

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Virginia Community Health Centre
Centre ID:	OSV-0000503
Centre address:	Dublin Road, Virginia, Cavan.
Telephone number:	049 854 6212
Email address:	bernardine.lynch@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Rose Mooney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	30

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 1 day(s).

The inspection took place over the following dates and times

From: 12 July 2016 08:50 To: 12 July 2016 17:00

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

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to Health Information and Quality Authority (HIQA) along with relevant policies. The inspector reviewed these documents prior to the inspection.

The inspector met with residents, staff members, the person in charge. The inspector tracked the journey of residents with dementia. Care practices and interactions between staff and residents were observed. A formal recording tool was used for this purpose. Documentation to include care plans, medical records and training records were examined.

There were 25 residents in the centre during the inspection. There were 16 residents

with maximum dependency care needs. At the time of inspection 13 residents were identified with a dementia related condition as their primary or secondary diagnosis. There was no resident under 65 years of age with a diagnosis of dementia.

The centre is registered to accommodate 56 residents. Accommodation in the new extension comprises of 14 single ensuite bedrooms on the ground floor and 12 on the first floor. This section was fully occupied. The renovated section of the building has capacity to accommodate 30 residents. There are six twin and three single bedrooms on both the ground floor and first floor of the building. This section of the building remains unoccupied since registration was issued by HIQA in June 2015.

The inspection evidenced a good standard of evidence-based care and appropriate medical and allied health care access. There was a good emphasis on personal care and ensuring personal wishes and needs were met. Access to allied health professionals was available. When needed, residents were transferred to hospital for investigation and treatment. The GP visited the centre each day during the week.

There was a good complement of care staff rostered. There was a high number of nursing staff available to meet the clinical care needs of residents. There were features within the design of the building that prompted memory and orientation and simultaneously ensured residents' safety.

A total of six Outcomes were inspected. The inspector judged one Outcomes as major non-compliant and two as substantially compliant. The remaining three Outcomes were judged as compliant with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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.

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):

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

Findings:

There were 25 residents in the centre during the inspection. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. There were 16 residents with maximum dependency care needs. Four residents were assessed as highly dependent and three had medium dependency care needs. Two residents were assessed as low dependency. At the time of inspection 13 residents were identified with a dementia related condition as their primary or secondary diagnosis. None of these residents were under 65 years of age.

A preadmission assessment was completed to ensure the centre could meet the needs of a prospective resident.

The arrangements to meet residents' assessed needs were set out in individual care plans. The inspection evidenced a good standard of evidence-based care and appropriate medical and allied health care access. A range of risk assessments had been completed. These were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care.

In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in care plans.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, the risk of developing pressure sores and continence needs. Personal profiles were well developed. Those completed included details of the residents' life history, their likes and dislikes, and photographs from throughout their lives.

There was a good emphasis on personal care and ensuring personal wishes and needs were met. Care plans were individualised for residents with dementia or behaviours that

challenge. However, some further detail was required to identify information such as who the resident still recognised or what activities could still be undertaken. Residents physical care needs were documented well in the daily care records. Access to allied health professionals to include speech and language therapy, psychiatry and dietetic services was available.

When needed, residents were transferred to hospital for investigation and treatment. Residents were facilitated to attend specialist medical appointments. Transfer of information within and between the centre and other healthcare providers was found to be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were retained in files.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspectors observed and saw that residents were treated well with support provided appropriately. The contact details of the confidential recipient to report any issues of concern were displayed around the building.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. However, refresher training in the safeguarding of vulnerable adults was not completed with staff in line with the introduction of a new safeguarding policy. Some staff did not have refresher training within the timescales outlined in the centre's policy on the protection of vulnerable adults.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

There is a policy on the management of responsive behaviour. Staff spoken with were very familiar with resident's behaviours and could describe particular resident's daily routines very well to the inspectors. Staff had completed training in the Professional Management of Aggression and Violence (PMAV). This training included components on caring for older people with cognitive impairment or dementia.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. When required behaviours logs were being completed to identify triggers and to inform further planned reviews by the psychiatry team. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. The community mental health nurse visits the centre to provide specialist advice to support care to residents.

There was a policy on restraint management (the use of bedrails and lap belts) in place. A restraint free environment was being promoted. At the time of this inspection there were no lap straps in use.

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:
As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at two different times for intervals of 60 minutes in the downstairs dining room and 30 minutes in the sitting dining room upstairs. Observations were undertaken both in the morning and afternoon.

In the first observation the inspector found that for 60% of the observation period (total observation period of 60 minutes) the quality of interaction score was 0 (neutral care). The observation took place in the dining room on the ground floor where three residents had remained after breakfast. The entire observation period was very passive and not stimulating. Only one resident was actively engaged in knitting and mobilised outside independently to have a cigarette. The remaining two residents were immobile and no staff came to check on the two residents at regular intervals. No care staff entered the room for total period of 25 minutes. Both residents sat at separate tables where they previously had their morning snack and remained seated at the table until lunchtime. They were not meaningfully engaged for a period of 40 minutes until lunch commenced. During the remainder of the observation period lunch was served. One next of kin joined a resident for lunch but was offered a seat at a separate table. Positive connective care was observed between staff and residents throughout the lunch time period.

The second observation period was undertaken in the afternoon on the first floor. Five residents were in the room at the start of the observation period. One resident had a visitor and another resident was engaged in an activity folding materials to assist staff. After the observation the resident told the inspector he undertook this activity regularly and enjoyed it as he was able to help the staff. There was a continual staff presence in the room and staff engaged with residents throughout the observation period. While activities were low key they were suitable to each resident's capacity, ability and interest. During this observation period it was identified that for the total time of the observation period the quality of the interaction score was +2 (positive connective care).

Residents' names were displayed on their bedroom doors. Residents had access to advocacy services. An advocate visits the centre regularly and reported any concerns to the management team. Residents on two days each week in the afternoons participated in a Sonas activity.

Residents' privacy was respected. Bedrooms and bathrooms had privacy locks in place. Residents could receive visitors in private.

Residents with good cognitive ability choose what they liked to wear and inspectors saw residents looking well dressed. Residents appeared comfortable with staff, engaged with them and called for them when they needed support. Staff knew residents well and could describe their backgrounds and specialist interests. Life histories were developed.

There was an oratory available for residents use. This was very well designed and provided a quiet place for residents' to have personal space for prayer.

Judgment:
Non Compliant - Major

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 person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. This ethos was outlined in the complaints policy. Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate

complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints. The facility to record a complainant's satisfaction with the outcome of any matter raised by them was provided for in the complaints log.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

There was an appropriate number of staff at the time of this inspection rostered to care for the 25 residents accommodated. There was a high number of nursing staff available to meet the clinical care needs of residents. There are four nurses rostered throughout the day and two clinical nurse managers, five days each week, in addition to the person in charge to deliver care to 25 residents.

There was a sufficient number of care staff allocated on each floor to ensure the delivery of person centred care. Two kitchen assistants are assigned to each floor of the building each week day to assist meet the catering needs of residents. In addition catering, cleaning and a diversional activity therapist is employed.

There was a policy and clear procedure for the recruitment, selection and vetting of staff. It was reflected in practice. The sample of staff files reviewed contained all the information required by Schedule 2 of the regulations.

Information available conveyed that staff had access to ongoing education and a range of training was provided. Required mandatory training such as fire safety and moving and handling were undertaken.

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 location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The building was well maintained, warm, comfortably decorated and visually clean. The section accommodated has been recently built and the unoccupied section has been completely renovated.

Accommodation in the new extension comprises of 14 single ensuite bedrooms on the ground floor and 12 on the first floor. This section was fully occupied. There is a sitting room, dining room, private visitor's room, an assisted bathroom with a bath, cleaning and sluice room on each floor of the building. There is a clinical room on each floor and residents have access to an enclosed garden in addition to landscaped gardens around the building.

The renovated section of the building has capacity to accommodate 30 residents. There are six twin and three single bedrooms on both the ground floor and first floor of the building. This section of the building remains unoccupied since registration was issued by HIQA in June 2015.

There were features that prompted memory and orientation. Handrails were a distinctive colour from the wall. The wall behind sanitary fittings in each ensuite bathroom was of a different colour from the surrounding wall surfaces.

Clocks were provided in bedrooms. The clocks were located in a position on the wall where they were clearly visible to residents while lying in bed. Resident's names were displayed on their bedroom doors. There were visual cues or pictorial signage to direct residents from their bedrooms to communal areas.

Bedrooms windows were at a low level and residents had good visible views of the gardens. There is an enclosed courtyard, landscaped and provided with seating. The doors of the building on either side can be opened to allow free access for continuous circular movement. This gives freedom to residents, particularly those with confusion or dementia who like to actively walk around without having to turn back. Floor to ceiling length windows were situated at the end of each corridor.

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

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Virginia Community Health Centre
Centre ID:	OSV-0000503
Date of inspection:	12/07/2016
Date of response:	19/09/2016

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

Some detail was required in care plans to identify information such as who the resident still recognised or what activities could still be undertaken.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

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

The Registered Provider will ensure compliance with Outcome 01: Health and Social Care Needs as follows;

All Nurses working in Virginia Community Health Centre will ensure that all information relating to who the resident still recognises, what activities they can still undertake etc are incorporated accurately into each resident's Care Plan. This will be done through the three monthly Care Plan reviews on each Unit.

In addition each resident will have an Individualised "Who am I" information sheet in their rooms and this information will inform the care plan and will be readily available to all staff and visitors.

Proposed Timescale: 19/12/2016

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:

Refresher training in the safeguarding of vulnerable adults was not completed with staff in line with the introduction of a new safeguarding policy. Some staff did not have refresher training within the timescales outlined in the centre's policy on the protection of vulnerable adults.

2. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

The Registered Provider will ensure Compliance with Outcome 02: Safeguarding and Safety as follows:

To date four staff working in Virginia Community Health Centre have attended the New Safeguarding Vulnerable Adults training in Line with National Policy.

On 7th October 2016 a further six staff (including 2 x Nurses, 2 x HCA's, 1 X Diversional Attendant and Driver / Carer) will be attending the Training and further dates have been arranged for 26th October 2016 and 7th December 2016 and staff from Virginia Community Health Centre will be attending on both dates.

As part of the ongoing Tool Box Talks Programme within VCHC, the Person in Charge and the Clinical Nurse Managers will ensure that regular reminder talks will be delivered to staff on the four R's of Elder abuse: Recognising, Responding, Reporting and Recording.

Proposed Timescale: 16th September and ongoing.

Proposed Timescale: 16/09/2016

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:

An observation that took place in the dining room on the ground floor found that two residents were immobile and no staff came to check on the two residents at regular intervals. No care staff entered the room for total period of 25 minutes. Both residents sat at separate tables where they previously had their morning snack and remained seated at the table until lunchtime. They were not meaningfully engaged for a period of 40 minutes.

3. 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:

The Registered Provider will ensure Compliance with Outcome 03: Resident's Rights, Dignity and Consultation as follows:

The Registered provider, Person in Charge and Clinical Nurse Managers of Virginia Community Health Centre met with staff from the ground floor on 5th September 2016 in relation to Major Non-compliance identified in our most recent HIQA Report. Staff were given time to reflect on their practice and to bring forward suggestions as to how such non-compliance can be addressed and to ensure full compliance going forward.

Actions agreed

A review meeting was held on 12th September 2016 and the following Actions were agreed to ensure that there were opportunities for residents to participate in activities in accordance with their interests and capacities.

- Review of staff breaks has taken place to ensure that all staff including catering and cleaning staff will assist each morning to ensure that all residents have opportunities to participate in meaningful activities.
- Dementia Champion Nurse to arrange and provide suitable in-house education for all staff
- Staff Rotation Programme (between Units) to commence following full consultation with all staff grades within Virginia Community Health Centre

- Staff to suggest "Change Initiatives" to Management Team for consideration and implementation in the Centre to ensure on-going Compliance with Outcome 03: Resident's Rights, Dignity and Consultation and to ensure adequate and appropriate engagement between staff and our residents.
- The Person in charge and the Clinical Nurse Managers in VCHC, in consultation with our Practice Development Nurse, Ms Caroline O'Brien, will carry out Observational Audits to monitor Compliance.

Proposed Timescale: 14/9/2016 and ongoing

Proposed Timescale: 14/09/2016