

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Martha's Nursing Home
Centre ID:	OSV-0000291
Centre address:	Love Lane, Clybee, Charleville, Cork.
Telephone number:	063 30 750
Email address:	adminstmarthas@ehg.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Elder Nursing Homes (Charleville) Limited
Provider Nominee:	Pat Shanahan
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

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

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

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 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:
04 October 2016 10:50	04 October 2016 18:30
05 October 2016 09:15	05 October 2016 16:15

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

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days. The inspector met with residents, relatives, staff members across all departments, members of management and the person in charge. Of the 36 residents who were residing in the centre on the days of the inspection 21 had a confirmed diagnosis of either dementia or cognitive impairment. The centre did not have a dementia specific residential unit and resident

care was integrated throughout the centre. The inspector reviewed a number of care plans of residents with dementia and cognitive impairment, including processes around assessment, referral and monitoring of care. The inspector observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The provider had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form compared the service with 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. The provider's self assessment and the assessment of findings on inspection are set out in the table below for ease of reference. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents with dementia or a cognitive impairment was noted during the inspection.

The person in charge was present throughout the inspection and articulated an understanding of the individual needs of residents with impaired cognition and also a commitment to the delivery of person centred care to all residents. Areas for improvement identified during the inspection related to premises issues around storage of equipment and privacy for residents. These issues are further explored in the body of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The provider had self-assessed substantial compliance in this area and at time of inspection was compliant on the areas assessed. The social care of residents with dementia is comprehensively covered in Outcome 3.

Care planning assessments and records were maintained electronically and the system reviewed provided an accessible and effective oversight of the care of any individual at a given time. An admission policy was in place that reflected the statement of purpose and the person in charge undertook a pre-admission assessment in the first instance. On admission residents were comprehensively assessed around key components of care and daily living such as nutrition, mobility, skin integrity and cognition, using standardised assessment tools. Care plans were developed and implemented in line with these assessments that provided relevant guidance to staff on the delivery of care. A sample of care plans for residents with a diagnosis of dementia or cognitive impairment was tracked as part of the inspection process. Of the sample tracked it was found that timely assessments were carried out and regularly reviewed with care plans overall reviewed at least on a four monthly basis, or as residents' needs changed, in keeping with regulatory requirements. Care plans reviewed contained relevant, detailed information around interventions for individual assessed needs. Where a resident presented with significant skin integrity issues for example the care plan was current and comprehensive providing information and guidance to address potential needs in relation to both pain and wound management as well appropriate consideration around related dietary requirements. The care planning process involved the use of validated tools to routinely re-assess residents in relation to the key components of care. Designated nursing staff were responsible for nominated residents and were also supported by allocated health care assistants.

The centre had access to a range of allied healthcare services and on the days of inspection the services of a chiropodist and optician were being provided on-site. Advice on areas such as nutrition was available with input by a dietician and speech and language therapist recorded on care plans. Specialist therapies were also accessible with regular attendance at the centre by both a physiotherapist and an occupational

therapist. Dental care was provided by appointment. The person in charge explained that the centre could access consultancy services in relation to both gerontology and psychiatry on a referral basis. A dementia care policy was in place that referenced the needs of residents in relation to the management of care around the behaviours and psychological symptoms of dementia. Where residents presented with such symptoms care plans reflected appropriate assessment, review and plans of care to guide staff in the management of behaviour and delivery of care. These records also reflected that residents and their families, where appropriate, were involved in the care planning process. This information was supported by a review of feedback from the families of residents and discussion with the relative of a resident at the time of inspection. Protocols were also in place to ensure that relevant information about a residents' health, medication and communication needs were provided at times of discharge or transfer to another care facility.

A dementia care policy was in place dated January 2016 that provided relevant guidance in relation to the complex cognitive, physical, psychological and social needs of residents with dementia and almost all staff had received training in dementia related care. Comprehensive policies were in place that provided guidance on the management of nutrition and hydration. Good practice was observed during inspection around the provision of regular snacks and refreshments to all residents. The dining area of the centre was bright and well laid out with two sittings provided for both lunch and supper. Residents who required full assistance with their meals were seen to be supported appropriately with assistance provided in a discreet and person-centred manner. The number and skill mix of staff available at mealtimes was appropriate to the needs of residents. Menus were regularly rotated and offered good choice and nutritional balance. Meals were seen to be freshly prepared and home baking was also provided. Consideration was given to how meals were presented including those for residents who required the consistency of their food to be modified. Catering staff spoken with had been appropriately trained and understood the individual tastes and preferences of their residents. Mealtimes were seen to be a positive experience and an opportunity for social interaction with staff chatting to residents and engaging in conversation appropriate to their abilities. Where residents had special dietary and nutritional needs these were documented for reference and it was explained that these were regularly reviewed with nursing staff where changes occurred, or for new admissions.

A comprehensive end of life care policy was in place dated 1 December 2016 which referenced the emotional, psychological, physical and spiritual needs of residents at end of life. The person in charge explained that the current admission process included consideration of advance care planning and where discussion with residents and their families about end of life care arrangements had taken place these were recorded. Measures in place to prevent unnecessary hospital admissions included regular attendance and review by the GP and access to the services of a palliative care team. It was evident during inspection that appropriate consideration was given to the needs of residents and their family in end of life circumstances. However, as outlined at Outcome 6, the centre did not have designated space to ensure residents' privacy and that of their families at this time.

A full suite of operational policies and procedures were in place around the ordering, prescribing, storing and administration of medicines. Processes in place to store and

handle medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Practice in relation to transcribing prescriptions or crushing medication were supported by appropriate policies and protocols. Medication prescription and administration records contained the necessary biographical information of the resident including a photograph. Medicine administration was observed in the course of the inspection and seen to be in keeping with best practice. Nursing staff took time to explain to residents with dementia or a cognitive impairment what was happening and stayed with them while they took their medicine. Based on observations, feedback and a review of documentation and systems, the inspector was satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia or cognitive impairment.

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 was a policy and procedures in place for the prevention, detection and response to abuse that appropriately referenced current national policy and legislation. A training matrix indicated that a regular programme of training on safeguarding and safety was delivered by the centre and the person in charge was qualified to deliver this training in-house. A review of training records indicated all staff were up-to-date in this training and staff members spoken with by the inspector understood how to recognise instances of abuse and were aware of the relevant reporting systems in place. Residents spoken with by the inspector reported positively of their experience of care at the centre and were clear on who was in charge and how to raise any concerns they might have. Protocols were in place around the security of residents at the centre including the recording of visitors' attendance and keypad controlled exit from the centre to ensure the safety of residents with a cognitive impairment from hazards such as leaving the centre unaccompanied. CCTV was in place for supervision at the entrance and its use was in keeping with data protection requirements as set out in policy.

Systems were in place to safeguard residents' finances with a record maintained of individual transactions where entries were recorded and double signed. A sample of these records was checked and the figures reconciled with the balance of funds held. Where the centre operated as an agent for residents transparent procedures were in place around recording and documentation in keeping with the related policy.

A policy and procedure was in place on dementia and the management of the

behavioural and psychological symptoms associated with dementia. A large number of staff had received training in this area across all sectors, including household and domestic staff. Care plans of residents presenting with such behaviours were reviewed and contained relevant assessments and appropriate person-centred plans of care around managing such behaviours. The inspector observed staff interacting with these residents and noted that they were knowledgeable of the residents' needs and provided support that promoted a positive approach to such behaviours.

Management articulated a commitment to a restraint free environment and this approach was reflected in both policy and practice. In the few instances where bed-rails were in place their use was monitored and there were appropriate assessments as to both the need and risk of their use. The provider had self-assessed substantial compliance in this area and at time of inspection was compliant on the areas assessed.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an information policy for residents and a residents' guide for reference. There were no restrictive visiting arrangements and, on the day of inspection, a good number of visitors were observed spending time with residents in all areas of the centre.

Feedback from visitors spoken with was positive around their experience and observation of care at the centre and the inspector saw records of group consultation meetings with families and friends. The inspector also saw minutes of regular residents' meetings and residents had been involved in the naming of wings and corridors of the centre that reflected those areas and landmarks known to residents from the local area. Community links were fostered and pupils from a local secondary school attended the centre on a regular basis.

The inspector observed a person-centred culture of care in the centre. Staff were seen to enquire as to the preferences of residents with dementia and also to accommodate those preferences and facilitate where residents might choose to change their minds about their choices. Appropriate consideration was given to how the mood of a resident with dementia might change and staff were seen to implement measures to ease residents who were experiencing agitation. This included providing space to the individual or relevant questioning to ensure understanding and the use of diversion and distraction tactics that were appropriate to the circumstances of the situation. Staffing levels were appropriate to the needs of residents and in one instance where a resident was experiencing a sustained period of dementia related behavioural symptoms

resources to support one-to-one care for this resident, and to protect the welfare of others, were in place.

There was a designated activities co-ordinator who scheduled and organised a programme of activities with the support of staff. The weekly activity schedule included morning and afternoon arrangements for activities such as music, arts and crafts, Sonas and exercise time. Outings were organised to the local agricultural show and a nearby restaurant. Records of resident participation in activities were maintained that indicated residents with dementia or cognitive impairment were also facilitated to participate to the extent of their abilities and a relative explained how residents were involved in the watering of plants in the garden area. A hairdressing service was provided and residents were seen to attend in the course of the inspection.

The inspector observed that staff from all areas of the centre, household and catering staff, as well as care staff, engaged positively with the residents and communication was person-centred even in the conduct of day-to-day activities and duties. Although these exchanges were often brief the communication was interactive and inclusive. Staff were seen to prepare residents with a cognitive impairment for interaction by explaining the actions they were about to take. Staff also took time to provide reassurance when using intrusive equipment such as the standing hoist or assisting residents in transferring to and from their seat.

Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. This monitoring occurred during discrete 5 minute periods in blocks of 30 minutes. During these periods of observation interactions recorded were positive and, overall, residents with dementia or a cognitive impairment were seen to receive care in a dignified way that respected their personhood and interactions with residents were appropriate and respectful in manner.

Arrangements were in place for residents to access the services of an independent advocate and information on contact details was displayed for ease of reference in communal areas of the centre. Where closed circuit television (CCTV) monitoring was in use in it was restricted to public access areas and did not impact on the privacy of residents or visitors as they went about their day-to-day activities. The provider had self-assessed substantial compliance in this area and at time of inspection was compliant on the areas assessed.

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:

A site specific complaints policy and procedure was in place dated September 2015 which covered both written and verbal complaints. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for resolution. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer. This procedure also outlined an internal appeals process that included review by an independent panel and provisions for consultation on the panel selection process. Contact information for the office of the Ombudsman was also provided.

The record of complaints and concerns was maintained electronically. A review of these indicated that the system for dealing with complaints was comprehensive and robust with relevant information maintained about each complaint including details of the investigation and whether or not the complainant was satisfied with the outcome. The provider had self-assessed compliance in this area and at time of inspection was compliant on the areas assessed. Further information on advocacy is recorded against Outcome 3 on Rights, Dignity and Consultation.

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 reviewed the training matrix and discussed the training schedule with the person in charge who confirmed that mandatory training in fire precaution and prevention, safeguarding and manual handling were regularly completed by all staff. The person in charge was trained as a trainer in safeguarding and manual handling. Residents had access to assistive equipment as required and staff were observed to use safe and appropriate manual handling techniques when lifting and transferring residents. A schedule of regular training was also in place to support staff in their delivery of care on areas such as medication management, infection control and the use of restraint. A significant number of staff had attended training around dementia and the management of related behaviours and psychological symptoms this year. As discussed in previous outcomes staff were seen to interact and communicate effectively and appropriately with all residents. A comprehensive induction training programme was in place for new staff. Staff spoken with understood their statutory duties in relation to the general welfare and protection of all residents and around the needs of residents with cognitive

impairment or dementia related communication needs.

The planned and actual staff rota was reviewed and the inspector was satisfied that the staff numbers, their qualifications and skill mix, were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. The delivery of care was directed through the person in charge supported by a senior staff nurse who also deputised in this role. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Supervision was also implemented through monitoring and control procedures such as audit and review. A system of appraisals was in place and implemented by the person in charge. Management systems were in place to ensure that information was communicated effectively through both handover processes and regular staff meetings. A health and safety committee convened regularly and each department was represented by a nominated member of staff. Regular home management meetings were also in place and the person in charge had ongoing contact and access to the regional operations manager. Copies of the standards and regulations were readily available and accessible by staff. Staff spoken with said they felt well supported by management in relation to the provision of training and continuous professional development

Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. At the time of inspection no volunteers were engaged at the centre and management were aware of the statutory requirements in relation to record keeping and vetting should volunteers attend the centre. A sample of staff files was reviewed and documentation in this regard was well maintained in keeping with Schedule 2 of the regulations. The provider had self-assessed substantial compliance in this area and at time of inspection was compliant on the areas assessed.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The centre was a purpose built, single storey premises set back from the main road on well maintained grounds on the outskirts of Charleville, Co. Cork. Parking facilities were available to the front and back of the premises. The centre provided accommodation for up to 36 residents comprising 22 single rooms, 13 of which were ensuite and seven twin rooms, two of which were ensuite. The remaining rooms were equipped with a wash hand-basin facility. Residents' rooms were comfortable and personalised, to varying degrees, with individual belongings and memorabilia. Where rooms were shared

appropriate screening facilities were in place to promote privacy in the conduct of personal activities. The design and layout of the centre was in keeping with its statement of purpose; individual accommodation provided adequate space for the use of assistive equipment if necessary and also space for the storage of personal belongings and a secure locker. As part of the self-assessment the provider had also identified improvements required in relation to staff changing facilities.

The premises were well maintained with good standards of cleanliness in evidence throughout. Communal areas were homely and nicely decorated with pictures and paintings. Furnishings were in good condition and comfortable. There were adequate bathroom and toilet facilities appropriately located throughout the centre and an assisted bath facility was provided. There were several communal areas available to residents including a large open plan space with two separate sitting areas where residents could congregate for activities or to socialise. This area had open access into a bright conservatory space which could be made available for residents to meet visitors in private, though privacy here was defined by a light curtain. Consultation processes had also identified the lack of a designated private space for visiting as an area for improvement. Environmental stimuli to support people with dementia included the provision of a large, colourful, fish tank in the day room and a bird cage with a budgie in the conservatory. Communal areas had large, easy to read clocks and information around the date, weather and activities was also on display.

In relation to the specific needs of residents with dementia, the development of orientation signage in some areas of the premises would further support the requirements of those with a cognitive impairment. For example, a single colour tone was used predominantly in many areas of the centre. Here the use of contrasting colours and visual and tactile stimuli to provide direction would enhance the experience of people with dementia and support orientation. The use of visual cues such as pictograms or familiar photographs to identify individual rooms could also be developed further to promote the independence of residents with dementia or cognitive impairment.

Issues identified on previous inspection in relation to the kitchen area had been addressed and these facilities were now appropriately laid out and equipped for the size and occupancy of the centre. The centre did not provide any on-site laundering facilities. The centre had an adequate stock of equipment such as wheelchairs and hoists and certification around the maintenance of these items was in place dated 18 February 2016. However, storage space for hoists was limited and these were necessarily being stored on corridors at times. The provider had self-assessed substantial compliance in this area and the areas assessed returned a moderate non-compliance on inspection.

Judgment:

Non Compliant - Moderate

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:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Martha's Nursing Home
Centre ID:	OSV-0000291
Date of inspection:	04/10/2016
Date of response:	26/10/2016

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 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:

Suitable storage in the centre, as per Schedule 6 (k), was limited and hoists were being stored on corridors at times.

1. 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

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

designated centre.

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

The PIC will continue to ensure that hoists are stored safely and that there are no obstacles on corridors.

Proposed Timescale: 26/10/2016

Theme:

Effective care and support

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

As per Schedule 6 (f), adequate private accommodation for residents and their relatives, at times such as end of life, were not always available.

2. 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:

Every effort is made to ensure that residents are facilitated to spend time in private with visitors as they wish. The Registered Provider will identify a designated area within the centre to enable families to spend time in private at times, such as end of a resident's life. The PIC will provide appropriate accommodation for residents at end of life in order to maximise their privacy and dignity .

Proposed Timescale: 31/10/2016