

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Altadore Nursing Home |
| Centre ID: | OSV-0000004 |
| Centre address: | Upper Glenageary Road, Glenageary, Co. Dublin. |
| Telephone number: | 01 280 7551 |
| Email address: | admin@altadorenursinghome.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | JKP Nursing Home Limited |
| Lead inspector: | Sarah Carter |
| Support inspector(s): | |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 55 |
| Number of vacancies on the date of inspection: | 11 |

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

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|---------------------|---------------------|
| From: | To: |
| 03 April 2019 14:30 | 03 April 2019 19:00 |
| 04 April 2019 09:30 | 04 April 2019 17:30 |

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

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars provided by the Office of the Chief Inspector. In addition, evidence-based guidance was developed and made available to guide providers and each person in charge on best practice in dementia care and the inspection process.

Prior to the inspection, a request to complete the self-assessment and assess the service against the requirements of 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 was issued. The center assessed itself as compliant in the 6 outcomes.

The inspector met with several residents and spoke with staff and visitors during the

inspection. The care plans of a number of residents with dementia were examined. Care practices and interactions between staff and residents living with dementia were observed.

Documentation such as policies, assessments, care plans, medical records, activity programmes, complaint records, staff rosters, personnel files and training records were also reviewed.

The centre provided a service for up to a maximum of 66 residents across three levels. At the time of the inspection 11 vacancies existed, and this reflected the centre's policy of not occupying its twin rooms with two individuals people, but maintaining them for couples instead.

On the day of the inspection approximately 50% of residents were identified as having a diagnosis of dementia or were suspected of having dementia or were living with a degree of cognitive impairment.

Residents who spoke with the inspectors were positive about the centre, the person in charge and the staff team.

A review of care records showed residents' needs were being identified, assessed and reviewed on a regular basis, and changes were made to how care was delivered if a resident's needs changed.

Residents were positive about the support provided by staff. The inspector observed good communication and supportive approaches to residents throughout the centre. Residents confirmed they felt safe, and staff confirmed they knew the policy and procedure to ensure residents were safeguarded in the centre.

There were systems in place to support residents making choices about their daily lives and routines and staff were observed gently encouraging and reminding residents of what activity they might like to try or what was currently taking place. Residents were observed to be well groomed, happy and occupied throughout the inspection.

Residents did not have a formal residents forum or committee where they were able to provide feedback on the service received however there was a comprehensive annual survey that showed feedback received had been acted upon.

There was a garden area outside of the main activity room on the ground floor it had pleasant décor, a range of seating and was accessible to residents in wheelchairs.

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):

No actions were required from the previous inspection.

Findings:

The health and social care needs of residents were met.

Residents had access to medical and allied health care professionals. There was no delay in referring residents for assessment to any specialist medical or allied health care professionals. The inspector saw evidence of referrals made, assessments completed and recommendations made in resident files. Residents had a choice of GP in the centre and staff used communication books to records and communicate with the different GPs who attended the centre.

Residents had a pre-admission assessment on file and comprehensive assessments completed on admission. Those reviewed reflected the resident's individual needs. Care plans were in place to reflect the care required to meet needs identified. The care plans were person centred. Assessments and care plans were updated on a four monthly basis with input from the resident and their family.

Staff provided end of life care to residents' with the support of their general practitioner and the palliative care team if required. Residents had their end of life preferences recorded. Those reviewed reflected the resident's wishes for their end of life care. They were detailed and included input from the resident, their family and general practitioner. This preferred care pathway was reflected in a end-of-life care plan. Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents' nutritional needs were met and they were supported to enjoy the social aspects of dining. Inspectors saw table settings in the dining room promoted independence however the day to day menu was not displayed. Residents were asked the day before by the catering team what they wished to choose for their main meal the following day. Residents' were given the choice as to where they wanted to eat their meals, their choice was respected and facilitated by staff. The menu provided a varied choice of meals to residents, those with a diagnosis of dementia had the same choice as

other residents. Residents had access to fresh drinking water, snacks and hot drinks throughout the day. There was a comprehensive approach to providing snacks and extra calories to those who were deemed to require it. Residents who required support at mealtimes were provided with timely assistance from staff. They had a malnutrition risk screening tool (MUST) completed on admission and this was kept under review. Residents were routinely weighed on a monthly basis. Those with nutritional care needs had a nutritional care plan in place. The inspector saw that residents likes, dislikes and special diets were all recorded and known by both catering and care staff.

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:

Measures to protect residents with dementia from harm or abuse were in place. Residents who spoke with inspectors said they felt safe in the centre. There was a policy and procedure in place for the prevention, detection and response to abuse. The policy could guide staff to report allegations of abuse. Information relating to a service separate from the designated centre had been received in and was investigated. There was no adverse effects or outcome on residents. However a review was required to ensure all relevant information received in the centre was being dealt with by following the steps and procedures in this policy.

Staff who met with inspectors had a good knowledge of what constituted abuse and they all had up-to-date refresher training in place. A small number of staff had commenced working in the centre a couple of days prior to receipt of garda vetting disclosure in the previous year, however this was discussed with the Provider and management team confirmed that all staff had now been garda vetted and staff recruited since last year had garda vetting disclosures in place prior to commencing their role in the centre.

Residents with bed rails in place had assessments completed, these stated what alternatives were trialled prior to bedrails being used. Residents had care plans in place to reflect the care provided when using bedrails as a form of restraint.

Staff spoken with had good knowledge of residents displaying behaviours that challenge. They knew the triggers and diversion therapies for individual residents and these were reflected in a sample of care plans reviewed. There was a clear policy to guide staff however some review was required to ensure behavioural logs were being maintained in

line with the policy.

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:

Residents' privacy and dignity was respected. They had choice in relation to how they lived their life. They had access to a variety of activities that focused on the needs of residents with dementia.

Residents with dementia had access to an advocate if they required it. Residents with dementia and their relatives contributed to the running of the centre. This contribution took the form of a survey and questionnaires. Attempts had been made by staff to establish a formal residents meeting or committee, but residents at the time had expressed the views that they did not wish to attend this sort of meeting and attempts to establish it were not continued.

The inspector completed an observational study on three separate occasions over the two day inspection. Staff, including nurses, care assistants, catering and household were observed treating residents with respect. The level of communication overall was positive and meaningful with some example of task orientated care being observed during the mealtime observed.

Residents' privacy was respected; they received personal care in their own bedroom or a bathroom which could be locked. Residents' bedrooms doors were mostly closed during any walk around or observation period by the inspector. In some communal bathrooms, continence wear was not stored discretely. This was discussed with the provider and agreement was given to consistently and discretely store these items going forward.

There were no restrictions on visitors and residents could receive visitors in their own bedroom or in any of the communal seating areas, a pleasant library area and a sun room.

Residents were registered to vote and were facilitated to vote in the centre. Residents confirmed that their religious needs were met.

There was wide variety of dementia focused activities available to residents. Activities scheduled and observed during this unannounced inspection included a sonas session

being delivered by a trained practitioner.

Residents had access to daily newspapers, TVs and radios.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were no formal complaints in the centres complaints log since 2017. When feedback was given by residents and his or her family, advocate or representative there was evidence it was listened to and acted upon.

There was a complaints policy available however it required review in January 2019 and a revised policy was not seen. The policy required review as it did not accurately reflect the practice of complaints management in the center. Residents and relatives concerns were being recorded and addressed quickly and appropriately by the person in charge or the nursing staff, however concerns were not defined in the policy. The policy also indicated that a committee reviewed the complaints received, however it was not clear if concerns were being reviewed, trended or audited. Evidence was seen that the management team were responsive to all feedback and these concerns however, and when feedback was given in the annual survey it was followed up promptly, with measures put in place to address the issues identified.

A copy of the complaints process was on display in the centre. A review of complaints recorded to date showed that they were all dealt with promptly by the person in charge who was the designated complaints officer. There was an appeals process and an independent professional available to review appeals if required.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents with dementia and for the size and layout of the centre.

There were effective recruitment procedures in place. A sample of staff files reviewed contained all the required documents outlined in schedule 2. A sample of staff nurses files checked had an up-to-date registration with the relevant professional body in place.

Staff had up-to-date mandatory training in place, including fire and fire evacuation, and safe guarding vulnerable residents. Staff knowledge was good when asked to describe different processes. There were several processes in place throughout the day to ensure staff had up to date information about the residents, this included the use of care passports to promote staff about resident's particular needs. Care information was also shared at comprehensive handover meetings scheduled throughout the day.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The centre had been recently redecorated in tasteful, muted and gently contrasting tones, and many seating areas had pleasant views, some overlooking the sea. The pleasant atmosphere in the centre was enhanced by the burning of scented incense sticks, which residents commented on as something they enjoyed.

Directional signage required some improvement in the centre to ensure that residents

with dementia or a similar cognitive impairment could move about the centre as independently as possible. There was similar décor on each floor of the centre, and it was not immediately clear what floor the lift opened on in addition of the brief verbal message from the lift itself. No signage was observed that could assist residents access some of the pleasant seating areas throughout the building or the access route to the garden. Some bedrooms doors had personalised signs to prompt a resident towards their room, and there were plentiful seating areas and handrails which would assist residents make their way independently around the building.

There was no specific unit or corridor where residents with dementia or a similar cognitive impairment lived. As the centre had approximately 50% of residents with dementia or a similar cognitive impairment, they were free to move within the centre and dine in the main dining areas and join in all activities. Efforts were being made to integrate all residents together regardless of their diagnosis.

There was a garden area accessible from the activity room on the ground floor. On the day of inspection, residents were not observed using it and the weather on the day was changeable. Some residents told the inspector they would like to use the space more, and gardening was an activity they would like to see more of in the centre.

Overall the environment was bright, clean and well maintained throughout. Hand rails were available on both sides of the corridors and some residents were observed mobilising independently throughout the different floors of the building.

Bedrooms were comfortable, had adequate wardrobe space and storage for personal possessions. All had ensuite facilities. There was an assisted toilet close to the sitting and dining room areas. There was a functioning call bell in all bedrooms and bathrooms.

The centre and its grounds were maintained to a good standard. The inspector observed a high standard of cleanliness throughout, and residents and relatives expressed satisfaction with the facilities provided and with the standard of maintenance and cleanliness.

Judgment:
Substantially 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:

Sarah Carter
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

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| Centre name: | Altadore Nursing Home |
| Centre ID: | OSV-0000004 |
| Date of inspection: | 03/04/2019 |
| Date of response: | 15/05/2019 |

Requirements

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

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

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

A review of the safeguarding policy and procedures was required, to ensure all information relevant to this policy is responded to by following the policy.

1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

Following a review of our safeguarding and elder abuse policy we have taken steps to record any allegations of abuse in a dedicated safeguarding folder as well as our electronic nursing management system. This will occur even where there was no basis to the suspicion/allegation.

Reporting of this to HIQA through an NF06 will also occur even if no findings were made.

Proposed Timescale: 14/05/2019

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy required review to ensure it reflects the practice of complaints management in the center.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

We are reviewing our complaints policy in order to differentiate the recording of minor concerns as opposed to complaints. Concerns of a minor nature will now also be recorded within our complaints folder as opposed to only within our daily progress reports.

This will allow a review and audit of these minor concerns at clinic governance meetings.

Proposed Timescale: 24/05/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Some action was required to ensure the environment meets the needs of residents with dementia or a similar cognitive impairment can live in the center as independently as possible.

3. Action Required:

Under Regulation 17(1) you are required to: 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.

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

We have ordered customised directional room signage in order to more clearly identify different communal rooms and social spaces as well as some directional signage for bedrooms.

This will assist our residents including those with cognitive impairment as well as our visitors better navigate our facility.

These will be installed when they are delivered in 2 – 3 weeks.

Proposed Timescale: 07/06/2019