

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cuil Didin Residential & Nursing Care
Centre ID:	OSV-0000219
Centre address:	Skahanagh, Tralee, Kerry.
Telephone number:	066 711 9090
Email address:	catriona.oconnor@cuildidin.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cuil Didin Limited
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	64
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 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:
07 March 2019 11:30	07 March 2019 18:00
08 March 2019 09:45	08 March 2019 16:45

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	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	Compliant

Summary of findings from this inspection

This inspection of Cuil Didin Nursing Home was unannounced and was carried out over two days. The inspection focused on the needs of residents with dementia. As part of the dementia thematic inspection process providers had been invited to attend information seminars. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and on the inspection process. Prior to the inspection, the registered provider representative, who was also the person in charge, had completed the provider self-assessment form and had evaluated the care provided in the centre against the requirements of 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 2016.

The inspector met with residents, relatives and staff members during the inspection. The care pathway of a number of residents with dementia was reviewed. At intervals during the inspection the interactions between staff and residents who had dementia were observed using a validated observation tool, the Quality of Interaction Schedule or QUIS (Dean et al 1993). The inspector also reviewed documentation including care plans, medical records and staff training records.

The nursing home was a purpose-built single-storey premises in which staff provided residential care for 64 residents. The atmosphere in the centre was home-like, comfortable and in keeping with the overall assessed needs of the residents who lived there. There were a number of large communal rooms available where residents could spend time socialising and interacting during the day. The spacious and nicely furnished foyer was a favourite seating area for residents who liked to engage with passing staff, relatives and friends within the centre.

Each resident with dementia was assessed prior to admission to enable the person in charge to assess their needs and evaluate the care required by the person. Care plans were developed based on this assessment and these plans addressed the health and social care needs of residents. There was good access to general practitioner (GP) services and to a range of other health services that included mental health services for older people and allied health professionals.

The inspector found that staff knew the residents' life stories, their preferences and their preferred activity. They were seen to speak with them in a respectful, kind and caring manner. They discussed all aspects of care with them and informed them about the local and national news. Independence was promoted for residents and there was a relaxed unhurried approach to life in the centre.

Activities and social events were found to be interactive and inclusive. Residents with dementia were encouraged to participate and to undertake some tasks to support the activity personnel and other residents. Residents said that they lived fulfilled lives and were happy to be aging in their locality with access to family and friends, who were seen to visit frequently. Residents felt that their views were listened to and acted upon. The centre had access to an advocacy organisation to support residents. The person in charge said that this service ensured that residents had independent support to address complex issues and support decision making. It was apparent to the inspector, through talking with staff and observation over the two days of inspection, that residents' lives and their daily experiences were central to the care process and the ethos of the centre.

On this inspection the centre was found to be fully compliant with the requirements of the Regulations in relation to the care of residents with dementia and their lives were greatly enhanced by the caring and warm attitude of the management team and staff from all roles.

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 needs of residents with dementia were comprehensively assessed and they had timely access to general practitioners (GPs), out-of-hours GP services and specialist medical services including community psychiatric and palliative care services. Residents' physical health and emotional wellbeing was optimised by engagement in regular exercise, such as dancing, walking and chair-based exercises as part of the activation programme. In addition, wellbeing was promoted through social involvement, annual influenza vaccination, participation in health screening, regular vital signs monitoring, blood tests and medicine review.

There were 20 residents in the centre with a diagnosis of dementia or with cognitive impairment at the time of inspection. Residents with dementia were included in all aspects of life in the centre. This approach was seen to have a positive impact on their wellbeing and quality of life. The journey of a number of residents with dementia was tracked using specific criteria and aspects of care such as safeguarding, nutrition, wound care and end-of-life care in relation to other residents with dementia were reviewed.

Pre-assessment information was retained in each resident's file and this provided a template from which care plans were developed for each individual. The person in charge welcomed prospective residents to view the centre facilities before making a decision to live in the centre. This gave residents and their relatives confidence and assurance that staff could meet their needs and support them to have a good quality of life.

Communication tools and supporting communication plans were used to assist residents as necessary. A communication policy was available and this emphasised the importance of optimising and encouraging residents' different and changed communication abilities. Good communication was also fostered between residents, relatives, the acute hospital and the residential centre. Transfer documentation was prepared by the person in charge for each resident with dementia going to hospital or other health care facility. Hospital discharge documentation was available for residents and this informed any change in care required.

Each resident with dementia had a comprehensive assessment undertaken which included the risk of malnutrition, falls, cognitive status and skin integrity, among others. This information underpinned the person-centred care plans which clearly described individual preferences regarding care interventions. Residents' needs were reassessed regularly and their care plans were updated to take account of any changes. Residents, where possible, and their representatives, were consulted regarding the development of care plans. Those spoken with by the inspector were confident that staff knew their wishes and care preferences. Staff with whom the inspector spoke confirmed this practice and described how this ensured that the development of care plans was individualised, relevant and focused on identified, personal needs.

Staff provided end-of-life care to residents with GP and community palliative care service support as necessary. Some residents with dementia had advanced healthcare directives in place or a record of their wishes was documented and known to staff.

End-of-life care provided for one resident with dementia, as observed by the inspector during the inspection, was of an exceptional standard as follows: On the first day of inspection family members were present at the end of life stage of the resident's journey which was treated with reverence by staff and the management team. On the second day of inspection the resident had died. The inspector observed a "goodbye" service for the valued resident and friend. Family gathered with a large group of the resident population in the foyer to say their final goodbyes, before the resident was taken from the centre. Residents prayed for the resident and were supported by staff to meet the family and talk about their friend and community member. The person in charge read a suitable reflection for the resident. One resident, a friend, sang "The Rose of Tralee" with a fine booming voice to send her on her way. The family spoke about her years living in Cuil Didin and they were praiseworthy of the other resident friends, the person in charge and staff from all roles. They said they never had a worry about her while she was a resident. They felt supported as she travelled through the stages of dementia, They said that she was always treated with respect and that as her memory faded staff always filled in the gaps for her. It was a poignant ceremony and was reflective of the care seen over the two days of inspection. The 25 minutes of observation by the inspector during this time indicated that residents' lives mattered at all stages, that friendship and community life were acknowledged and respected and that the family were seen as an integral part of the resident's life. The inspector saw that the person in charge had developed a policy called "The Resident Care Plan Journey" which emphasised living well in Cuil Didin throughout all phases of life.

Residents' risk of developing pressure sores was regularly assessed and closely monitored. Appropriate care procedures were implemented in a preventative approach. These included regular risk assessment, frequent repositioning of residents with assessed risk, use of pressure relieving cushions and mattresses and nutritional assessment by the dietitian. Wound care procedures reflected evidence-based practice. Tissue viability specialist services were available to support staff with developing treatment plans to optimise wound healing, where required.

The nutrition and hydration needs of residents with dementia were regularly assessed and closely monitored. There were timely interventions implemented to address any deficits found. Residents' weights were checked on a monthly basis. Mealtimes in the

centre were a social occasion for residents with dementia. Residents and staff chatted together as residents enjoyed their meals. Residents told the inspector that the food was very nice and the chef was very approachable. Kitchen staff were seen to circulate among the residents to ascertain if they were happy with the choice on offer. Residents had access to speech and language therapy (SALT) and modified diets were provided when recommended. The chef and kitchen staff were aware of the specific needs of residents with dementia and were seen to ensure that they were provided with appetising food of their choice. Residents were seen to be facilitated to avail of alternatives to the menu on offer if they wished. Sufficient numbers of staff were available in the dining room to assist residents with dementia with their meals. Residents with dementia were provided with snacks and refreshments throughout the day.

Practices in relation to prescribing, administration and review of medicines met with regulatory requirements and reflected professional guidelines. The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were checked twice daily by staff. Psychotropic (sedative type) medicine use was reviewed and appropriately managed. Non-drug alternatives were attempted prior to the administration of these medicines for residents with dementia and the rationale for their use was recorded.

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 were measures in place to protect residents from being harmed or suffering abuse and to promote their security. A safeguarding policy had been developed for the prevention, detection and response to abuse of residents. Staff spoken with were clear of the actions to be taken if they observed, suspected or had abuse reported to them. Training records confirmed that staff had received training in how to safeguard residents. Residents spoken with by the inspector said they felt safe and were confident of support from the staff team.

Some residents with dementia experienced the behaviour and psychological signs and symptoms of dementia (BPSD). There was a policy in place covering the management of BPSD and where necessary the local mental health services and consultants were

accessible, on a referral basis. The inspector observed staff communicating and interacting with these residents and found that appropriate diversion techniques were used to allay distress or anxiety. Staff had received relevant training including how to support residents with dementia who experienced BPSD. This included using reminiscence and social conversation, for example, about family life and community events. This approach resulted in positive outcomes for residents with dementia and they were supported to remain engaged in their surroundings and build relationships of trust with staff.

Staff were committed to implementing the national policy 'Towards a restraint free environment in Nursing Homes', and the use of bedrails was minimal. There was a policy on restraint use in the centre that set out the procedure to use where such a restriction was required in order to achieve a positive outcome for residents. Alternatives to bedrails were in place and decisions were reviewed regularly to ensure that the least restrictive option was utilised.

Residents' finances were managed diligently and safety in the centre. A sample of records seen appeared to be in order.

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:
The inspector found that every opportunity was taken to ensure residents with dementia were involved and supported to participate in the centre. Residents attended regular residents' meetings and consultation sessions. They said that their opinions were valued and their views were consistently sought. There was a happy and comfortable ambience in the centre. Residents including residents with dementia were central to all the daily activities. Residents' were consulted in ways that suited their communication needs. Care plans were available to guide staff on these approaches. Staff were very familiar with residents and they took time out to chat and engage socially with residents. Residents and relatives spoken with by the inspector unanimously expressed a very high level of satisfaction with the service provided and their experience in the centre. A number of residents were supported and encouraged to continue attending the community support services they attended prior to coming to live in the centre.

The management and staff team made efforts to ensure residents' privacy and dignity needs were met by knocking on bedroom and bathroom doors before entering.

Information about each resident's life history, significant events and interests was collated and used to support social engagement and to inform the activity programme. Enthusiastic and kind activity personnel facilitated residents' activities. There was a schedule of activities planned for each day and this was displayed for residents' information. Throughout the inspection, the inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record interactions at five-minute intervals. These observations took place in the dining room, sitting room and in the foyer of the centre. The inspector's observations concluded that positive connective care was consistently provided to residents by staff. Staff members were courteous and kind when addressing residents and visitors. They were respectful and discreet when attending to the needs of residents with dementia. There was a variety of meaningful and interesting group activities facilitated each day in the sitting room. This resulted in the sitting room being a busy and stimulating social environment. The activity coordinators informed the inspector that they facilitated one-to-one sensory-focused activities for residents who were at a more advanced stage of dementia. They provided residents with sensory activities, such as Sonas, which was a specifically designed activity programme for those with dementia focusing on activating their communication abilities through sensory exercises. Staff accompanied residents for short walks on their own "Camino" walk, which was also a time used for reminiscing and relaxing conversation. Residents with dementia were also encouraged to pursue activities independently, such as gardening, walking outside, delivering the daily papers, reception work, and flower arranging. Art, music, singing and dancing were observed to be some of the favourite activities for many residents on the days of inspection. The inspector observed that the activity coordinator and staff were alert to cues from residents with dementia. For example, the art work was set up in an individualised way which promoted successful achievement. These art works were used to decorate the walls and were very colourful and impressive. In addition, spontaneous singing by residents initiated a sing-song session in the sitting room and individual singing performances were encouraged by other residents who knew each others favourite songs. The musicians were patient and flexible and were seen to adapt to the needs of residents. Residents were seen to be familiar with them and the musicians communicated very well with residents and their family members. This adaptable approach to providing activities and the person-centred engagement enhanced the quality of life and feeling of inclusion for all residents.

Local and national newspapers were made available for residents with dementia. The internet and mobile phone use were also encouraged. Residents were facilitated to exercise their civil, political and religious rights. Visitors were always welcome. A large number of friends and relatives visited during the days of inspection. The relatives of one resident with dementia told the inspector that a sense of community and home was promoted in the centre and everybody knew and cared about each other's welfare.

Judgment:
Compliant

Outcome 04: Complaints procedures

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The complaints process was displayed at the entrance to the centre and systems were in place for addressing and learning from complaints. The person in charge, who was the complaints officer, maintained the complaints log and showed the inspector emails and letters associated with resolving any complaints or concerns received. Access to an appeals process was highlighted and independent advocacy access was promoted.</p> <p>Residents and relatives of people with dementia who spoke with the inspector were aware of the complaints process. They identified the person with whom they would communicate their concern or complaint.</p>
<p>Judgment: Compliant</p>

Outcome 05: Suitable Staffing

<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were sufficient staff in the centre with appropriate skills to meet the assessed needs of residents in the centre, including residents with dementia. Staff were observed interacting with residents in a kind, empowering, respectful and meaningful manner. Residents with dementia were appropriately supervised and staff attended to their needs without delay.</p> <p>An induction process which included mandatory training was in place for newly-recruited staff. Annual appraisals were carried out by management staff. Staff were supervised and said they felt supported by the management team. A number of staff who spoke with the inspector said they had worked in the centre for many years and enjoyed carrying out all aspects of their caring roles. They confirmed that they were well supported due to the regular training provided and the quality of the daily reports and resident updates. Staff training records indicated that mandatory training requirements were facilitated as required by the Regulations. Staff were also found to have attended a range of appropriate and relevant training sessions to support their professional development, including aspects of dementia care, infection control and nutrition.</p>

A sample of staff files were reviewed by the inspector and these were found to contain the information required under Schedule 2 of the Regulations. The person in charge confirmed that all staff working in the centre had completed vetting disclosures prior to their employment. These Garda (police) clearance certificates were available in their personnel files. Staff nurses had up-to-date professional registration certification with An Bord Altranais agus Cnáimhseachais na hÉireann.

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 centre was a large single-storey building located in a scenic rural setting near Tralee town. The design of the building positively supported dementia care practice. The centre could accommodate 64 residents. The premises was freshly decorated and was bright, clean, well maintained and safe. A programme of painting and decorating was carried out on an regular basis.

Landscaped gardens with seating and walkways for residents were available at the front and sides of the building and these areas were seen to be used daily. The centre was located on large well-maintained grounds. A secure garden area had been created for residents. This was easily accessible. During the inspection residents were observed to go out for walks independently and with relatives. Several residents told the inspector that they enjoyed going out on fine days and were looking forward to spending more time outside when the weather improved. A number of residents had developed a daily walking routine on the aforementioned "Camino" walk. Residents were able to see the outdoor garden area when sitting by the windows inside.

There were 46 single bedrooms and nine twin bedrooms in the centre, all of which had full en-suite facilities. Additional accommodation included a dining room, two sitting rooms, a visitors' room and one meeting room. Residents also had use of a large art room, an oratory, a gym and additional assisted shower rooms and specialist baths. The sitting areas, oratory, art and large dining room were seen to be used throughout the day and evening. These rooms were furnished with radios, televisions, lamps, reading and activity material. This added to the home-like, relaxing and comfortable environment. There was a variety of seating available that reflected residents' needs including seating in the spacious, circular entrance foyer. This was an open plan area where some residents liked to sit for periods during the day. Residents told inspectors

that they liked to chat together and to watch the general activity as this was the main access point for visitors and for residents going into the dining room. The dining room and sitting areas had good lighting and provided pleasant views of the surrounding countryside. Residents with dementia were fully integrated into all aspects of the daily activity in these rooms. This supported their optimal care and the maintenance of their well-being and social inclusion.

The inspector observed that a number of residents had personal items such as photographs, ornaments and books in their rooms. Staff said that they encouraged residents and relatives to bring in personal items to remind residents of home, of family members and of significant events. Signage to guide residents was appropriately positioned and was meaningful and easy to interpret.

Access to areas such as the sluice room and laundry area was restricted for health and safety reasons. There was a call bell system in place so that residents could request assistance when in their bedrooms or in the communal areas. Adequate movement hoists, pressure relieving mattresses, fire safety equipment and other assistive equipment were available. Records reviewed by the inspector indicated that this equipment was regularly serviced. This attention to servicing the equipment meant that any health and safety risks to residents' and staff were minimised.

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:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

