

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Elizabeth's Nursing Home
Centre ID:	OSV-0000167
Centre address:	Kells Road, Athboy, Meath.
Telephone number:	046 943 2457
Email address:	stelizabethsathboy@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Gortana Limited
Provider Nominee:	Thierry Grillet
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	0

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.

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 Quality 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:	To:
07 June 2016 12:30	07 June 2016 18:30
08 June 2016 09:00	08 June 2016 17:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Major

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection focusing on dementia care.

The inspector examined the relevant policies and a provider self assessment questionnaire which was received by the Authority. The action plan which accompanied the self assessment identified the action to ensure full compliance. This related to ongoing training of staff with regard to safeguarding residents and managing behaviours that are challenging, reviewing the colour scheme and signage, assessing and improving social and recreational activities and updating the complaints policy. The table above identifies the judgements made by the inspector

in respect of the outcomes.

There are no matters arising from the previous inspection which was carried out on 6 January 2015.

On the day of the inspection there were 36 residents (1 resident in hospital) and no vacancies. Twenty residents were formally diagnosed with dementia (vascular and Alzheimer's). There was no specific dementia unit.

The inspection process entailed assessing the care provided, in particular, to residents with dementia. This involved meeting and communicating with the residents, their relatives, and staff members, observing care practices and interactions between staff and residents, reviewing residents' care documentation such as care plans, medical records and other general records.

In the main, the health-care needs of residents were met with good access to medical and allied health care. Improvements were needed in relation to medication management.

Measures to protect residents with dementia being harmed or suffering abuse were in place and the policy was up-to-date, however, fire safety measures were not fully implemented. Residents with dementia were provided with support that promotes a positive approach to behaviours that challenge. Staff were working to promote a restraint free environment.

The inspector saw that staff respected the privacy and dignity of residents. The views of residents and their families/representatives were sought and acted upon. Observations by the inspector showed that opportunities were provided for residents to participate in activities of their choice and staff engaged in a meaningful way with the majority of residents.

The policy and procedure in respect of managing complaints was effectively implemented.

Staffing levels were sufficient to meet the needs of residents and there was evidence that staff had participated in training opportunities in order to provide a good quality and safe service to residents. Staffs' knowledge and skills were appropriate to their role. Documentation in relation to staffing was satisfactory.

The design and layout of the premises was suitable for residents with dementia.

The areas of non-compliance are detailed in the action plan 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 Quality 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):

No actions were required from the previous inspection.

Findings:

There was evidence that residents' needs were assessed and they and their families/representatives were involved in the development of care plans and review of care. Residents had good access to medical and Allied health care. Improvements were needed in relation to medication management.

Documentation in respect of residents' health care was comprehensive and up-to-date. There were copies of discharge letters/correspondence from hospitals and in respect of residents who were transferred to hospital from the centre the inspector found that the transfer letter contained information about the resident's health, medicines and personal information. Relatives were informed if a resident was transferred to hospital and in the main would accompany the resident, however if this was not possible a staff member would accompany a resident to ensure that full information was provided. The inspector was informed that a Common Summary Assessments (CSARS) was not routinely available.

There was evidence of an assessment on admission and ongoing assessments in relation to nursing care. This assessment process involved gathering personal information and using validated tools to assess each resident's risks in specific areas, for example falls, skin integrity, malnutrition, moving and handling and pain.

The inspector saw that residents' care plans were formally reviewed on a 3 to 4 monthly basis. This was carried out by nursing staff who coordinates the care for an allocated number of residents. Health care assistants were involved to the extent that on a daily basis they logged information on the computer system regarding residents' conditions and care. This assisted the nursing staff to update the residents' daily notes and assess if the care plan was implemented and effective or otherwise.

The care planning documentation contained a communication plan for a resident whose communication mode was non-verbal.

Residents had a choice of general practitioners (GPs) and there was evidence that

contact was made with the resident's previous GP if residents were admitted from outside the local area and all medical records were passed on to the GP of choice. An out of hours service was available to residents.

Resident had access to a variety of health and social care professionals including geriatrician, dietician physio, occupational and speech and language therapists. There was evidence that residents had access to dental, ophthalmology, audiology, podiatry and psychiatry services.

Management and some staff told the inspector that residents and their family members are supported and end of life care is provided in accordance with the residents' and their families' wishes. These are outlined in an advance directive/end of life care plan. The residents' general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. Residents' religious practices are facilitated within the centre. Some staff members had attended end of life training on the 3 March 2016.

Although there were no residents identified with pressure ulcers/wounds there were procedures and protocols in place to manage this aspect of care. These included seeking the assistance and advice of specialist tissue viability services. The inspector saw preventative measures in place for some residents such as pressure relieving cushions and mattresses.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained. The inspector found that systems and practices were in place for residents with diabetes.

The inspector saw that there was a choice of meals offered to residents at lunchtime and teatime. There was an effective system of communication between care and catering staff to support residents with special dietary requirements. Mealtimes in the dining room were social occasions with attractive table settings and staff sat and took time to encourage and assist residents to eat and drink. The lunch meal was served to meet a variety of needs of residents for example those who were on a weight reduction diet, diabetic, fortified diets and modified consistency foods including thickened fluids. There was access to fresh drinking water at all times and snacks available throughout the day.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. The majority of staff participated in training regarding falls on the 2 February 2016.

There were written operational policies relating to the ordering, prescribing, storing and

administration of medicines to residents. A pharmacist reviews each resident's drug kardex and these findings are shared with the resident's GP who in turn reviews the resident's medication and make changes as appropriate. The inspector observed the administration of medication and found that safe medication management practices were not in place as medicines for a resident who refused to take them had been left on the resident's bedside table and medicines which were dispensed from the medicine trolley located in the dining room were carried by the staff nurse to residents located in other rooms in the centre. Medicines being crushed had not been individually prescribed by the GP.

Judgment:

Non Compliant - Moderate

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:

Overall measures to protect residents with dementia being harmed or suffering abuse were in place. Residents were provided with support that promotes a positive approach to behaviour that challenges and a restraint free environment was promoted.

There was a policy on safeguarding which reflected the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse' (2014).

The inspector saw that there were measures in place to safeguard residents, for example management had systems in place to monitor the service and an annual review in respect of the quality and safety of care of residents had been completed. This included consultation with residents and relatives. Some relatives who spoke with the inspector communicated that they were aware of the role of the person in charge, management and the staff nurse in charge and would have no hesitation in bringing any matter of concern to their attention. Residents considered that they were safe and primarily this was due to the support and care provided by the staff team. An examination of the training records identified that staff had participated in training in the protection of residents from abuse (February and May 2016). Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. While there were no investigations into allegations of abuse the deputy person in charge was knowledgeable of the process.

There was a policy and procedures in place that promotes a positive approach to the behaviours that challenge/psychological symptoms of dementia (BPSD) for example it

emphasises non-restrictive and non-pharmacological interventions as the preferred method of providing support.

Staff had assessed and implemented a care plan for a resident with potential behaviours that were challenging, however, it was not sufficiently comprehensive to assist staff to manage and respond to the behaviour. See outcome 1 for action plan.

The majority of staff had participated in training entitled "managing actual and potential aggression" on the 20 January 2016. Staff who communicated with the inspector demonstrated their knowledge in diffusing situations.

A restraint free environment was fully promoted. This was brought about by trailing enabler bars to assist residents to move in bed as opposed to using bedrails. Currently there are low low beds in place and only 4 residents require the use of a bedrail on both sides of the bed. The records showed that assessments and reviews had been carried out in consultation with the residents, their families and medical staff. Staff had risk assessed the alternatives. Information and data in respect of auditing restraint was collected and analysed. During the course of the inspection the majority of residents were up and about carrying out their daily routines.

Incidents where restraint was used were notified to the Authority in accordance with the regulation.

The inspector reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents' financial transaction records were signed and witnessed by two staff or a staff member and the resident. An examination of a resident's monies corresponded with the resident's financial records. Residents had a locked facility in their own bedrooms to secure their possessions and valuables.

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:

Overall, the residents' privacy and dignity was respected, they had opportunities to participate in meaningful activities and could exercise choice and control over their lives through a variety of consultation methods.

Staff who communicated with the inspector confirmed that they worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. The inspector observed staff knocking on bedroom and bathroom doors, and privacy locks were in place on these doors. The inspector saw that staff knew the residents well and interacted with them in an appropriate and respectful manner. The inspector was informed that staff sought the permission of residents before undertaking any care task.

There was evidence that residents with dementia were involved in the consultation process with regard to the organisation of the centre. Management established a residents' forum which takes place on a regular basis and minutes are maintained of the items discussed and action to be taken. The last meeting took place on the 9 May 2016 and 11 residents and 3 staff attended the meeting. In addition, the views of 7 residents who did not wish to attend the meeting were ascertained. The cook attended this meeting to have a discussion about food and the menus. An action plan was drawn up following the meeting and there was evidence that some of the matters had been addressed.

Residents were able to receive visitors in private either in their own bedrooms or in the designated visitor's room. There were no restrictions on visitors to the centre. A visitor's sign in book was available in a prominent location at the front entrance.

Residents were facilitated to exercise their civil, political and religious rights. Arrangements were in place for residents to vote during the last election and the inspector was informed that local politicians were in the centre talking to residents. Residents who communicated with the inspector were satisfied with opportunities for religious practices.

There was a variety of activities available to residents in the centre, organised by the activities staff. Residents' wishes and preferences informed their daily routines. The inspector saw some residents freely move around the centre choosing to participate in the group activities or going to their own bedroom. The activity schedule advertised group activities arranged for the mornings and afternoons and individual sessions scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities.

Activities included music, board games, arts and crafts, gardening, exercise to music, reading, reminiscence, poetry, dog therapy, watching television and hand massages. A writers' group had been established and this group of residents were successful in publishing a book of poems. Other events included residents participating in a blind date performance which led to a mock wedding. Residents' craft and art work was displayed on the walls of the centre. The local newspapers were made available to residents. The residents had free access to a secure well maintained courtyard garden.

The inspector saw that some residents had a life story book which had been compiled by family and staff and other residents had a memory box. The inspector was informed that this had immense value for the residents. Staff were careful to ensure that residents with dementia were orientated to date and time.

Family and staff members supported residents to maintain contacts with their community, for example a resident was out celebrating a member of her family's wedding anniversary. Some residents told the inspector that they had visited a farm and having made bread on that day they participated in a barn dance. Some residents attended a theatrical evening.

The activity therapists had attended a variety of training, for example, the value of music therapy and it was anticipated that they would attend a course entitled "cognitive stimulation therapy structured programme "later in the year.

The inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record at five minute intervals, the quality of interactions between staff and residents in the communal sitting and dining rooms.

The definition of the scoring for the quality of interactions for the period observed is as follows: –

- +2 positive connective care – the facilitation of meaningful interaction and engagement with residents.
- +1 task orientated care – the provision of kind physical care, whereby interactions/conversation is more instructive.
- 0 neutral care – the delivery of services is passive and not stimulating.
- -1 protective and controlling – provision of individual care with the emphasis on safety and risk aversion.
- -2 institutional care – regarding residents as a homogeneous group who will fit into the established routine of the designated centre/home.

The scores reflect the effect of the interactions between staff and residents for the majority of residents.

The findings are as follows in respect of 4 distinct observation periods during the inspection when residents were engaged in organised activities: –

- 100% of residents experienced positive connective care as staff interacted and engaged with the majority of the residents.

Judgment:

Compliant

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:

There was a system in place to ensure that the complaints of residents with dementia or their representatives were listened to and acted upon, and they had access to an appeals procedure.

The complaints policy and procedure was comprehensive and detailed the process. The information was publicised throughout the designated centre and a summary was available in the resident's guide. Residents who communicated with the inspector were familiar with the staff and the person in charge. They communicated that if they had a difficulty they would approach any of the staff team. Relatives were satisfied that issues raised were addressed.

In addition to the designated complaints officer there was a designated person who would review the complaint and investigation process should a complainant be dissatisfied with the outcome.

The inspector saw that the independent advocacy service was advertised.

Records were maintained in a satisfactory manner. There was a complaints log which recorded the complaints, investigation of the complaint and the outcome for the complainant. An examination of the log identified that the complaints were not serious and were satisfactorily resolved.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents taking into account the size and layout of the centre.

The recruitment policy/procedures in place were satisfactory. This process included induction and probationary periods for staff and checking and recording that all of the information is available for staff working at the designated centre. An examination of randomly selected documentation in relation to 3 staff members was satisfactory including up-to-date registration with the relevant professional body.

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a planned staff roster in place, with changes clearly indicated. The staffing in place on the day of inspection was reflected in the

roster.

There were a variety of meetings scheduled in order to ensure that staff of various grades had appropriate knowledge to deliver services to residents. This included handover meetings at the change of shifts and performance management meetings. Management meetings were held on a weekly basis.

The inspector found that there were opportunities for staff to participate in education and training relevant to their role and responsibility, for example since the beginning of the year the person in charge attended a training session in the care of the older person, a sonas workshop and assisted decision-making briefing.

All staff had participated in mandatory training in respect of fire safety, safeguarding, infection-control, first aid and moving and handling.

The majority of staff had participated in dementia training on the 3 March 2016.

Staff who communicated with the inspector were knowledgeable of residents' conditions and preferences. The deputy person in charge informed the inspector of the supervisory relationships within the centre and these were satisfactory.

The inspector saw that volunteers in the centre have their roles and responsibilities set out in writing and were vetted.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The centre is a two-storey building which has been extended. There is a lift and stairway to the first floor.

The communal facilities were pleasantly decorated in bright colours and situated in different parts of the centre. There were a variety of sitting rooms throughout the centre where residents could choose to relax or to engage in activities. A separate sitting room was the designated smoking room. Considering the needs of residents with dementia

one of the sitting rooms was partitioned to provide a small quiet restful space. The dining room was spacious, bright and pleasantly decorated. There was access to an outside decking area from both the dining room and the main sitting room for use by residents during the summer months. This area was well maintained and suitable for residents.

Bedroom accommodation consisted of 22 single bedrooms and 14 twin rooms. Sixteen of the bedrooms had ensuite facilities. Some of the residents invited the inspector into their bedrooms and the inspector saw that the rooms were a suitable size and the layout met their needs. There was sufficient storage for residents' personal possessions. Some residents and relatives confirmed that they were consulted prior to admission in relation to the use of a twin room and some had been offered a single room since admission but had refused this offer. Resident's bedrooms were personalised in accordance with their preferences and included mementos of their favourite photographs and art and craft work completed during the activities in the centre. There was ample storage available for resident's belongings. Televisions and radios were available to all residents.

There were hand rails and grab rails and this assisted residents who were independently mobile. The inspector saw that residents freely moved around the centre and signage was available to guide residents, relatives and visitors around the centre.

Sanitary facilities were adequate in numbers and accessible.

There was a visitors/prayer room which also provided overnight facilities for a family member should they wish to stay in the centre.

There was adequate laundry and sluicing facilities available. The temperature of hot water was checked at a number of outlets and was found to be a safe temperature.

There was evidence of the availability of equipment to meet residents' needs and systems were in place to monitor this equipment for example servicing of a variety of hoists and profile beds. The residents' call bell system was functioning and residents informed the inspector that staff were prompt in responding to the alarm system.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:

This outcome was not inspected. However, the inspector saw that the main fire doors (double doors) in the sitting room which have magnetic 'hold open' devices attached to the fire alarm system were held open with an arm chair during the inspection and therefore would not close in the event of an emergency.

Judgment:
Non Compliant - Major

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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Elizabeth's Nursing Home
Centre ID:	OSV-0000167
Date of inspection:	07/06/2016
Date of response:	30/06/2016

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:

The care plan in respect of a resident displaying behaviour that is challenging was not sufficiently comprehensive to assist staff to manage and respond to the behaviour.

1. 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

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

that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:

Care plans for residents displaying behaviour that is potentially challenging / challenging to self or others will be more comprehensive in order to assist staff to manage and respond to the behaviour in a safe and dignified manner.

Proposed Timescale: 30/06/2016

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Administration of medicines was not carried out in accordance with the designated centre's policies and procedures. Medicine for a resident who refused medication was left on a bedside table and medicines were dispensed from the medicine trolley located in the dining room and carried by the staff nurse to residents who were in other rooms.

Medicines being crushed were not individually prescribed by the GP.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

All staff nurses are reminded of St Elizabeth's Nursing Home's policy on Medication Management particularly in relation to safe administration of medications. Medications that are required to be crushed for residents will be individually prescribed by the GP.

Proposed Timescale: 14/07/2016

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The main fire doors (double doors) in the sitting room which have magnetic 'hold open' devices attached to the fire alarm system were held open with an arm chair during the inspection and therefore would not close in the event of an emergency.

3. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:

All staff and residents are reminded regarding fire safety with particular emphasis on keeping fire exits and fire doors unobstructed to provide for the safe evacuation of residents. The Daily Inspection of Means of Escapes Route will include ensuring that the fire doors into the sitting room are free to close in the event of an emergency.

Proposed Timescale: 30/06/2016