



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Alzheimer's Care Centre
Name of provider:	J & M Eustace Partnership T/A Highfield Healthcare
Address of centre:	Highfield Healthcare, Swords Road, Whitehall, Dublin 9
Type of inspection:	Announced
Date of inspection:	06 March 2020
Centre ID:	OSV-0000113
Fieldwork ID:	MON-0023105

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Alzheimer Care Centre is a 154 bed centre providing residential and respite services to males and females with a formal diagnosis of dementia over the age of 18 years. The centre also contains a unit specific to meeting the needs of people with a diagnosis of enduring mental illness. The centre is located on the Swords Road at Whitehall in Dublin within easy reach of local amenities including shopping centres, restaurants, libraries and coffee shops. The original single storey building consisted of two units with capacity for 64 residents. A large extension containing a further 90 beds over three floors was opened in 2012. Accommodation for residents is across seven units. With the exception of the Ryall and Grattan units, the remaining five consist of single bedrooms with fully accessible shower and toilet en suites, dining and sitting rooms and access to safe outdoor garden areas. The centre also contains, a large oratory for prayers and religious services, activity rooms, hairdressing salons, coffee dock, several private visitors rooms and designated smoking areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	148
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 6 March 2020	09:45hrs to 18:00hrs	Michael Dunne	Lead
Friday 6 March 2020	09:45hrs to 18:00hrs	Sarah Carter	Support

What residents told us and what inspectors observed

Residents spoken with during the inspection expressed high levels of satisfaction living in the home. Residents informed the inspectors that staff were kind and caring and that they could not do enough for you.

Residents said that staff listened to them and gave them time to express their views. Inspectors observed staff throughout the day supporting residents in caring and dignified manner.

Inspectors also spoke with resident's family and were informed that the Centre's staff performed their duties to a high standard and that there was good communication with the Centre at all times.

Inspector's also reviewed a number of questionnaires for residents which were completed by residents or their families prior to the inspection. All questionnaires reviewed indicated that residents were contented with their bedrooms, the range of activities on offer in the centre and the level of care and support given by the staff team. Residents also stated that they were aware of how to register a complaint should the need arise for them to do so.

Capacity and capability

There were robust management structures and systems in place to ensure the delivery of effective services to the residents. Inspectors followed up on a number of areas that required improvement since the last inspection and found that there were improvements regarding the management of medication, infection control with a programme ongoing addressing improvements to the premises.

There was an annual review of quality and safety in place which incorporated the views of the residents living in the centre and also identified a number of quality improvements going forward.

There was a well-defined management structure in place with staff clear on their roles and responsibilities within the team.

A number of processes including a well-structured auditing programme assisted the management team to monitor both clinical and operational inputs. There were a range of structured meetings held to review information collated and to devise

appropriate interventions.

There were a range of policies and procedures in place to support and guide staff in their work with policies updated and reviewed on a regular basis. The statement of purpose accurately described the range of facilities and services available at the centre. The complaints policy was advertised widely in the centre. Complaints records were reviewed and indicated that the centre was adhering to its own policy with records well maintained and stored securely.

A number of records were reviewed which included a review of staffing records. Records seen indicated that all staff met the requirements as set out in schedule two of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Regulation 15: Staffing

Inspectors were assured that there were appropriate numbers of staff with the relevant skills and training to meet the needs of the residents.

Staffing levels were reviewed taking into account the layout and needs of the residents. A review of staff rosters indicated that where staffing gaps occurred due to annual leave or sickness that they were filled from within the existing staff complement. In addition there was access to a bank of locum workers. Agency cover was provided as a last resort.

There was a system in place of rotating night and day staff to ensure that staff were aware of resident needs throughout the day and night. The use of staff rotation had a positive impact on resident care and afforded staff the opportunity to ensure resident care plans were fit for purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were reviewed and they showed that all staff had received mandatory training with regard to fire safety, manual handling and safeguarding prior to commencement of employment. In addition to the mandatory training provided staff could access a range of other relevant training such as food hygiene, first aid, infection control and wound care and incident recording.

Dementia training was part provided on a bus which incorporated a two hour virtual tour of how residents with dementia type illness viewed and experienced the environment they were living in. Staff told the inspector that they found this training to be effective in helping them understand the needs of residents with dementia and

also in devising effective care plan interventions to meet these needs.

An effective staff induction programme was in place to orientate and support staff working in the centre and afforded management the opportunity to ensure staff met the requirements of their post.

There was evidence of effective staff supervision on the units visited with clinical nurse managers overseeing the clinical care provided. There was effective communication observed between staff members working on the units which ensured that key resident information was transmitted within the staff team.

Staff were knowledgeable regarding the regulatory environment in which the Centre operated within.

Judgment: Compliant

Regulation 21: Records

Records required under Schedules two, three and four were maintained, stored safely and were accessible on request.

The inspector reviewed staff files and found compliance with Schedule two regulation requirements. All staff had garda vetting disclosures in place prior to commencing their roles in the centre.

Clear records of restraint use and restrictive practices were maintained.

The complaints records maintained were securely maintained and showed the actions the provider was taking or had taken to address any complaints received.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place to ensure that services provided met the needs and requirements of the residents. The person in charge (PIC) was supported in their role by a number of senior managers which included the director of services and strategic development, a clinical director and the head of quality and patient safety. There was additional support on each of the units provided by a number of clinical nurse managers (CNM's) who monitored clinical care input.

There was regular monitoring of both clinical and operational input through audits which were carried out on a monthly basis or sooner if required. There were a range

of management meetings in place to interpret this information and to ensure that poor performance was addressed and rectified.

There was evidence that the physical environment was well maintained with resources made available for physical improvements to Grattan unit. There was a structure in place to deal with day to day maintenance issues which was well known to the staff team.

There was an annual review of quality and safety in place which incorporated the views of the residents living in the centre. Resident's satisfaction surveys had been completed which accessed resident views on a number of key service areas such as food provision, resident's bedrooms, and resident choice, provision of activities, complaints and engagement with staff.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A selection of private and Health Service Executive (HSE) funded contracts were reviewed. All contracts seen provided clear information regarding residents financial contributions including costs that may be charged for other services. Contracts were signed and dated by the appropriate personnel. Residents contracts also displayed the nature of the room occupancy i.e single or shared.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible procedure and effective complaints process was in place. Residents' complaints, concerns and queries were listened to, acted upon and responded to in a timely, supported and effective manner.

There was evidence that complainants were satisfied with the management and measures put in place for any issues raised to improve the service. There were regular reviews occurring of the complaints process by a senior manager in the centre.

Judgment: Compliant

Quality and safety

Overall this was a well-managed centre with residents in receipt of a high standard of care and support from the staff team. There was a stable management team in place who were familiar with the systems to monitor resident care and support. A detailed programme of audits was in place to monitor clinical and operational practice.

An effective governance structure was in place to review key performance indicators with numerous committee meetings held on a regular basis to review this data.

A well-organized system to monitor risk and promote health and safety within the centre was in place and well maintained.

There were sufficient staffing resources seen across all of the units with staff in receipt of mandatory and supplementary training.

Resident's views were accessed through surveys and resident fora with resident feedback informing the centers practice and incorporated into the centres quality improvement plan.

Regulation 12: Personal possessions

There was a policy and procedure in place for the protection of residents property and finances. There was evidence available to show that these procedures protected and supported residents access monies and valuables held on their behalf by the centre. Resident bedrooms contained a lockable facility for residents to store items in a secure manner in their own room. Resident bedrooms also contained sufficient storage space allowing residents to store their clothes and personal items nearby.

Laundry facilities were contracted out however there was a system in place to identify individual residents items of clothing which was efficient. Residents commented that there were happy with the support they were receiving with their laundry.

Judgment: Compliant

Regulation 17: Premises

Accommodation was provided in a number of individual units with two units Ryall and Grattan identified as requiring premises upgrades in previous inspections. It was noted that works to enhance the privacy and dignity of residents living in Ryall unit has been completed through the provision of appropriate privacy screening while improvements to Grattan unit included the provision of additional bathing facilities.

A selection of rooms on Grattan Unit were painted with new furniture provided to enhance and provide a more homely environment for the residents, however there were a number of bedrooms still requiring upgrade.

The centre was clean and warm with residents observed using equipment that was clean and well maintained. There were sufficient facilities available for residents to meet friends and family in private outside of their own bedroom. There was appropriate seating provided throughout the centre for residents comfort with units tastefully decorated taking into account the needs of the residents. A number of units had direct access to garden facilities while there were two lifts available for residents living on the upper floors to use in order to gain access to garden areas. It was observed that one lift had been decorated in a homely manner to alleviate anxieties for residents who were fearful around using the lift.

The practice of inappropriate storage of items in resident's bathrooms had improved since the last inspection, however some evidence of this practice was found in a minority of bathrooms on the day of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk management policy and risk register was in place and well maintained. A process for hazard identification and assessment of identified risks related to residents and to the centre were recorded and subject to review.

Incidents were recorded and reviewed clearly, with the outcomes of investigations clearly documented and findings implemented. The centre had implemented a new online incident reporting and management system which assisted in the identification and management of risks in the centre.

The centre maintains an emergency on call system which caters for emergencies on a day and night basis and is displayed in each of the residential units.

Judgment: Compliant

Regulation 27: Infection control

Infection control practices were good, the different units in centre were clean and tidy. The outdoor courtyards were also clean and well maintained with suitable waste bins and ashtrays.

Schedules were in place to clean equipment, and this had the oversight of nurse managers on each unit. Equipment seen on the day of inspection appeared clean

and well maintained.

There were good hand washing and drying facilities and hand sterilising units throughout the centre. There was good signage in place alerting all who visited the centre to complete hand hygiene techniques.

Judgment: Compliant

Regulation 28: Fire precautions

There were policies and procedures in place to protect residents from the risk of fire which included a fire policy and fire risk assessment. Inspectors observed fire exit routes to be clear of obstruction with clear signage indicating the nearest fire exit to your location. There were fire maps located throughout the centre. There was fire evacuation equipment such as ski pads stored nearby each exit to assist resident transfer in the event of an evacuation.

A review of service records indicated that there were service level agreements in place to maintain the integrity of the fire alarm system, emergency lighting and fire extinguishers.

Staff were able to explain to the inspector their particular role in the event of the fire alarm being triggered and on how they would assist in the evacuation of residents. Staff also acknowledged their attendance at fire safety training and said that they found it useful and informative.

Each unit within the centre carried out a monthly audit of fire safety and inspectors noted that residents PEEPS (personal emergency evacuation plans) were located at the nurse's stations for ease of access.

The inspector saw a number of unit fire drills which provided assurance in terms of relevant information collated however these drills were not dated or did they identify which unit they originated from. This was pointed out to the person in charge who then dated and named the fire drill reports.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A review of medication practices within the centre indicated that there were policies and procedures in place to ensure that medication management was in line with regulatory requirements. Staff were able to describe resident's medication regimes and had good knowledge around the purpose and use of medications prescribed for

residents.

The centre had moved its day to day medication management from a manual system to an online electronic system and checks carried out during the inspection indicated that medication was dispensed according to the prescriber guidelines.

Improvements were made since the last inspection to the recording and rationale for the use of PRN (as needed) medication. Inspections reviewed documentation which provided rationale for the use of PRN medication and found that there was a marked decline in the use of PRN medication.

The centre was in receipt of regular support from the pharmacist who visited the centre every week and was also available to provide training when requested.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was evidence of on-going resident review and assessment using a range of recognised tools covering clinical issues such as the risk of pressure ulcers, risk of malnutrition and falls risk assessments.

Residents needs were comprehensively assessed on admission to the centre by general practitioners and there was access to specialist allied health practitioners (physiotherapists and occupational therapists) if required. There was evidence that the care plans had been developed in consultation with the resident and / or their relatives if appropriate.

Due to the formatting of the on-line care planning tool, discontinued sections of the care plan were not immediately clear on the main computer screens. However the sections of the care plans that were up-to-date, informed residents care and were well written and were person centred.

Judgment: Compliant

Regulation 6: Health care

Residents health and well being was promoted by consultation, inclusion, engagement, assessments and evaluations by staff and external professionals on referral or as required. Timely access to medical and allied health care services was available. Residents were facilitated to attend services external to the centre as requested, or as needed following an assessment or a referral.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was working towards a restraint free environment with staff displaying good knowledge in this area. Staff were able to describe situations where their working practices could impinge upon residents freedoms and autonomy. Resident care plans were person centred with residents views and preferences incorporated into these plans. Where restrictive practices were in place such as the use of bed rails there was a clear rationale given as to why they were used. Records indicating the duration of the restrictive practice in place required updating.

The centre had a restrictive practice policy and procedure in place and also had a restrictive register which was subject to regular updating and review.

Judgment: Compliant

Regulation 8: Protection

There was evidence that residents were safeguarded in the centre. A review of safeguarding records indicated that incidents were investigated according to the centre's safeguarding policy. The centre was keen to learn from incidents that occurred in the centre and had a review process in place to see if lessons could be learned and improvements made going forward.

Discussions with staff confirmed that they were aware of the centres safeguarding policy and were able to describe situations where residents may require safeguarding. Staff also confirmed attendance at safeguarding training and overall felt that this training informed their knowledge practice in this area of work.

Residents who were spoken with during the inspection said that if they had any concerns or worries that they could talk to any member of staff about it. All residents spoken with said that they felt safe in the centre.

The centre did not act in the capacity of supporting residents as pension agents.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors noted that resident rights were promoted and respected. Staff were

observed supporting residents in a kind and caring manner. Residents who required mobility support were assisted by staff in an unhurried fashion giving residents time to mobilise. Staff were seen to knock on residents doors prior to entry and explained to residents the purpose of their visit.

There was a detailed programme of activities designed to support residents social care needs which was informed by an internal survey looking at resident likes and dislikes.

Staff were seen to actively encourage residents to participate in group activities with residents offered support if they wanted to pursue activities on their own. Residents who spoke to the inspectors said that they liked living in the centre and found staff to be supportive and kind.

Resident links to the community were maintained in a variety of methods which included trips to various points of interest such as Croke Park, the theatre and the national art gallery. Residents were also supported to vote with the centre ensuring that residents were on the electoral register.

Feedback on the quality of services was achieved through resident surveys, resident forums and through the use of advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Alzheimer's Care Centre OSV-0000113

Inspection ID: MON-0023105

Date of inspection: 06/03/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The renovation of resident’s bedrooms on Grattan Unit was due to be completed by July, however, due to the impact of COVID-19 this has been temporarily postponed. The project to create a more homely environment for our residents will be resumed once restrictions have been lifted.</p> <p>The practice of storing items in resident’s bathrooms has been reviewed and such equipment will now be stored in dedicated storerooms within, or near to, the unit. Thus, keeping the bathroom free for use of our residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In line with regulation, the designated centre will continue with conducting unit fire drills and will revise the template of the fire drills report to ensure the date and specific unit is captured in the documentation.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	27/04/2020

	case of fire.			
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