

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Thorpe's Nursing Home
<b>Centre ID:</b>	OSV-0000436
<b>Centre address:</b>	Clarina, Limerick.
<b>Telephone number:</b>	061 353 007
<b>Email address:</b>	thorpesnh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Barnacyle Nursing Home Limited
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	6

## **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:
20 March 2019 11:30	20 March 2019 18:30
21 March 2019 09:30	21 March 2019 16:30

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

**Summary of findings from this inspection**

This inspection of Thorpe's Nursing Home by an inspector from the office of the Chief Inspector was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. There were 36 residents in the centre at the time of inspection with six vacant beds. The inspector followed the experience of a number of residents with dementia within the service. As part of the thematic inspection process, providers were invited to attend information seminars organised by the Health Information and Quality Authority (HIQA). In addition, providers were issued with guidance on dementia care and the inspection process. The person in charge had forwarded the self-assessment tool on dementia care and related policies prior to the inspection. The person in charge said she aimed to provide the best quality care for those residents with dementia who lived in the centre. She had post

graduate qualifications in dementia care and utilised this knowledge in planning training and guiding staff in optimal care approaches. She reviewed work practices through audit and observation to ensure that it was relevant and based on best evidence-based practice. Residents confirmed that they felt well cared for in the centre. They informed the inspector that they felt safe and they were happy with their accommodation, the food and the staff.

The inspector met with residents, visitors, the person in charge, the provider representative and a number of staff from all roles within the centre. The inspector observed practices using an evidence-based observation tool and reviewed documentation such as care plans, medical notes, training records and policies. A sample of staff files and residents' files were checked for the required documents. The inspector found that in general the premises, fittings and equipment were of a high standard. The centre was seen to be nicely decorated, bright and well maintained. All rooms were designed to enhance residents' privacy. The secure garden and patio areas were furnished with colourful outdoor seating and suitable planting.

The Standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the judgment framework for dementia thematic inspections formed the basis for the findings made by the inspector. The inspector found that the centre was generally compliant with the regulations. Some actions necessary to ensure full compliance were detailed in the action plan at the end of this 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 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 inspector found that the healthcare needs of residents with dementia were met to a good standard and they had access to appropriate medical and allied healthcare services. These residents had opportunities to participate in meaningful activities which were based on their interests, life story information and preferences.

Residents had access to the general practitioner (GP) who reviewed their medicines on a regular basis and was available for individual consultation. The use of psychotropic (sedative type) medicines was audited and reviewed. The inspector reviewed a sample of care plans and medical notes and found that residents had timely access to a GP. Residents had been referred to other medical and nursing professionals, for example, to the psychology and psychiatric services. A full range of allied health services was available to residents including; speech and language therapy (SALT), occupational therapy, physiotherapy, the dietitian and chiropody. When reviewing a sample of medicine records the inspector noted that there were a number of discrepancies between the doctors' prescriptions and the labels on the medicines delivered from pharmacy. The person in charge was asked to investigate this issue and to correct any errors as this presented a risk to residents' wellbeing.

Each resident had a comprehensive assessment prior to admission to ensure that their needs could be met. These were re-assessed on a four-monthly basis, or when changes occurred. Care plans were developed where needs were identified such as care plans on supporting residents who experienced the behaviour and psychological symptoms of dementia (BPSD). These provided guidance for staff on the individual approaches for optimal care. Clinical assessments such as, skin integrity, behaviour, falls, nutrition, cognition and pain were undertaken for each resident with dementia. Care plans were formulated and updated as a result of these assessments. Residents' right to refuse treatment was documented and brought to the attention of the GP, as required. Care plans were reviewed as required by the Regulations. A daily nursing report was maintained. Overall, the inspector found that residents' care plans reflected the needs, interests and capabilities of residents. Nursing staff stated that audit of these files was ongoing on a monthly basis. Staff, with whom the inspector spoke, stated that handover

reports during the day provided them with a comprehensive update on residents' needs. Staff, had a good knowledge and understanding of the holistic needs, of residents with dementia. They stated that consistency of staff allocation supported residents with dementia who responded well to security and familiarity.

These was good communication between the dietitian and the kitchen staff. The inspector spoke with a number of the kitchen staff who were found to be familiar with residents' nutrition needs, special diets and preferences. Food choices were impressive, modified diets were well presented and residents had a menu for each meal. Fresh, home-baked bread and scones were presented daily. Residents with dementia were seen to be respectfully supported during meals.

The daily and weekly activity plan was displayed. The inspector observed residents with dementia enjoying a variety of activities during the two days of inspection including art, group physiotherapy and music/dancing. A large group of residents with dementia were seen to be actively participating in the music, singing and physiotherapy sessions. The activity coordinator explained that residents would engage in garden activities as the weather improved. A number of residents confirmed that they enjoyed being involved in the garden and going on external outings. They said that the raised flower beds in the garden were developed as a result of expressions of their interest at residents' meetings. Access to advocacy was seen to be availed of when necessary and residents were aware of this independent service.

End-of-life care plans were in place in the sample of residents' files reviewed. These were seen to be comprehensive, easily accessible to staff and were updated on at least an annual basis. There was a room available for relatives to stay with residents at the end of life and support was available from staff at this time. Specialist palliative care was available for symptom control, if required. Mass was said on a weekly basis and other religious services were facilitated.

**Judgment:**

Non Compliant - Moderate

***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 procedure in place for the prevention, detection and response to abuse of older adults. This referenced the Health Service Executive (HSE) policy in relation to the safeguarding of vulnerable adults 2014. The training matrix indicated that all staff had received relevant training in safeguarding. Staff spoken with confirmed that they had received training and they were found to be knowledgeable of their

responsibilities in relation to the reporting of alleged abuse. The registered provider representative was qualified to deliver training in this aspect of care. Residents spoken with stated that they felt safe in the centre and they were aware of who to talk to if they had any issues of concern.

Records for residents with dementia, reviewed by the inspector, confirmed that the use of restraints, such as bed-rails or lap belts, was monitored and that these restraints were removed where circumstances permitted. Supporting documentation was seen which confirmed that residents were checked when bedrails were in use. The centre provided staff with relevant policies and procedures that provided direction on how to respond to residents with dementia, who experienced the behavioural and psychological symptoms of dementia. Staff routinely received updated training on managing the care and communication needs of residents with dementia. The inspector observed staff interacting with residents and intervening appropriately when any resident began to communicate restlessness or anxiety.

A policy was in place for managing residents' personal belongings. Secure storage was provided in residents' rooms for the safekeeping of personal items. Where the centre acted as agents for residents with dementia in relation to financial matters, records were appropriately maintained. Receipts were seen to be retained and related documentation was signed by two members of staff. A sample of records was reviewed and found to be correct according to the balance seen.

**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:**

Activities included music, art, chair-based exercises, card games and personalised activities such as hand massage and baking were available. The activity staff member spoken with by the inspector explained how activities were designed according to the preferences of residents. Life story information was used to get to know their likes and dislikes. She informed the inspector that she spent time with residents who had dementia facilitating for example, music sessions, card games and hand massage. Documentation to this effect was maintained. The inspector also spoke with the physiotherapist who visited the centre on a weekly basis. He explained the rationale behind his exercise session which was observed by the inspector.

Residents in the centre were seen to have access to newspapers, individual mobile

phones, SKYPE, radio and television. Residents spoke with the inspector about how this had a positive impact on their family relationships and involvement. Residents said that staff were supportive and they were praiseworthy and thankful for the care they received. Relatives echoed this sentiment and said that residents were enabled to live life to their full potential with regard for their different abilities. Residents had access to a hairdresser who attended the centre weekly for both male and female residents. Residents were delighted with this service and they stated they looked forward to the weekly visit.

The activity personnel informed the inspector that she had been facilitated to access a SONAS training course which was an activity designed to activate the potential for residents with dementia to communicate through their senses. The inspector saw residents with dementia participating in and enjoying all the activities throughout the two days of inspection which created a sense of inclusion and support. Family members of residents with dementia attended these activities also and their presence was seen to have a positive impact on the emotional wellbeing, communication attempts and activity involvement of the resident. Residents spoke with the inspector about which activities they enjoyed. A number of residents spoke about the upcoming spring and summer seasons and the enjoyment which they experienced in the garden last year. The inspector saw that garden seats had been donated by relatives to enhance the garden experience and as a token of appreciation for the care received by residents. Photographs were on display which had been taken in the garden and at a number of celebratory events. Relatives were seen to use the quieter sitting room for private visits which suited residents with dementia and their families as there was a more relaxed environment in these rooms.

The person in charge informed the inspector that residents with dementia were consulted with and participated in the organisation of the centre by attending resident meetings. A robust and helpful advocacy service was available. Residents with dementia were enabled to make choices with support from their personal representatives and staff. The inspector reviewed the minutes of residents' meetings and found that a wide range of topics were discussed. Issues were addressed and discussed in the agenda of the next meeting. In addition, resident surveys were carried out. Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with the sense of freedom they experienced to walk around the corridors in the centre and go out with relatives. A number of residents were seen to avail of unrestricted access to the secure, spacious gardens area independently or with support from staff or relatives.

Positive interactions between staff and residents were observed during the inspection. At intervals during the inspection the inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in the sitting room areas and in the dining room in the centre. Each observation lasted a period of 30 minutes.

In the sitting room interactions were warm and personal. Staff and volunteers were seen relating to residents in a calm and kind manner. Residents were referred to by name

and were seen to communicate with other residents in the group and with relatives. Staff were seen to spend time with individual residents, dancing, singing and chatting. The musicians were familiar with residents names and residents were seen to look very happy during the period of observation. Residents were happy to get up and dance with staff. They told the inspector that dancing kept them active and that it passed the time in a fulfilling and enjoyable manner. Tea, drinks and snacks were offered by staff which prolonged the event and enhanced the social engagement. Visitors were present with residents and their presence added to the wellbeing of residents who smiled and socially engaged with them. The inspector found that the sense of wellbeing which was promoted during the activity continued into the evening time. Residents were seen to be calm, content and tired following the dancing and social opportunities.

Staff in the dining room were seen to engage attentively with those who required help with meals. Choice was offered and there was an unhurried approach with staff sitting at eye level with residents. Residents' needs were anticipated and preferred choices were offered. A third observation took place during the second day of inspection in the sitting room. Residents with dementia were included in all the group events. The activity staff circulated around the group speaking with individuals and supporting those who wished to get up and walk out. Exercises were carried out by the physiotherapist and residents were seen to follow his clear instructions. Residents were offered their choice of music following the event and some were seen to sing along with familiar tunes. The overall evaluation of the quality of interactions during the observation periods was one of positive, connective care.

**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 was a comprehensive complaints policy in place which clearly outlined the process. This procedure was displayed in a prominent location and it included the names of relevant personnel and the appeals process. Relevant external contact details for complainants were also included.

The inspector reviewed the complaints log. All complaints seen had been investigated and responded to appropriately. The satisfaction or not of each complainant was recorded.

Records of the minutes of resident meetings indicated that residents were asked on a

monthly basis whether they had any complaints to be addressed. Audits of any pattern of complaints also took place.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Appropriate staff numbers and skill mix were seen to be rostered on the days of inspection to meet the assessed needs of residents. Staff had up-to-date mandatory training and this training was recorded on a training matrix for ease of reviewing and planning upcoming training needs. Staff also had access to a range of other appropriate training to fulfil the requirements of their roles. For example, training in manual handling, medicines management, infection control and modified diets. All staff were required to have the required Garda (police) vetted clearance in place prior to employment. The person in charge confirmed that this had been done for all employees. A sample of staff files viewed by the inspector were seen to be in compliance with the requirements of Schedule 2 of the Regulations.

Staff appraisals were undertaken and staff were subject to a supervised probationary period. Staff with whom the inspector spoke were found to be knowledgeable of the needs of residents with dementia care, of the behaviours which may result and of the relevant care plans for residents with dementia. They indicated that the training promoted a person-centred, individualised approach.

**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:**

Thorpe's Nursing Home was located in a scenic, rural area near the village of Clarina, in Limerick. The centre was set on well-maintained grounds. There was a small grotto to the front of the building. A large parking area was available for visitors. The centre was well maintained throughout. At the time of inspection some plumbing repairs were underway. In addition, some areas of the older section of the building required updating, i.e. painting and cleaning, to bring it into line with the décor in the newer extension. Accommodation for residents was on the ground floor of the two-storey building. Accommodation was comprised of 32 single bedrooms, 16 of which included an en-suite facility. There were five twin-bedded bedrooms with wash-hand basins only. Bathroom and shower facilities were adequate for residents' needs and were accessible from communal areas, such as the dining room and day rooms. Each bedroom provided storage and furniture in keeping with requirements, including a bedside locker, wardrobe, chair and space for personal items. The person in charge explained that as the centre did not have a dementia specific unit not all residents with dementia could be suitably accommodated there. This was why the pre-admission assessments were carried out with care to ensure optimal placement for any resident with specific needs. The premises was warm and comfortable with effective heating, lighting and ventilation throughout.

Privacy for residents was promoted and shared rooms were equipped with adequate privacy screens. Call-bells were accessible in all areas including a small conservatory room set aside for residents who smoked. The dining area was bright, clean and laid out to provide plenty space for access for those with wheelchairs. This room opened out to a spacious, paved and planted courtyard area which was accessible and popular with residents and relatives. There were two main communal sitting areas, as well as a library area, an oratory and a separate treatment room. Residents told the inspector that they enjoying having a choice of relaxation setting as some liked to chat in smaller groups and others liked to read instead of being involved in the group activities.

The kitchen area was appropriately equipped to meet the catering needs of the centre. Relevant reports were available that demonstrated compliance in relation to requirements around safety in food preparation. Sluicing facilities were in keeping with the size and layout of the centre. Arrangements were in place for the disposal of domestic and clinical waste. The laundering of bed linen was outsourced and laundry facilities were available on site for personal clothing. Staff changing and storage facilities were available on the first floor. The centre also had capacity to provide overnight accommodation for members of staff, in emergencies, such as inclement weather.

Documentation was in place to indicate that electric beds, hoists and wheelchairs were regularly serviced and maintained.

Throughout the two days of inspection the inspector found that there was inadequate signage available on corridors in relation to directions around the centre for residents and in relation to instructions on what to do in the event of a fire. An undertaking was given to address these issues without delay.

**Judgment:**

Substantially Compliant
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<b>Closing the Visit</b>
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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:***

Mary O'Mahony  
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 report<sup>1</sup>

<b>Centre name:</b>	Thorpe's Nursing Home
<b>Centre ID:</b>	OSV-0000436
<b>Date of inspection:</b>	20/03/2019
<b>Date of response:</b>	17/04/2019

### 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 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:**

In a sample of records checked there were discrepancies noted on four occasions between the labels of the supplied medicines and the prescriptions.

#### **1. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Audit carried out in conjunction with pharmacist and errors rectified. System put in place now to ensure compliance going forward.

**Proposed Timescale:** 28/03/2019

**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:**

Directional signage was inadequate to aid orientation around the building, to support the needs of residents with dementia.

Some areas required redecoration and cleaning.

Signage to aid staff and visitors in what to do in the event of a fire was inadequate.

**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:**

New directional signage in place throughout the building with involvement of residents and activity coordinator. Areas identified with regard to cleaning and redecoration rectified and same involved in maintenance programme.

New signage in place to aid staff and visitors in the event of fire.

**Proposed Timescale:** 28/03/2019