the healthcare assistants or nurses, and each volunteer had a handbook and signed agreement identifying the scope of their role and responsibilities in the centre. This included which days and times they were in the centre and their supervision arrangements. There were strict controls on volunteer suitability similar to employed staff, and volunteers were not permitted to work in the centre without Garda vetting. Volunteers also underwent mandatory training in fire safety, safeguarding of vulnerable adults. They signed a confidentiality agreement on matters relating to the centre and its residents. Volunteers were observed having pleasant interactions with residents, and their role supported staff to concentrate on healthcare provision.

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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Alzheimer Care Centre
Centre ID:	OSV-0000113
Date of inspection:	2nd and 3rd May 2017
Date of response:	31st May 2017

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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contracts of care did not specify the occupancy of bedrooms that the resident could expect as part of their residency in the centre, as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) (Amendment) Regulations 2016.

1. Action Required:

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

Please state the actions you have taken or are planning to take:
The contract of care has been revised to include details of multi-occupancy rooms

Proposed Timescale: 31/05/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The systems in place for the documentation of care interventions did not ensure that records were maintained in terms of accuracy, completeness or timeliness so as to ensure that care plans in place were appropriately and fully implemented.

2. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
All units now have a mobile tablet to enable more timely recording of care interventions.

Proposed Timescale: 31/05/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A care plan was not in place for every identified need.

3. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
Care plans are now in place for all identified needs following assessment.

Proposed Timescale: 31/05/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some assessments were not fully completed and some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

4. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:
A full review is taking place of all assessments and care plans to ensure care plans are specific enough to direct care and education of staff in good care planning is ongoing.

Proposed Timescale: 31/07/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

5. 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 family.

Please state the actions you have taken or are planning to take:
A care plan evaluation is carried out every four months and input on the patient information system. All care plans are being reviewed to ensure that they adequately capture the outcome of the care plan review process within the care plans themselves.

Proposed Timescale: 31/07/2017

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The indoor smoking room facilities did not contain appropriate means of ventilation.

6. 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:
The one resident who smokes on the unit in question is being encouraged to go outside. An extractor fan for the smoking room in question is also being considered.

Proposed Timescale: 01/09/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises did not meet the needs of residents accommodated in the Ryall unit in the following respect:
- Multi-occupancy bedrooms did not meet uphold residents rights to privacy, dignity or space.
- Adequate accessible shower/bathing and toilet facilities, that meet the full needs of the current resident profile.
- Insufficient communal space for all residents with no separation of function and no other area of diversion within the unit.
- Limited choice of shower and toilet facilities for some residents.

7. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
The service reconfiguration plans presented on inspection have been revised after careful consideration of the feedback received from HIQA inspectors, and are enclosed.

Proposed Timescale: 31/07/2018

Outcome 14: End of Life Care
Theme: Person-centred care and support **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** An end-of-life plan of care that identified and holistically managed all care needs was not in place for residents who required same. **8. Action Required:** Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned. **Please state the actions you have taken or are planning to take:** End of life care plans are being reviewed to ensure that they address physical, emotional, social, psychological and spiritual needs of the resident.
Proposed Timescale: 01/08/2017
Theme: Person-centred care and support **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The design and layout of the Ryall unit did not support families to remain close beside their loved one overnight or for long periods without negatively impacting on other residents in the bedroom area. A single room was not always available to transfer the resident at end-of-life within the unit. **9. Action Required:** Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them. **Please state the actions you have taken or are planning to take:** The submitted plans address this issue.
Proposed Timescale: 31/12/2018

Outcome 16: Residents' Rights, Dignity and Consultation
Theme: Person-centred care and support **The Registered Provider is failing to comply with a regulatory requirement in**

the following respect:
Evidence that the psychological and social needs of all residents were being met, particularly those who were frail or chose not to participate in group activities was limited.

10. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
Ongoing work is being done to ensure sufficient recording of therapeutic and recreational activities is captured in line with the variety of activities offered both on a one to one and group basis for residents.

Proposed Timescale: 01/10/2017