

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Churchview Nursing Home
<b>Centre ID:</b>	OSV-0000126
<b>Centre address:</b>	59/61 New Cabra Road, Phibsborough, Dublin 7.
<b>Telephone number:</b>	01 838 6987
<b>Email address:</b>	hilda@harveyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Willoway Nursing Home Limited
<b>Provider Nominee:</b>	Denis Shaw
<b>Lead inspector:</b>	Jim Kee
<b>Support inspector(s):</b>	Valerie McLoughlin
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections 2015
<b>Number of residents on the date of inspection:</b>	32
<b>Number of vacancies on the date of inspection:</b>	7

## **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.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 06 August 2015 09:40 To: 06 August 2015 20:00

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	Non Compliant - Moderate
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 report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. This was an unannounced inspection conducted by two inspectors over one day. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. Eleven of the thirty two residents who were residing in the centre on the day of the inspection had been diagnosed with dementia. The centre did not have a dementia specific unit.

The provider had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The provider had assessed the compliance level of the centre as compliant in the six outcomes. Staff had received dementia related training, and the person in charge was committed to providing a quality service for residents with dementia or cognitive

impairment. Inspectors found that the residents were well known to the staff, and that the care needs of residents with dementia were met in an inclusive manner.

Overall, it was evident that residents' healthcare needs were being met, although inspectors found that improvement was required in one area as outlined in the action plan at the end of this report. The action plan also identifies the aspects of the outcome on safeguarding and safety that required improvement to comply with the Regulations. The outcomes on complaints, staffing and premises, and the outcome on residents' rights dignity and consultation were found to be compliant with the Regulations.

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

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The health and social care needs of residents with a formal diagnosis of dementia, or those residents with cognitive impairment were being met, although inspectors did have concern regarding the seating arrangements in place for one resident.

Residents had good access to general practitioners (GPs), and residents were facilitated to keep their own GP on admission to the centre, and this was evident from the number of different GPs listed in residents' files. Inspectors found that residents also had good access to allied healthcare professionals including dietitians, speech and language therapists, physiotherapists and chiropodists. There was a system in place to ensure that residents with glasses had their eyesight tested on an annual basis. Review of residents files also indicated appropriate dental referrals. The centre also had access to a community based psychiatric team, that included a psychiatric nurse and a consultant psychiatrist. One resident was having difficulty accessing occupational therapy services (OT) at the time of the inspection, and a recent narrative from the physiotherapist indicated that the resident would benefit from the use of a wheeled armchair. A comprehensive seating assessment to ensure that this resident was comfortably and safely seated had not been completed at the time of the inspection, and the resident was seated in a standard armchair on the day of the inspection.

Inspectors reviewed a number of admission assessment forms and care plans and found that these contained the required information to guide the care of residents, and were updated to reflect the residents' changing care needs. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment, skin integrity and dependency levels. There was also a pain assessment tool for residents with advanced dementia in use within the centre. A number of the care plans did include documentation of family involvement in the care planning process. There was also a system in place to ensure that all relevant information about residents was provided when transfer to hospital was necessary, and this included a recently updated transfer to hospital form. Discharge information from acute hospitals was also available within residents' files.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. The inspectors reviewed a number of end of life care plans, that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care. The person in charge outlined how religious and cultural practices were facilitated within the centre.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and eating and drinking care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists were appropriate. Nutritional intake records were in place, and completed were required. The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. Staff were observed offering assistance to a new resident, and other staff were observed providing assistance to residents in a timely professional manner, talking to the resident throughout the meal. There was a list of residents available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Staff were observed to follow appropriate administration practices. Nursing staff were observed administering medicines to residents in the dining room during lunch, and inspectors discussed reviewing the administration of medicines at this time with the person in charge and other senior management at the feedback meeting held at the end of the inspection. A pharmacist from the retail pharmacy business who supplied medicines to the centre was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis. Medication administration audits were conducted in the centre and medication errors were reviewed as part of monthly key performance indicators.

**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 were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia. However inspectors had concern

that despite the best efforts of staff and management, some episodes of challenging behaviour within the centre were negatively impacting on other residents.

Staff spoken to by the inspectors confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Inspectors observed that the person in charge ensured that residents with dementia or cognitive impairment had their concerns addressed appropriately. The person in charge was well known to residents, and staff confirmed that there were no barriers to raising issues of concern.

The inspectors reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security.

There was a policy in place for behaviour that is challenging, and staff had received training on understanding and managing challenging behaviour as part of dementia care training. Inspectors observed that on the day of inspection staff closely observed residents who exhibited challenging behaviour, and were very knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the resident. Challenging behaviour care plans were in place, and behaviour monitoring logs had been completed. Residents had been regularly reviewed by their GP, and referred to psychiatry of old age for further specialist input. Inspectors noted from reviewing incidents within the centre, and from talking to residents and staff that despite the best efforts of staff and management, episodes of challenging behaviour had resulted in injuries to staff, and a resident had been kicked during one episode of challenging behaviour. Inspectors also witnessed an episode of verbally aggressive behaviour on the day of the inspection. These episodes of challenging behaviour were impacting on residents daily routines, and had the potential to cause distress to the more vulnerable residents within the centre. Management within the centre had considered the possibility of transferring a resident to a more suitable centre, and had made considerable efforts to arrange a transfer to a centre more suited to residents exhibiting such behaviours. Inspectors were informed that these efforts would continue.

Inspectors reviewed the use of restraint within the centre, and there was a detailed policy on enabler/restraint use in place to guide practice in this area. There were risk assessments completed for residents who had bed rails in place, and daily records were maintained to ensure the safe use of bed rails. The assessments reviewed did not consistently provide details of alternatives trialled or reasons as to why alternatives were not trialled prior to the decision to use bed rails.

There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and care plans were updated.

**Judgment:**

Non Compliant - Moderate

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

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

**Findings:**

Inspectors were satisfied that residents were consulted on the organisation of the centre. Residents' privacy and dignity was respected, and there were opportunities for residents to participate in activities that suited their interests.

Inspectors reviewed the minutes of resident meetings, and detailed records were maintained of issues raised by the residents at these meetings. Activities within the centre, and the menu were discussed, and it was clear that residents were individually given the opportunity to raise their own issues at these meetings.

Residents were facilitated to exercise their civil, political and religious rights, and the activities co-ordinator had recently started to take residents to the local church on an individual basis. Residents could attend Mass in the centre. There were no restrictions on visitors and residents could meet visitors in private in the visitors room, and on the day of inspection visitors were observed spending time with residents in the living room.

There was a wide and varied range of activities available to residents in the centre, organised by the activities co-ordinator. The weekly activity schedule included activities arranged for the mornings and afternoons and included music, quizzes, bingo, card games, Sonas, exercise, physiotherapy activities and time with Peata dogs. There was also an event scheduled for each month, which for July had been a trip to the Botanic Gardens. A cocktail afternoon had been planned for the month of August, and it was hoped to arrange an event around the GAA finals in September. On the day of the inspection residents had the opportunity to attend an arts and crafts class, and residents were encouraged and assisted to paint. Residents also had access to holistic therapies such as aromatherapy, Indian head massages and reflexology provided by an external provider who visited the centre on a weekly basis, and staff reported that many of the residents with dementia or cognitive impairment enjoyed these therapies. The activities co-ordinator also informed the inspector that 1 to 1 time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities, and that this time could be spent using a memory/texture box or providing hand massages. Detailed records of resident participation in all activities was maintained to enable review and planning of future activities. Records were also kept of residents' feedback relating to activities and these evaluations included details on the resident's individual interest, level of communication, enjoyment and mood. Residents were also observed to spend time in their bedrooms watching TV, or spending time watching movies in the conservatory according to their own individual preferences.

Each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors, and privacy locks were in place on all bathroom and toilet doors. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated that the majority of interactions demonstrated positive connective care. Residents had a section in their care plan that covered communication needs, and there was a detailed communication policy in place that included strategies to effectively communicate with residents who have dementia.

There was no information on display within the centre that detailed contact information for independent advocacy services that could be availed of by residents. The person in charge informed the inspectors that a person independent of the centre visited the centre, and was available to residents. The inspectors discussed the availability of independent advocacy services at the feedback meeting held at the end of the inspection, and inspectors emphasised the need for independent advocacy services particularly for the more vulnerable residents with no family to advocate on their behalf.

CCTV cameras were in use in communal areas of the centre including sitting rooms and the dining room, and this was discussed with management during the feedback meeting. Inspectors were given assurances that access to the CCTV was strictly controlled as per the policy. The use of CCTV cameras was clearly outlined in the information booklet made available to residents and their representatives.

**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 system in place to ensure that the complaints of residents with dementia or cognitive impairment, his or her family, or representative were listened to and acted upon, and had access to an appeals procedure.

There was a complaints policy in place, and the complaints procedure was displayed prominently in the front hall of the centre, and also in the visitors room. Throughout the inspection it was clear that residents were familiar with the person in charge, and would find the person in charge easy to approach with any concerns or complaints. The inspectors reviewed the complaints records and details were maintained about each complaint, details of any investigation into the complaint and whether or not the

complainant was satisfied with the outcome. Correspondence relating to complaints was also stored with the complaints, and it was clear that complaints were dealt with promptly. There was a nominated person from another nursing home within the group appointed to review complaints to ensure complaints were appropriately managed.

**Judgment:**  
Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of the inspection. There was a planned staff roster in place, with any changes clearly indicated, and the staffing in place on the day of inspection was reflected in this roster. Review of the staff rosters indicated that there were two nurses on duty at all times in the centre, with a regular pattern of rostered care staff, household/domestic staff and also kitchen/catering staff. The person in charge also worked full time within the centre. Staff had up to date mandatory training in place. Staff had also attended a dementia training day that had incorporated training on managing challenging behaviour, and also attended a further training day on understanding challenging behaviour in the older person incorporating residents with dementia. Staff spoken to by the inspectors stated that this training had been beneficial.

Inspectors observed that staff delivered care in a respectful, timely and safe manner. Staff were supervised appropriate to their role, and appraisals were also conducted.

There were effective recruitment procedures in place, and a random selection of staff files were checked by the inspectors to ensure that all the requirements of Schedule 2 of the Regulations had been met including Garda Vetting and appropriate references. Management confirmed that there were no volunteers working in the centre.

**Judgment:**  
Compliant

### ***Outcome 06: Safe and Suitable Premises***

**Theme:**  
Effective care and support

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

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

**Findings:**

The design and layout of the centre were in line with the statement of purpose. This nursing home was not purpose built, and consisted of three converted Georgian houses with accommodation provided over three floors, with a lift available to transfer residents between the floors. There was no dementia specific unit within this nursing home.

The premises were found to meet the needs of the residents at the time of the inspection, although there were certain challenges identified in relation to the premises including narrow corridors in places, and the fact that there were sloping floors in certain corridors. A number of the bedrooms within the centre had been reconfigured and refurbished since the last inspection. One of the four bedded bedrooms had been converted into two twin rooms with ensuite bathroom facilities. A further two bedrooms had been reconfigured from three bedded rooms to twin rooms, and a full wet room had been installed beside one of these new twin rooms, with access available from the bedroom, and the corridor. The accommodation now consisted of one four bedded room, one three bedded room, thirteen twin rooms and six single bedrooms. Communal areas included a large bright living room on the ground floor, and also a dining room. There was a visitor/family room located on the lower ground floor, and also a conservatory with access to an enclosed garden space. On the day of the inspection there was open access to the garden space from the conservatory and residents were free to visit the garden where a table and chairs were available for residents to use. The premises and grounds were clean and well maintained. Inspectors observed that a number of residents had personalised their rooms with personal items including photos. Grab rails and hand rails were installed where required.

Signage had been provided within the centre using lettering and pictures to identify toilets and direct residents towards various parts of the centre, and the inspectors discussed the possibility of developing this system of signage further, and also the possibility of using contrasting colours to make toilets and bathrooms more easily identifiable to residents with dementia or cognitive impairment. The bedroom doors did not have photos or any other personalised features to make them more easily identifiable to residents with dementia.

There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals.

**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:***

Jim Kee  
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>	Churchview Nursing Home
<b>Centre ID:</b>	OSV-0000126
<b>Date of inspection:</b>	06/08/2015
<b>Date of response:</b>	25/09/2015

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

One resident was having difficulty accessing occupational therapy services (OT) at the time of the inspection, and a recent narrative from the physiotherapist indicated that the resident would benefit from the use of a wheeled armchair. A comprehensive seating assessment to ensure that this resident was comfortably and safely seated had not been completed at the time of the inspection, and the resident was seated in a standard armchair on the day of the inspection.

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

**1. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

At the time of the inspection the PIC had already contacted OT services within the HSE regarding the needs of this resident and we are awaiting an appointment. The resident's family have also been informed regarding the need for an OT appointment. The physiotherapist stated in her report that the resident is very comfortable in armchairs provided in our facility, albeit not a wheeled armchair, but we will continue to follow up an appointment with the HSE.

**Proposed Timescale:** 30/11/2015

**Outcome 02: Safeguarding and Safety****Theme:**

Safe care and support

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

The assessments for the use of bed rails reviewed did not consistently provide details of alternatives trialled or reasons as to why alternatives were not trialled prior to the decision to use bed rails.

**2. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Bed rails are only used in the Nursing Home at the request of the resident or as an enabler for the resident. They are not used for the purposes of restraint but all new residents are assessed in regards to alternatives as if it was a restraint and this will be broadened to include all residents who use bed rails despite it not being used for the purposes of restraint.

**Proposed Timescale:** 31/10/2015