

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Attracta's Nursing Home
Centre ID:	OSV-0000386
Centre address:	Hagfield, Charlestown, Mayo.
Telephone number:	094 925 4307
Email address:	info@stattractas.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Attracta's Nursing Home
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	67
Number of vacancies on the date of inspection:	3

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 June 2018 10:00	21 June 2018 19:00
22 June 2018 10:30	22 June 2018 18:30

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

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspector also followed up on progress of the action plan from the last inspection in November 2016. The actions from the last inspection were completed within the timescales proposed.

The inspector reviewed documentation the nursing assessments, care plans, medical records of four residents with dementia in order to track their journey within the service. The inspector also reviewed relevant policies. Care practices were observed during the inspection using a validated tool which looks at the quality of interactions between staff and residents who had dementia. All interactions observed by staff with residents were respectful, kind and therapeutic. A small number were task

orientated.

During the inspection the inspector met with residents and some relatives. The inspector also met with the provider who is based in the centre, the person in charge and with staff members. All of the residents and relatives spoken with gave very positive feedback about their quality of life in the centre.

The inspector found that there was a robust management team who were committed to ensuring residents with dementia received a high quality service. The centre had been recently extended and two additional communal areas with sitting room/ dining/kitchen areas provided based on a household model for residents. Considerable work had previously been undertaken to create a dementia-friendly environment.

There was evidence that residents were supported and facilitated to enjoy a meaningful and fulfilling life in the centre and had opportunities to participate in activities that met their individual interests and capabilities.

The healthcare needs of residents with dementia were met to a good standard. Residents were regularly assessed and had had access to healthcare from medical and support services. One resident was awaiting review by the psychiatry of later life team and this was being pursued by the person in charge. Care plans were developed to ensure positive outcomes for residents. There were policies and procedures in place to safeguard residents from abuse. There was evidence that residents who had responsive behaviours were supported but some of the residents reviewed had no positive behaviour support plans to guide staff. A restraint-free environment was promoted in line with national policy.

There were appropriate recruitment processes in place and evidence that appropriate vetting procedures were completed prior to employment. All staff had completed up-to-date mandatory training requirements.

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 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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 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 self-assessment tool (SAT) completed by the provider was rated as substantially compliant in this outcome. The action identified by the provider had been completed.

The inspector tracked the journey of residents with dementia from admission to the centre and reviewed the care they received. Areas such as access to a General Practitioner and support services, weight monitoring, wound care prevention, mobility promotion, medication management and end of life care were reviewed.

The person in charge said she visited prospective residents prior to admission to determine if the centre could meet the needs of the resident and residents and their families were invited to visit the centre. Pre-admission assessments were evident for most of the residents reviewed. The records of one resident had no evidence of any preadmission assessment.

A centre specific admission policy was available was available to guide staff. The inspector was informed that a Common Summary Assessments (CSARS) was not routinely available. There was a comprehensive nursing assessment completed for each resident on admission which included an assessment of the residents' cognition. The inspector saw that this was reviewed regularly. Validated tools were used to assess each resident's dependency level, level of cognitive impairment, risk of malnutrition, risk of falls and skin integrity.

The person in charge said that information about the residents' clinical risks and their level of cognition were sent where a resident was transferred to hospital, however a copy of this transfer letter was not retained on the residents file. Copies of hospital discharge letters were retained on file.

Arrangements were in place to meet the health and nursing needs of residents with dementia. Access to General Practitioners (GP), allied healthcare professionals including physiotherapy, dietetic, speech and language, tissue viability, dental, ophthalmology and podiatry services were facilitated on a referral basis. Residents had access to mental

health services upon referral. One resident with dementia and recorded weight loss was awaiting review by mental health services. The inspector saw that the person in charge had made repeated unsuccessful attempts to arrange a review. A dietician had reviewed the resident and the advice was been implemented however, all areas had not been explored to identify the cause of the continued weight loss and to enact an appropriate care plan to meet this resident's needs. The person in charge was requested to arrange a multidisciplinary review of this resident as a priority and forwarded to the Authority.

The inspector saw that clinical observations such as weight monitoring, oxygen levels, blood pressure and pulse were completed on admission and then on a monthly basis or as required. Residents on oral anticoagulant to control and prevent blood clots had a specific care plan in place to direct care and bloods were checked regularly to ensure they were receiving the therapeutic dose.

Care plans were developed electronically based on the residents identified and assessed needs. Most of those reviewed contained a good level of detail and provided clear, person-centred information to guide care. The inspector saw the residents' cognitive status was referenced throughout their care plans and information was included as to how this impacted on the resident. For example, the personal abilities care plan for one resident identified that the resident required support with some daily tasks and that staff should prompt the resident and explain clearly what they were doing before commencing a task.

Residents identified at risk of developing pressure ulcers had specific equipment in place to reduce the risk, such as pressure relieving mattresses and cushions. Two residents had pressure ulcers. The inspector saw that these were subject to regular assessment and direction by a tissue viability specialist and consultant. One residents' wound prevention care plan reviewed required additional information on the frequency at which the resident should be repositioned when in bed and to include to the correct setting for the pressure relieving mattress.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. A system was in place to highlight and communicate the risk rate to all staff and a care plan specific to the identified falls risk was in place and updated following any fall. Efforts were made to promote mobility and staff were observed encouraging residents to walk along corridors and care plans prompted the staff to ensure residents were assisted to walk as much as possible. A physiotherapist was employed by the provider three days a week and completed passive exercises with those who were immobile. Weekly fitness classes were also held which were modified to suit the needs of all residents.

Arrangements were in place to review the care plans on a four monthly basis or as care needs changed. Residents and or family were involved in the care planning process. Systems were in place to ensure communication between the resident and their family. Consultation with residents and relatives was recorded and relatives spoken with confirmed that they were kept informed of any changes in the residents' condition.

'End of life' care plans for residents were available for the residents reviewed. The inspector saw that they outlined the residents' physical, emotional and spiritual needs

and described any preferences or expressed wishes. The centre had a designated palliative care room available the person in charge confirmed access to the community palliative care team through GP referral.

There were systems in place to ensure residents' nutritional needs were facilitated and monitored. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Referrals for review by a dietician and or speech and language therapist were prompted following assessment and reviews.

The residents and relatives spoke with were very complimentary regarding the quality, choice and quantities of food available. A choice of meal was offered to residents and care plans included the residents' individual food preferences. There was a system in place to ensure effective communication between nursing and catering staff to support residents with special dietary requirements. Residents dined in rooms of their choice.

The inspector observed the lunch time in the sunflower suite which has a kitchenette from where meals were served beside the dining/sitting area. Some residents were observed to help themselves to drinks or fruit from the kitchen area independently. There were appropriate numbers of staff to assist residents. The mealtime was observed to be a social occasion and staff chatted to residents while assisting them with their meal.

Residents had access to a pharmacy of their choice. There were operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines for residents. Arrangements were in place for the pharmacist and GP to complete regular reviews of medication.

Judgment:
Substantially 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 appropriate measures in place to ensure residents' were safeguarded and protected from suffering harm and the inspector saw that the efforts were to promote a restraint free environment in the centre. Residents who spoke with inspectors said they felt safe in the centre. All staff were appropriately vetted as part of the recruitment process and training was provided for all staff on safeguarding. Staff were observed to be respectful of residents' choices in their daily routines. Visitors to the centre were

monitored and signed a visitors' book.

The inspector spoke with staff members during the inspection who confirmed that had attended training. They were clear on the different forms of abuse on the reporting process if they witnessed or had any suspicions of abuse. There was a policy on safeguarding available which provided guidance to staff and contained contact numbers for the Gardaí and the Health Services Executive (HSE) safeguarding team. The Inspector reviewed the findings of an investigation carried out by the person in charge into an allegation of abuse. There was evidence that appropriate measures were enacted to ensure residents were safeguarded.

A culture of promoting a restraint free environment was evident and there was evidence that alternative safety measures such as low-low beds were considered or trialled before a restraint such as a bedrail was used. Records indicated that restraint was only used following a safety risk assessment. The person in charge said that most bedrails were used as enablers for the purpose of positioning or at the request of the resident who feared a fall to help them feel safe. Care plans were in place detailing the rationale for use of the bed rails.

Some residents displayed behavioural and psychological symptoms of dementia (BPSD). The Inspector observed that care staff were patient with these residents and supported them in their daily routines. The staff spoken were familiar with the resident's patterns of behaviour and were observed to ease the residents' anxieties when they became distressed. One resident did not have an appropriate behavioural support plan in place to ensure a consistent approach.

The provider confirmed she did not act as an agent for any of the residents. Robust systems were in place to ensure that residents' finances were adequately protected. There was a transparent accounting system with records of all transactions. A signature of a staff member was present for all monies spent and receipts were available. The inspector found however that residents' were discouraged from retaining control of their own personal money due to fears of it been mislaid and most families looked after the residents' finances. An action has been added under outcome 2 requiring the provider to review this.

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:

There were strong links with the local community. The inspector observed a steady stream of visitors during the inspection and some residents told the inspector they went home regularly or out with their families for social occasions. Local and national newspapers were available for residents and communal areas had large flat screen televisions positioned so that each resident could watch television.

The inspector observed staff knocking on bedroom and bathroom doors, and privacy locks were in place on all bedroom and bathroom doors. Training on privacy and dignity was included as part of induction training for new staff. The inspector observed that the staff knew the residents well and interacted with them in an appropriate and respectful manner and sought the permission before undertaking any care task.

There was evidence that residents with dementia were consulted regarding the organisation of the centre. A residents' forum was established which met once a month and minutes were available of the items discussed. The meetings were chaired by an independent advocate and the meetings were advertised on a large poster at the main entrance which had the advocates contact details. The inspector was told that relatives attended these meetings from time to time. A quarterly newsletter was produced in an accessible format for residents and relatives.

Information on each resident's life and background before coming to the centre was recorded on admission and staff used this information to stimulate conversation with the residents. There was a varied activity programmes in place with a range of activities to meet the needs of all residents. A weekly fee was charged for the provision the activities and this was included in the residents' contracts. Two activities coordinators were spoken with and they relayed information to the inspector about the activities assessment completed to determine what activities were most suited to the residents. The staff members had a good knowledge of the residents and the activities they engaged in. Residents with dementia took part in organised activities according to their abilities and the inspector observed that the wishes of those who said they did not want to attend activities were respected.

There were massage and sensory therapeutic sessions for residents with advanced dementia. Some attended a daily prayer session in the oratory. There were also passive exercises classes, and Sonas sessions (a therapeutic specific sensory activity for residents with cognitive impairment) and individual one to one programmes such as the imagination gym (a therapeutic exercise activity for older people). There was a choice of quieter rooms available for residents wishing to spend time on their own and these were observed to be well used. The centre was celebrating 'nursing home week' at the time of the inspection and additional outings and social events were organised such as resident/staff karaoke afternoon, a trip to knock and a 'bring in your pet' afternoon to mark the event. The provision of meaningful activities was facilitated by the activity coordinators but they were also assisted by other staff members.

The person in charge had ensured that residents were able to vote if they chose in the recent election.

Mass was celebrated weekly in the centre and celebrants from other denominations also attended to their congregation.

There was an open visitor's policy to the centre, and residents could meet visitors in private in a designated meeting room. This was observed to be well used on the day of the inspection.

Residents who communicated with the inspector were satisfied that they had opportunities to practice their religious beliefs.

The inspector observed the quality of interactions between staff and residents using a validated observational tool at five minute intervals to rate and record the quality of interactions between staff and residents in the communal sitting room.

The definition of the scoring for the quality of interactions for the period observed is as follows: –

- +2 positive connective care – the facilitation of meaningful interaction and engagement with residents.
- +1 task orientated care – the provision of kind physical care, whereby interactions/conversation is more instructive.
- 0 neutral care – the delivery of services is passive and not stimulating.
- -1 protective and controlling – provision of individual care with the emphasis on safety and risk aversion.
- -2 institutional care – regarding residents as a homogeneous group who will fit into the established routine of the designated centre/home.

The scores reflect interactions between staff and residents observed over two observation periods during the inspection.

The first period of observation was at 12 mid-day. 80% of the interactions observed were positive connective care where staff took opportunities to engage in conversation while passing or assisting the residents. Staff sat so they were at the same level as residents and greeted them by name. The staff member supervising residents engaged with all of the residents and one resident who was sleeping was greeted cheerfully when she awoke.

The second period of observation was from 14:15 -14:45.

- 65% of the interactions were positive and connective and staff greeted residents by name and took opportunities to engage with them. There was music on in the background and one staff member brought a resident out to dance. Some residents had magazines on their knees and some had a blanket over their knees.

Two incidents were observed where care was more protective/controlling. For example on one occasion when a resident stood, two staff members assisted them to sit back down without taking the opportunity to ask why they wanted to stand.

The inspector also observed the karaoke session organised as part of 'Nursing homes week'. All of the residents were supported to engage in this activity. There was additional staff on duty to assist the residents and the inspector observed that the staff worked hard to engage the residents and include them in the activity.

As discussed under outcome 2, in discussion with the provider and person in charge the inspector found that residents were generally discouraged from keeping any personal monies in the rooms due to a concern that it would be been mislaid. Consequently most

residents' finances were looked after by their families. While this practice ensured residents monies were safeguarded, the practice did not promote financial independence or a person centred approach to care.

Judgment:
Substantially 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 an appropriate procedure in place for the management of complaints. A complaints policy was available and a summary of the procedure was displayed near the entrance to the centre and this was in an accessible format and included a picture and contact details for an independent advocate to assist residents with dementia. The complaints policy clearly identified the provider representative as the person responsible for investigating complaints and included details of an independent appeals process. Contact details for the office of the ombudsman and the confidential recipient were also included in the policy and the complaint form prompted staff to provide these details to the complainant.

A log of all complaints was maintained and was reviewed by the inspector. Complaints were promptly investigated and the complaint record prompted staff to record if the complainant was satisfied with the outcome of the investigation or wished to avail of the appeals process.

A summary of the complaints process was displayed on the wall in the foyer area. The Residents' Guide also held details of the complaints policy and independent appeals process.

All residents spoken with expressed their satisfaction with the service provided. They told the inspector that the staff were responsive to any issues that arose and their complaints were listened to and acted on. Relatives spoken with said that the provider representative and person in charge addressed any of their concerns promptly.

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 observed that staff were very respectful towards residents and engaged them in conversation throughout the day. Most residents were from the local catchment area and were well known to the staff. Residents who spoke with the inspector were very complimentary regarding the level of care provided by staff and their attentiveness.

The inspector observed care practices, reviewed the staff rotas and discussed the staff deployment with the residents, relatives and with staff members who confirmed that staffing levels and staff deployment during the day and evening were appropriate. There was a calm, relaxed atmosphere observed throughout the inspection. The day sitting rooms were supervised at all times and residents were seen to receive attention from staff based on their care requirements.

There were at least two registered nurses rostered on each shift supported by the person in charge and clinical nurse manager. They were supported by a team of care assistants, activity coordinators, catering and cleaning, maintenance and administrative staff. The rota confirmed that there were ten care assistants on duty every day until 19.00. This reduced to five from 19.00 until 20.00 and to three from 20.00 until 21.00. At night there were 2 nurses and three care assistants on duty.

New staff completed an induction process that included training on dementia. All staffing grades attended a handover at the start of each shift and this helped to ensure any changes in the residents care needs were communicated effectively.

The training matrix confirmed that staff had access to on-going clinical education in addition to mandatory training required by the regulations which included training on responding to responsive behaviours.

Staff files contained the information required under schedule two of the regulations and evidence of Garda vetting. The person in charge gave verbal assurances that all staff working in the centre had a vetting disclosure in place. All nurses employed had confirmation of their registration with the Nursing and Midwifery Board of Ireland for 2017 documented.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:

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

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

Findings:

The centre is purpose-built and designed to meet the needs of dependent persons. It was well maintained, warm, comfortable, and clean and decorated to a high standard. The actions from the last inspection were addressed by the provider by an extension to the building which enhanced facilities for residents.

The layout and décor assisted to orientate residents. For example all bedroom doors were painted in a different colour. The centre is laid out on one floor and corridors are wide. The newly extended sunflower suite had a kitchen/dining area and was designed and laid out in a way that prompted memory and helped orientate residents. Residents were observed during the inspection walking to the kitchen area and helping themselves to drinks or fruit from the fruit bowl. The design of the building allowed for residents to walk around the building. All parts of the building were well lit.

Bedroom accommodation comprises 36 single and 17 twin bedrooms all of which had accessible en-suite toilet and shower facilities. Bedrooms are very well personalised with photographs situated in close proximity to residents so they can be viewed while resting in bed. Several residents had brought in items of furniture from home. There were at least two armchairs chairs in each room so residents could sit by their bed if they chose with a family member. Clocks were provided in bedrooms to help orientation residents. There was good signage to direct residents to the communal areas from their bedrooms. Pictorial signage was used to illustrate the areas such as the dining room and toilets. Additional toilets were located close to communal areas. Grab-rails are provided alongside toilet, showers and wash hand basins. Call alarms are fitted in en-suites and bathrooms.

Two safe enclosed gardens were available to residents and were in use on the day of the inspection and residents were encouraged to spend time outdoors. Both contained suitable outdoor furniture and raised beds as well as other features such as bird feeders to create interest.

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:

Marie Matthews
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. Attracta's Nursing Home
Centre ID:	OSV-0000386
Date of inspection:	21 & 22/06/2018
Date of response:	02/08/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

One resident with weight loss associated with progressive dementia required a multidisciplinary review and a plan of care to ensure their care needs were met.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of

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

a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Following inspection a multidisciplinary review was organised and a comprehensive document outlining all the measures taken prior to the inspection and post inspection in relation to the specific care needs of this resident was compiled. This response was submitted to HIQA on 10th July.

Proposed Timescale: 10/07/2018

Theme:

Safe care and support

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

One care plan reviewed for a resident with a pressure wound required additional information on the frequency at which the resident should be repositioned when in bed and to include to the correct setting for the pressure relieving mattress.

2. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

On receipt of this draft report the Nursing team were educated that when completing care plans to state the frequency of repositioning of the resident and the correct setting of the pressure relieving mattress (completed 24/07/2018). This information will be communicated to care staff via the resident's room information.

We plan that this review of all residents who have a pressure relieving mattress will be completed for all relevant residents by 14th August 2018.

Proposed Timescale: 14/08/2018

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:

There was no positive behaviour plans developed for one resident with behavioural and psychological symptoms of dementia (BPSD) to ensure a consistent approach.

3. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

Positive behaviour care plan now developed and in place for resident

Proposed Timescale: 02/08/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents were discouraged from retaining control over his or her finances which did not promote financial independence or a person centred approach to care.

4. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

The regulation states that 'the person in charge shall in so far as is reasonably practicable ensure that the resident has access to and retains control over his /her personal property possessions and finances'.

We have to date we believe operated in line with this regulation if a little conservatively. No resident is prevented or prohibited from carrying or controlling their own money. Whereby any resident feels confident taking care of their own money this is agreed however with caution extended on the implications in the event it goes missing. We have had a number of residents affected with dementia who in the past who had various amounts of their personal money with them and there is no issue with this. However in our experience we have also had many incidents of money being misplaced, wrapped in tissues boxes, found in the rubbish bin or laundry or completely lost with the resident often not reporting they have misplaced their money for days after the event which causes huge problems in trying to locate where it could have gone.

We must be mindful going forward of the HSE Safeguarding guidance which indicates that any monetary amount in excess of €5 which goes missing must be reported to An Garda Siochana and they are obliged to investigate same.

We propose that we will forthwith employ a policy whereby on admission the resident (and their family if appropriate) shall be consulted on the suitability of carrying a nominal sum of money. Where they feel confident to do so and understand the risks involved this will be supported. In the event that this money does go missing the nursing home will not hold any responsibility for same.

We have always and will continue to support residents where they require support in managing their financial affairs in a reasonable and practical manner.

Proposed Timescale: 30/08/2018

