<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Costello’s Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000333</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballyleague, Lanesboro, Roscommon.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>043 332 1361</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:costellosnursinghome@gmail.com">costellosnursinghome@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Costello’s Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Shay Costello</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
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<tr>
<td>Support inspector(s):</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>25</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 08 November 2017 09:30
To: 08 November 2017 17:45

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
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<td>Substantially Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td></td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Information for residents</td>
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<td>Compliant</td>
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</table>

Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). 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 provider had completed a self-assessment document and had submitted this to HIQA with relevant polices including procedures for the admission of residents and the management of responsive behaviours associated with dementia. The inspectors reviewed these documents prior to the inspection. The inspectors met with residents, staff members and the person in charge. The
inspector tracked the journey of residents with dementia and observed care practices and interactions between staff and residents. A formal recording tool was used for this purpose. Documentation to include care plans, medical records and staff files were examined.

The centre can accommodate 28 residents and at the time of inspection 26 residents were accommodated. Fourteen residents were identified with a dementia related condition as their primary or secondary diagnosis.

The wellbeing of each resident with dementia was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care. Measures to promote health and support residents to function to their full potential were ensured through weekly physiotherapy sessions and a daily social care program of activities.

The inspectors observed care practice and interactions between staff and residents. Staff were respectful and friendly to residents and demonstrated that they were familiar with their dementia care needs. There was an adequate complement of staff deployed with the appropriate skills and experience on each work shift to meet the needs of residents.

A total of nine outcomes were inspected. The inspectors judged six outcomes as compliant and three as substantially complaint with the regulations. The action plan at the end of this report identifies areas where improvements are required to comply with 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.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
The inspectors focused on the experience of residents with dementia, tracked the journey of residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents.

Pre-admission assessments were undertaken to ensure that the service could meet the individual needs of residents and to ensure the placement was appropriate. Prospective residents and their families are invited to visit the centre where possible prior to making a decision.

The wellbeing of each resident with dementia was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care. Arrangements to meet each resident’s assessed needs were set out in an individual care plan that reflected their needs, interests and capacity.

Care plans had been developed with the involvement of residents or their representatives and reflected their changing needs and circumstances. Each resident’s assessment included: physical ability, psychological wellbeing, social care needs, emotional wellbeing, spiritual and communication needs.

Residents had clinical assessments carried out on an on-going basis in the following areas: continence, tissue viability, sensory deficits, nutrition and hydration, risk of falls and pain. In addition, residents with dementia had supports in place for the behavioural and psychological symptoms and signs of dementia (BPSD), orientation to surroundings and communication strategies. Information about residents’ daily routine, their families and significant life events were recorded in life story documentation.

Each resident with dementia and his/her family, if appropriate, had been given the opportunity to discuss his/her future healthcare and end of life needs and wishes. Where decisions had been reached these were clearly recorded in each resident’s medical notes and care planning documentation. There were a number of residents with a do not attempt resuscitation (DNR) status in place. This decision was reviewed by the GP.
periodically as required by the action plan of the last inspection.

Measures to promote health and support residents to function to their full potential were in place, for example, weekly physiotherapy sessions and daily social care activities. Care plans, seen by the inspector, clearly set out the care interventions for staff. Systems were in place to monitor that care was being delivered in line with the care plans.

Residents had a choice of general practitioner (GP) but most residents have their medical care needs met by a local GP who visited the centre on a regular basis. The inspectors saw regular medical reviews documented in residents files. Residents had access to allied healthcare professionals including, dietetic, speech and language therapy, podiatry and ophthalmology and physiotherapy services. Residents had access to the specialist mental health services.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents' weights were also 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. Records identified nutritional supplements were prescribed by GP and administered appropriately to help residents maintain an optimal nutritional status.

There was a high level of independence observed amongst the resident profile. Eighteen residents did not require any assistance to eat their meals. The majority of residents attended the dining room for both their dinner and evening meal. Staff supported residents to remain as independent as possible while dining with the use of plate guards to maximise independence.

There was an adequate number of staff available at meal times to support residents that did require help. The inspectors saw that meals were attractively served. Menus options were communicate clearly to residents and displayed on a board. The chef entered the dining room and greeted residents by name and served their lunch to the table. Observations evidenced the dining experience was enjoyed by residents.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
**Findings:**
There were measures in place to protect residents from being harmed or suffering abuse, including safe transparent arrangements for the management of finances.

There were systems in place to promote a positive approach to behaviours and the management of restrictive practices were in line with the national policy. There was a policy in place that gave clear guidance on the process to follow to safeguard residents in the event of an allegation of abuse being made. Staff in the centre had a clear understanding of the process to follow, and this was evidenced by the appropriate steps being taken when reports had been made, including the appropriate notifications to HIQA. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection. Staff were well informed on adult protection matters and could outline the varied type of abuse and acts of omissions that constituted abuse. Carers and nurses spoken with said that they had completed refresher training on this topic regularly.

Systems were in place to safeguard residents’ money and these were monitored by the provider and person in charge. Two staff signed for any money lodged or withdrawn. Residents' money was securely stored. A sample of records checked was in order. The provider is not an agent to manage pensions on behalf of any residents. Transparent systems were in place and financial statements or invoices were issued monthly to all residents or their nominated next of kin.

Where restraint such as bedrails was applied it was used in line with guidelines in the national policy on restraint published by the Department of Health (Towards a Restraint Free Environment in Nursing Homes). The use of physical restraint measures (bedrails) was risk assessed. Records were maintained of the type of restraints or enablers in place. At the time of this inspection six bedrails were raised as an enabler and two as a restraint to minimise the risk of an accident to the residents. Each resident requiring the use of a bedrail had a risk assessment completed to determine it was in the best interest of the resident and safe for their use. On each assessment viewed, the least restrictive alternative to the use of restraint had been considered and the reason for the restraint was discussed. Checks were in place. All residents were checked periodically throughout the night by staff. Care plans for residents with bedrails raised detailed the enabling function of the raised bedrail for example to help the resident sit up or turn in the bed independently or as psychological safety aid.

There were policies in place on responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and the use of restrictive practices. Supporting assessment tools were available. There was a standardised assessment tool to assess behaviours in place.

Incidents of responsive behaviour were being reported and evidence based tools, such as ABC (Ancedent Behaviour Consequence) charts, were used to log and monitor behaviour to track trends and aid understanding of the behaviour.

There is a policy on the management of responsive behaviour. The majority of staff had
received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. The inspectors noted that training on responsive behaviours had in some cases been completed some time ago in 2012 for a small number of care assistant staff and concluded that refresher training was required taking into account the varied range of dementia care needs and in some cases acute mental health problems that staff addressed.

Judgment:
Substantially 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:**
Each resident’s privacy and dignity was respected, including providing space to receive visitors in private. All residents were facilitated to communicate, enabled to exercise choice and to maximise their independence. Residents who were not able to communicate verbally had access to a file of appropriate pictures representing needs and expressions. There were pictorial cards to explain the menu option available to residents.

Each resident with dementia had opportunities to participate in meaningful activities appropriate to their interests and preferences. Activities provided included a sing along, ball games, readings from newspapers and bingo sessions which were very popular.

There was access to an independent advocacy service for residents. Residents were enabled to bring in items of interest from their homes which staff said helped them to feel comfortable and more orientated to their surroundings. Staff were found to be knowledgeable and respectful of the background and history of each resident. The right of residents with dementia to decline treatment or care was respected by staff and seen to be documented. The person in charge informed the inspector that residents with dementia were facilitated to vote in accordance with their abilities. In addition, residents with dementia were supported to observe or abstain from religious practice if they wished.

During conversations with the inspectors, residents confirmed that they were well looked after and they felt safe. While some expressed a wish to be able to live at home they confirmed they were content with the care provided and the centre was the next best option. Residents spoken with stated “I feel safe and it is better than living on my own”, “I am happy with my privacy and staff always come when I use the call bell”, “I am well looked after and the doctor calls”. Another resident explained she was content living in
the centre and stated “I make up my own mind about when I want to get up and go back to lie down”, and the “the food is lovely”.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. The inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). The observations took place in the sitting and dining room. During this time the inspectors evaluated the quality of interactions between carers and residents with dementia. Interactions observed were positive and meaningful. Staff related to residents in a calm and engaging manner. Residents were referred to by name and there was good eye contact between residents and the staff involved. Staff engaged in social conversation and encouraged residents to participate in the exercise session led by the physiotherapist. The staff member leading the activity session engaged positively with residents and demonstrated each exercise in addition to vocal instruction.

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 complaints policy in place. The complaints procedure was displayed prominently in the centre inside the main entrance.

Residents knew who to make a complaint to and expressed their satisfaction with the service provided to them. Arrangements were in place for recording and investigating complaints including communication of outcomes to complainants. The person in charge had a template to record any issues. At the time of this visit no complaints were being investigated. The details of the complaints procedures were outlined in the residents’ guide. A copy of this was provided to individual residents and located in each residents’ bedroom.

The details of the Office of the Complaint Ombudsman’s office were included for residents’ information if they were dissatisfied with the outcome of their complaint.

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 centre maintained policies on recruitment, training and development of staff. There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill mix of staff was adequate to meet the needs of residents taking account of the purpose and size of the designated centre.

The roster viewed by the inspectors confirmed the staff number on duty, which the person in charge had discussed with the inspector. There are four care assistants rostered from 8.00hrs until 14.00hrs and three care assistants until 20.00hrs. There are two care assistant until 23.00hrs and one care assistant and one nurse rostered for night duty. There are two nurses in addition to the person in charge rostered during the day.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings between each work shift to ensure good communication and continuity of care from one shift to the next. The inspectors noted that the day room was supervised at all times and there was adequate staff on duty to assist residents at meal times.

Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspectors throughout the inspection. In particular, residents with dementia were seen to be supported by staff in a dignified and caring manner.

Staff demonstrated a clear understanding of their role and responsibilities when spoken with. They were found to be knowledgeable of residents' needs and the responsibilities of their respective roles. Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies in line with residents' needs. All staff employed had completed mandatory training in relation to fire training, safe moving and handling instruction and safeguarding of vulnerable adults. Training on dementia care and associated behaviour had been completed by several members of the staff team. However, as discussed Outcome 2 Safeguarding and Safety, training on responsive behaviour for a small number of care assistant staff had been completed some time ago in 2012.

The recruitment procedures were reviewed. The inspector reviewed the personnel records and found that the required Schedule 2 information including vetting disclosures was available. The person in charge gave verbal assurance all staff had required vetting.
in place. However, in one file there was not a satisfactory history where gaps in employment had occurred.

**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 location, design and layout of the centre was seen to be suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conformed 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, as regards the requirements for premises in a designated centre.

There is a spacious sitting room available for use by residents and a smaller quiet space located in the corner from the dining room. The dining room is suitable in size to meet residents’ needs and is located off the kitchen. Two separate sittings are accommodated at each meal time. Other facilitates include a conservatory style visitors' room, an oratory and hair salon.

Bedrooms accommodation comprises of 16 single and six twin bedrooms. Bedrooms are adequate in size and equipped to meet the comfort needs of residents. Bedrooms were well personalised. Staff encouraged and supported residents to personalise their bedrooms. The shared bedrooms provided each resident with adequate space and facilities to meet their individual residents’ needs and privacy and dignity. Adequate bed-screening was provided in bedrooms accommodating more than one resident. There was suitable personal storage in all bedrooms for residents' belongings.

There were a sufficient number of toilets, baths and showers provided for use by residents. There are toilets were located close to day rooms for residents’ convenience. There was one shower room with a seat fixed to the wall but there was no grab rail to assist residents while transferring to the shower seat.

Progressive work to assist guide and orientate residents around the building had been undertaken. There were visual cues and pictorial signage to guide residents. Each bedroom door had a photograph of the resident on the door with their name to help direct residents. There were pictorial signs on bathroom doors sitting and dining room to orientate residents. Clocks were provided in all bedrooms to help orientate residents’
regards time. These were positioned to ensure they were visible to the residents when resting in bed. Notice board was used in the sitting room to communicate information on activities, day of week, date and weather conditions. There was a digital display on the mantelpiece of the sitting room to indicate the day and date and month of the year.

All parts of the building were comfortably warm, well lit and ventilated. Access to the centre and service areas are secured in the interest of safety to residents and visitors.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
The matters identified for improvement in relation to fire precautions and risk management by the action plan of the previous visit were satisfactorily completed.

The management of clinical risks such as falls were guided by policies and practices. A falls diary was maintained to support the ease of identification of any trend in risk or contributory factors in a fall sustained. Risk assessments are undertaken to mitigate and reduce the risk of falls. Residents were referred for review by the physiotherapist. A good range of assistive equipment and devices was supplied to meet the needs of residents. Moving and handing risk assessments and care plans outlined the type of hoist and sling required

The procedures to complete and record fire drills required on the last inspection. The fire drill records examined evidence regular staff fire drills were completed to reflect various scenarios. The records documented the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There is an annual program of fire safety training in place. There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. All residents had a personal emergency evacuation plan in place.

Judgment:
Compliant
### Outcome 11: Information for residents

#### Theme:
Governance, Leadership and Management

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

#### Findings:
The contracts of care detailed expenses not covered by the overall fee and incurred by residents for example, activities, chiropody and escort to appointments were identified and outlined in the contract of care. The contract specified the type of occupancy of the bedroom in each contract care reviewed. Residents admitted for short term care were provided with a contract of care detailing the terms and conditions of occupancy. This was an area of improvement required by the action plan of the last inspection.

There was a good variety of information available for residents and families. The residents’ guide was on display and contained a copy of the most recent inspection report by HIQA. There is an information brochure inside the door with a variety of leaflets in relation to services related to safeguarding, advocacy arrangements and health related matters pertaining to care of the elderly. There was a variety of information provided to residents and families in relation to dementia to include the contact details and newsletters from the Alzheimer’s Society of Ireland. Leaflets on eating well with dementia were available in the visitors sitting room and variety of topical information in relation to dementia to support residents and their families.

#### 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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Costello’s Care Centre
Centre ID: OSV-0000333
Date of inspection: 08/11/2017
Date of response: 01/12/2017

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 02: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training on responsive behaviours had in some cases been completed in 2012 and refresher training was required taking in to account the varied range of dementia care needs and in some cases acute mental health problems that staff addressed.

1. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**
Refresher training will be scheduled for staff requiring same, which will take place in January 2018.

**Proposed Timescale:** 31/01/2018

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In one staff file there was not a satisfactory history where gaps in employment had occurred.

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:**
This gap in employment was explored but not documented on file. This has since been rectified and is now on file in question.

**Proposed Timescale:** 01/12/2017

**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:**
There was one shower room fitted with a seat fixed to the wall but there was no grab rail to assist residents while transferring to the shower seat

3. **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:**
A grab rail to assist Resident’s while transferring to the shower seat, is in situ.
Proposed Timescale: 01/12/2017