

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|--|
| Centre name: | Cherry Grove Nursing Home |
| Centre ID: | OSV-0000214 |
| Centre address: | Priesthaggard, Campile, New Ross, Wexford. |
| Telephone number: | 051 38 8060 |
| Email address: | tom.cummins@cherrygrovenursinghome.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Cherry Grove NH Partnership T/A Cherry Grove Nursing Home |
| Provider Nominee: | Thomas Cummins |
| Lead inspector: | Sheila Doyle |
| Support inspector(s): | None |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 54 |
| Number of vacancies on the date of inspection: | 6 |

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: |
| 21 July 2016 12:00 | 21 July 2016 18:30 |
| 22 July 2016 09:30 | 22 July 2016 16:00 |

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 | Substantially Compliant | Non Compliant - Moderate |
| Outcome 02: Safeguarding and Safety | Substantially Compliant | Non Compliant - Moderate |
| Outcome 03: Residents' Rights, Dignity and Consultation | Substantially Compliant | Non Compliant - Moderate |
| Outcome 04: Complaints procedures | Substantially Compliant | Compliant |
| Outcome 05: Suitable Staffing | Substantially Compliant | Substantially Compliant |
| Outcome 06: Safe and Suitable Premises | Substantially Compliant | Substantially Compliant |

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspector's rating for each outcome.

The inspector met with residents, relatives, and staff members during the inspection. She tracked the journey of a number of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Cherry Grove Nursing Home is purpose built and provides residential care for 60 people. Approximately 57% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. Staff were offered a range of training opportunities, including a range of dementia specific training courses. Improvement was required to ensure that the roles and responsibilities of volunteers were set out in writing.

Improvements were also required to some aspects of medication management, the use of restraint and end of life assessments. While the results from the observations were encouraging, additional work is required to ensure that the majority of staff interactions with residents promote positive connective care.

In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end

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:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3. Some improvement was required to assessments regarding end of life care and medication management to ensure that national guidelines and best practice initiatives were incorporated into the standards of care provided. Improvement was also required to ensure that residents were involved in the review of their care plans.

Although there were several example of good practice in relation to end of life the inspector found that in some cases, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. The director of nursing told the inspector that it was completed for some residents but it was not in any that the inspector reviewed. These wishes could then direct the care provided. Otherwise the inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The practices were supported by an end-of-life policy. The person in charge stated that the centre received advice and support from the local palliative care team.

The inspector reviewed a sample of prescription and administration records and noted that some improvement was required to reduce the risk of medication error. Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. This practice was not in line with the centre's own written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. In addition the inspector noted that prescription and administration times did not match. The prescription records showed medications were to be administered at 7am whilst the administration record stated 9am.

Residents had access to the services of the pharmacist of their choice and the pharmacist was available to meet with residents if required. Records showed that all nursing staff had attended medication management training.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, level of cognitive impairment and their skin integrity. A care plan was developed within 48 hours of admission based on the resident's assessed needs. However there was no documented evidence that residents and their families, where appropriate, were involved in the care planning process as required by the regulations.

Otherwise the inspector was satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident. This included details regarding the level of mobility, falls risk, communication needs, nutritional requirements and medications. The inspector noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team.

The inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by robust policies.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis or more frequently if required. 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. The inspector also noted that individual preferences and habits around mealtimes were recorded. This included details such as whether the resident liked to eat in the dining room and at what time they preferred their soup. Staff spoken with were very knowledgeable in this regard. The inspector noted that the menu was on display in the dining room and discussed with staff the possibility of developing pictorial menus to assist with choices at mealtimes.

Based on a sample of records viewed by the inspector, residents' health needs were met and had timely access to GP services including out-of-hours. There was evidence of referral for assessment to allied health services such as dietetics, speech and language, chiropody and dental. Records were maintained of referrals and follow-up activities and there was evidence of the sharing of information of residents that were admitted or transferred.

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:

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. However the inspector found that the use of restraint was not in line with national guidelines and required improvement to safeguard residents.

Improvement was required around the use of bedrails and usage remained high. Risk assessments had been completed. However a complete assessment was not undertaken including the use of possible alternatives and the assessment regarding the risk of entrapment.

Additional equipment such as low beds and sensor alarms had been purchased to reduce the need for bedrails. Regular checks were completed when in use.

Otherwise the inspector was satisfied that appropriate measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Because of their medical condition some residents showed behavioural and psychological signs of dementia (BPSD). Staff spoken with were very familiar with appropriate interventions to use and did not perceive these as behaviours that challenge. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Additional support and advice were available to staff from the psychiatry services.

The person in charge told the inspector that he did not manage any residents' finances.

Judgment:

Non Compliant - Moderate

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 was satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected. The inspector saw that sometimes the activities were dictated by the routine and resources and did not reflect the capacities and interests of each individual resident.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day rooms. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 33% of interactions demonstrated positive connective care, 21% reflected task orientated care while 46% indicated neutral care. The inspector noted that during one half hour interval the reason for the delivery of neutral care was that one resident required additional attention which affected other residents. The inspector noted that the activity coordinator was unable to deliver specific dementia friendly activities owing to the number of residents requiring her attention. Staff told the inspector that previously there were two activity coordinators working in the centre. The inspector noted that the general staff did not routinely engage in the activity programme.

Despite this the inspector saw that the activity coordinator was very committed to meeting the needs of the residents. 'A Key to me' was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. Dementia appropriate activities were available and a programme of activities was on display. This included music, games and crafts. One to one activities such as hand massage were carried out for residents who did not wish to engage in group activities. Some residents told the inspector how much they enjoyed knitting. One resident told the inspector that they plan to start knitting for the Christmas boxes that the residents send to other countries in need.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors, and privacy locks were in place on all bathroom and toilet doors. Adequate screening was available in shared rooms. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

Independent advocates were available. Residents had availed of advocacy previously and one resident was availing of the service at the time of inspection.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends. During the day residents were observed to move around the centre freely.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected. Staff sought the permission of the resident before undertaking any care task. Residents were satisfied with opportunities for religious

practices. Arrangements were in place for residents to vote in the recent election.

There was a residents' committee in operation. The inspector viewed the minutes of some meetings and saw that suggestions made by residents had been taken on board. For example the inspector saw where suggestions regarding menu choices had been acted upon.

There was evidence that feedback was sought from residents with dementia on an ongoing basis on the services provided. Satisfaction surveys had recently been completed which indicated overall satisfaction with service provided. Any issues identified had been addressed.

Judgment:

Non Compliant - Moderate

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:

A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure met the regulatory requirements.

Residents spoken with were clear about who they would bring a complaint to. Records reviewed showed that complaints made to date were dealt with promptly. The inspector noted that the policy was currently being updated to ensure the outcome and satisfaction of the complainant was recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents, and in particular residents with a dementia. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. Improvement was required to documentation relating to volunteers.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. However their roles and responsibilities were not set out in writing as required by the regulations.

A recruitment policy in line with the requirements of the regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete. The inspector saw that a checklist was in place to ensure that all staff files met the requirements of the regulations.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty. Systems were in place to provide relief cover for planned and unplanned leave.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Other training provided included training in dementia care, mealtimes' experience, behaviours that challenge and infection control. Staff spoken with confirmed that a variety of training programmes had been provided to them.

Judgment:

Substantially 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 layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Once the planned renovations are completed, the design and layout will promote the dignity, well being and independence of residents with a dementia. Cherry Grove Nursing Home is a purpose-built two storey centre and all resident areas are located on the ground floor. The building is well maintained both

internally and externally. It was found to be clean, comfortable and welcoming.

In total there are 41 single, eight twin and one three bedded bedroom. All bedrooms have en suite facilities. Each bedroom was appropriately decorated and contained personal items such as family photographs, posters and pictures. Bedrooms windows allowed residents good views of the garden. The inspector also noted that there was a clock and calendar in some resident's rooms and the person in charge discussed plans to develop this further.

There are additional wheelchair accessible toilets located around the building. The centre has two main sitting rooms, a visitor's rooms, a dining room, an oratory, treatment room, smoking room, kitchen, hairdressing room, storage rooms and two sluice rooms.

The upstairs area which was accessible by stairs and lift provided office space, staff facilities and the laundry in addition to storage.

The person in charge discussed plans afoot to further enhance the environment. This included providing contrasting colours in the toilets to aid orientation and this was completed in some rooms. Some appropriate signage in word and picture format was available at eye level height throughout the centre and the director of nursing confirmed that additional signage was on order.

The inspector noted that the day room used by most residents was very crowded at times. The second day room was not used as often. The dining room was a large room and the person in charge discussed options available which included the possibility of switching the day room and the dining room. This would also facilitate a more extensive secure garden area to be developed. Although there were extensive well maintained grounds around the centre, the small secure garden which was off the smaller day room was not readily available or accessible to residents with dementia.

There was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing was up to date. There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access. All walkways were clear and uncluttered to ensure resident's safety when mobilising.

Adequate parking was available to the front of the building.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
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

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|----------------------------|---------------------------|
| Centre name: | Cherry Grove Nursing Home |
| Centre ID: | OSV-0000214 |
| Date of inspection: | 21/07/2016 |
| Date of response: | 12/08/2016 |

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:

There was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life.

1. 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,

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

psychological and spiritual needs of the resident concerned.

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

Our end of life policy is very in-depth and all needs are catered for. We do not always get a detailed response from residents or their relatives about their wishes at the time of assessing or in subsequent assessing as end of life is not always imminent. We have documented as much information as we have available to us on most residents.

We will revisit all the care plans over the next three months and get more in-depth information available to us and document it.

We will devise a document and distribute it out to the residents with their end of life wishes. Those who are confused and cannot make decisions we will have to ask their next of kin to assist us with this. This will also provide us with evidence of resident and relative involvement.

We have a palliative care plan which includes physical, emotional, & social aspects of end of life. We use this care plan when we know that death is near. We do not start these care plans on admission.

We have asked our nutritionist to see if they can provide us with pictorial menus for the resident.

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

In some cases, the maximum dose of medication that could safely be administered in a 24 hour period was not consistently recorded.

Morning prescription and administration times did not match.

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:

We have added the maximum doses to all the central scripts and have asked the G.P's to check them and correct as necessary.

The times have been changed on the central scripts headings to match the mar sheet headings.

Proposed Timescale: 12/08/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

A complete assessment was not undertaken prior to the use of restraint to include the use of possible alternatives.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Staff nurses are still doing the restraint assessments for all the residents who have asked for or have bed rails when in bed.

Proposed Timescale: 31/10/2016

Outcome 03: 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:

Sometimes the activities were dictated by the routine and resources and did not reflect the capacities and interests of each individual resident.

4. 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:

All residents have meaningful activities assessments completed every three months or more frequently if conditions require.

Residents have had their assessments completed and some have sensory care plans in place some have exploratory care plans and some have reflex care plans in place depending on their ability to carry out activities. It may not have come across but they are catered for in line with their abilities.

We will review the delivery of care to facilitate the activities more.

We will review the possibility of having two activities co-ordinators as previous or the possibility of getting care staff to involve themselves in activities provision also.

Proposed Timescale: 30/11/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The roles and responsibilities of volunteers were not set out in writing as required by the Regulations.

5. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

The roles and responsibilities of volunteers will be documented and their roles and responsibilities will be clearly set out whilst on the premises or assisting with residents.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

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:

We are in the process of putting clocks in all the rooms.

We are in the process of installing varied coloured toilet seats.

We have ordered signage for the bathrooms we ordered it in June and it has not arrived as of today yet.

We had planned an enclosed garden originally in the building but the budget for it gets prioritised to other areas. It is still in our plans to do the enclosed area. We do have a small enclosed area near the old day room but it is not utilised by the staff or residents currently. We are exploring the possibility of changing day room and dining room which will impact on the dining experience so will have to be cleared by the residents' council prior to trial of same.

We are also proposing to paint all the toilet doors an individual colour, again in conjunction with suggestions from residents' council.

Proposed Timescale: 31/12/2016