

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lisheen Nursing Home
Centre ID:	OSV-0000059
Centre address:	Stoneylane, Rathcoole, Co. Dublin.
Telephone number:	01 257 4500
Email address:	info@lisheennursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Lisheen Nursing Centre Limited
Provider Nominee:	Geraldine Joy
Lead inspector:	Deirdre Byrne
Support inspector(s):	Mary O'Donnell; Conan O'Hara
Type of inspection	Unannounced Dementia Care Thematic Inspections 2015
Number of residents on the date of inspection:	112
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.

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: 20 October 2015 07:30 To: 20 October 2015 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	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 specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Lisheen House Nursing Home gave a score of compliant in all six sections.

Inspectors met with residents, relatives, and staff members during the inspection.

They tracked the journey of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff files. Inspectors examined the relevant policies and the self assessment questionnaire which were submitted prior to inspection.

On the day of the inspection there were 112 residents, 85 of whom had dementia. There was no special dementia care unit and residents lived together in the centre, which consists of nine units. Overall, inspectors found the provider and person in charge were very committed to providing a high quality service for residents with dementia.

The centre had been extended and renovated and the design, decoration and the layout created an environment where residents with dementia could flourish. While it met the requirements of the Regulation, the overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Inspectors found the residents were enabled to move around as they wished, and there was access to a number of internal courtyard available to them at all times. Throughout the centre, sitting rooms, meeting areas and private rooms areas were provided. Residents could choose to move between these rooms and areas at their will. Each of the nine units provided care for groups of between 10 to 20 residents. The person in charge ensured the same staff were assigned to each unit to ensure continuity of care to the residents. The small sized units allowed for improved supervision of and more time spent with the residents. Signs and colours had been used in the centre to support residents to be orientated to where they were.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or were informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and using methods of restraint in the service. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support residents to live as independent a life as possible.

Each resident was assessed prior to admission to ensure the service could meet their need and to determine the suitability of the placement. Residents had a comprehensive assessment and care plans in place to meet their assessed needs. Care plans included a detailed profile of each resident and residents and relatives, where appropriate, were involved in developing and reviewing their care plans. Residents had access to medical and allied healthcare and staff who were competent to meet their nursing and social needs to a high standard. There were seven activity staff on duty to meet the social and occupational needs of residents. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. The environment was interesting with plenty of objects to engage and interest residents. Each unit had a kitchenette and the domestic environment supported residents to engage in household tasks.

Staff were offered a range of training opportunities, including a range of specific dementia training courses, explaining the condition, the progression of the disease and effective communication strategies. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

The centre was overall compliant in five out of the six Outcomes, with a small area of improvement in Outcome 2.

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):

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

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare professionals including dietetic, speech and language, dental, ophthalmology and podiatry services. Residents also had access to the mental health of later life services, with onsite visits from psychiatry of later life team and consultant. The service employed a physiotherapist on a full time basis. Residents had access to occupational therapy but inspectors noted that four residents who had recently had an occupational therapy assessment had been waiting for up to a year for a seating assessment. Staff explained that the community occupational therapy service had been affected by the Health Service Executive cut backs but the provider followed up to access the service and had sourced suitable seating for all the residents.

Inspectors focused on the experience of residents with dementia and they tracked the journey of a number of residents with dementia. They also reviewed specific aspects of care such as nutrition, wound care and restrictive practices in relation to other residents.

There were systems in place to optimise communication between the resident/families, the acute hospital and the centre. Prospective residents and their families were invited to visit the centre and meet other residents and staff before making the decision to live there. The person in charge also visited prospective residents in hospital and home prior

to admission. This gave the resident and their family information about the centre and also to ensure that the service could adequately meet the needs of the resident.

Residents' files held a copy of their hospital discharge letter and the files of residents admitted under 'Fair deal' also held the Common Summary Assessments (CSARS), which detailed the assessments undertaken by a geriatrician, a medical social worker and a comprehensive nursing assessment. Inspectors examined the files of residents who were transferred to hospital from the centre and found that appropriate information about their health, medications and their specific communication needs were included with the transfer letter.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also a pain assessment tool for residents who were non-verbal. A care plan was developed within 48 hours of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a three monthly basis or to reflect the residents' changing care needs. There was documentary evidence that residents and relatives, where appropriate, had provided information to inform the assessments and the care plans. They were also invited to a formal care plan review meeting every six months. Staff nurses, health care assistants, residents and relatives who spoke with inspectors demonstrated appropriate levels of knowledge about care plans.

Staff provided end of life care to residents with the support of their GP and the community palliative care team. 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. Single rooms were available for end of life care and one resident who wished to return home had a discharge plan detailing how this would be arranged. Two residents were under the care of the community palliative care team at the time of inspection.

Staff outlined how religious and cultural practices were facilitated within the centre. A holistic therapist employed on a part-time basis supported residents as they approached the end of their life. People over 65 years, with dementia or a cognitive impairment are at risk of delirium and inspectors noted that staff were trained to screen residents for delirium in order to facilitate early diagnosis and management of the condition. The centre had a urinalysis analyser machine to monitor resident at risk of urinary infections. Nurses were also trained to replace percutaneous endoscopic gastrostomy (PEG) tubes, and administer subcutaneous fluids in order to avoid unnecessary hospital admissions.

A number of residents were admitted to the centre with pressure ulcers. Two nurses in the centre with specialist knowledge of wound care had input into policy development and supported nurses with expert advice and guidance to manage wounds effectively. Inspectors tracked wound care for three residents and found their wounds were either healed or healing. One residents who had a diabetic foot ulcer had a vascular assessment and was awaiting surgery.

Residents with diabetes were appropriately monitored and managed. Inspectors

observed staff measuring residents' blood glucose levels and found the staff who undertook the procedure adhered to the HIQA guidance of blood glucose monitoring. Residents with diabetes were managed by the GP and referred to the diabetic clinic where appropriate.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. The menus had been reviewed by a dietician. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records, when required were appropriately maintained. Inspectors joined residents having their lunch in the dining room, and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on weight reducing, diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Mealtimes in the dining room were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. Inspectors tracked the care of a resident who had a PEG tube and found that the care plan directed the resident's care in relation to the management of the tube, rest periods and the feeding regime. The resident who had unintentional weight loss, had been assessed by a dietician and advice to increase calorific intake had been incorporated in the care plan. Weight records showed that the resident was starting to gain weight.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Residents had access to the pharmacist of their choice and the pharmacist was available to meet with residents if required. The pharmacist undertook audits of medication practices and improvements were made. Records showed that staff received training on the management of constipation and drugs used in the management of diabetes.

Inspectors followed up on the issues raised at the last inspection and found that the actions had been satisfactorily completed. Four training events on care planning had been organised for staff. The care plans examined were found to guide practice reflecting the assessed needs of residents.

Inspectors noted that the speech and language therapist and GP documented modified diets in a resident's medical file and residents received the appropriate prescribed diet.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

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:

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was an elder abuse policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. It incorporated the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014. It contained a user friendly flow chart that summarised how to respond to alleged elder abuse.

The policy document gave definitions of the different types of abuse, and staff spoken with during the inspection were clear on what these were, and the signs to look out for. In relation to residents with dementia staff were aware that it was important to look out for changes in the way they interacted with people, unexplained bruising, listening to what people were saying to them where they were communicating with staff.

All staff spoken with knew what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour. The person in charge and the provider were also very clear of their role if there were any investigations.

Records that were reviewed confirmed that staff had received training on recognising and responding to elder abuse. Staff confirmed that this topic was covered during their induction and it was made clear to them that if they reported concerns and were not happy with the response then they should go to a their line manager or the person in charge if they felt it necessary.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

There were policies in place about managing behaviour that challenges (also known as

behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Inspectors were informed by some nurses and care assistants that they had training in how to support residents with dementia. There was a clinical nurse educator who facilitated training and external educators also provided in-house training. Training records read for the last 12 months showed that all staff had attended training related to the care of people with dementia. Training focused on the role of all staff to meet the social and occupational needs of residents with dementia. This is discussed further in Outcome 5.

There were care plans that set out how residents should be supported if they had behaviour that was challenging. Inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. Staff spoken with were very clear that redirection and considering how residents were responding to their environment were important in supporting people to feel calm.

For some residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. For those residents who had those prescriptions, inspectors saw audits of the use of the psychotropic medication that confirmed an overall reduction of their use in the centre.

Nurses spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

Inspectors also observed the staff interacting with residents, and taking steps to support individuals when they started to communicate distress or anxiety. For example, moving residents out of the lounge where people were chatting to the quiet of their own room, or taking them for a walk round the corridor and chatting to them.

There were residents who required the use of bed rails. Risk assessments had been completed. The mobility and safety care plan confirmed when bed rails were in use. However, it was noted that the plans did not include procedures to guide staff, for example, the timing of regular checks as needed when the bed rails were in position. This was discussed at feedback with the person in charge and the provider nominee. There was evidence that consent had been obtained or, consultation with families where required. The alternatives to bed rails had been considered for example low beds, and the risk assessment explained this in each case.

There was a policy on restrictive practices and while it promoted a restraint free environment, this was still work in progress in the centre. For example, a recent bedrail audit read stated up to 41 residents used bedrails, and while 12 residents had requested them, 29 residents required bed rails in order to reduce the probability of a risk such as falls out of their bed. This was discussed with the person in charge and the provider at the feedback meeting who acknowledged that more reduction was required but assured inspectors this was being reviewed and monitored through regular assessment and audits. Inspectors did find there was a reduction in the overall use of 'as required medications' and for all other residents they were not monitored or restricted in their moving around the dementia unit.

Inspectors reviewed incident reports in relation to resident's behaviour, and it was seen that a follow up of each incident was carried out with a risk assessment, and identification of any changes needed to reduce the possibility of it occurring again.

The centre was not managing the finances of residents however, where cash had been provided to residents at their request there was a clear system of this being added to their monthly bill. Residents and two staff signed the records.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as substantially compliant. The improvement relates to the implementation of the National Policy "Towards a Restraint Free Environment".

Judgment:

Substantially Compliant

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, and that their privacy and dignity was respected.

There were residents meetings held in the centre every quarter, and the minutes of these were read. Not all residents attended however, family members and staff were also welcome to attend, and would raise any issues on these persons behalf. The residents feedback was generally positive, and some had taken the opportunity to give comments on areas they felt could be improved including the food on the menu, the tuning of a piano. The minutes of the meetings also documented the action taken by the provider and person in charge, and these were discussed at the next meeting.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the centre that included daily prayers and weekly mass for Catholic residents. Where residents were of other religious denominations there were spiritual meetings held. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

The person in charge outlined details of independent advocacy services that were available to the residents. In the past residents had availed of the service. There were no residents presently requiring the service. However, this information was available and

referrals would be made on the residents behalf if required. To enhance family and friends knowledge of dementia, they were provided with an explanatory booklet on advanced dementia.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room. Inspectors observed residents with dementia in the nine units of the centre being encouraged supported to follow their own routines. In one unit, residents were observed to return their breakfast tray themselves to the kitchenette, and other residents were supported to come to the dining room at a time they preferred to eat breakfast. Staff told inspectors that breakfast times were at the residents choosing, and could go on till the late morning most days. Inspectors observed staff providing late meals for residents who missed lunch or supper. Residents choose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup. One resident was observed having her hair done in the hairdressing salon, and another resident getting her nails painted.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the three communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place in three units of the centre for an hour. We will provide you with an overview of the three observations below:

In one unit, inspectors found 75% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care). Staff know the residents well they connect with each resident on a personal level. There was an activity facilitator in seven units who greeted the residents by name when they came to the lounge and ensured that they were socially engaged. For example, the facilitator in one unit who organised an informal quiz for a group of 10 residents many of whom had advanced dementia managed and could not answer quiz questions. He engaged the majority of residents for the 45 minute period with his knowledge of resident's life histories he also incorporated reminiscence and songs to ensure that all the residents benefitted from the activity. Positive language such as great, brilliant and you have a marvellous voice when a resident sang another residents favourite song. Seven scores of +1 were awarded when staff provided physical care, where the conversation focused on the task such the need to use the bathroom or assisting residents to sit at the table. +2 scores were merited when staff sat with the resident and offered appropriate assistance, offered choice and shared the moment with residents as they chatted during the meal.

In another unit, inspectors found 60% of the one hour observation period, the quality of interaction score was also +2. In this unit an activity facilitators was present who chatted amongst the residents, and ensured that they were socially engaged. She sat on her hunkers to talk to residents and initiated conversation. One resident who was fast asleep for most of the observation, was warmly greeted as she woke up. One resident

spent most of the observation walking alone however, staff gently distracted her after a few minutes and brought her into the sitting room to have her dinner. The staff sat beside her, encouraged her to sit and kept saying positive words when assisting her to eat. Inspectors overheard staff talk to the residents about current programmes on the television they were interested in. As it was the period of time just before lunch was served, most of the conversation was around food. One resident was asked did she prefer to use a spoon, and when this was declined she was gently reminded to ask the staff if she wanted one. Another resident was supported to the dining room table using a hoist. There were kind, friendly and patient interactions with the resident to put her at ease while this was happening. There were six scores of +1 were awarded during this session when residents were walking around the unit alone or sat in the sitting room alone while staff were focused primarily on carrying out tasks such as supporting residents during their meal or to mobilise to the dining area. +2 scores were merited when staff sat with the resident, had open conversations and elicited responses to questions they asked, and laughed with them as they ate their meal.

In the third unit, inspectors found 70% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care). In this unit the activity facilitator was also present and led a prayer service. Staff were observed discreetly offering assistance when needed to residents throughout the service. After the prayer service, inspectors observed kind, friendly and patient interactions with some residents while preparing the room for lunch and assisting other residents to other dining areas in the centre. Staff offered assistance and encouragement to residents with limited mobility to walk to the table. During the lunch time period, staff were observed to offering assistance in a respectful and dignified manner. The lunch time experience was a positive social event with residents and staff discussing recent events, sport, knitting and food. Staff members sat beside the resident to whom they were giving assistance and were observed to be patiently assisting the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance. Four scores of +1 were awarded when there was little conversation with residents while staff were focused primarily on carrying out tasks such as preparing the room for dinner or supporting other residents to other dining areas in the centre. Eight scores of +2 were merited when staff had open conversations with both the group and individual residents about topics of interest to them, staff sat with the residents and offered appropriate assistance, offered choice and shared moments with the residents as they chatted during the meal.

Inspectors found that residents' privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Staff were heard explaining to residents why they were coming into their room, e.g. to give refreshments or administer their medications. Some residents had refused to be checked by staff at night time and this request was respected by the staff. A sign advising staff to knock before entering was located on each residents door.

Some residents with dementia were spending time in their own rooms, and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the many communal areas of the centre. Activities were provided in each unit

and seven activities staff facilitated these. The activities for residents with dementia were regularly assessed and needs driven. There were assessments, resident profiles, a "Key to Me" and activities of daily living records that provided detailed information on each residents assessed needs, likes and interests. Inspectors spoke to one activity staff who described the range and type of activities, which included one to one time, games, exercise, music, reading. There was one to one time with residents, and some joined in on activities, others were socialising with family and friends, and others were sitting quietly.

A number of pets lived in the centre, which enhanced the quality of life for some of the residents with dementia. Inspectors met the resident terrier in one unit, who appeared to be a hit with all the residents and the staff. One of the residents cared for the dog, and took charge of meals and walks. Inspectors visited the resident and met the dog, who was also seen around the unit enjoying the company of the residents. Other pets included a cat, budgie and gold fish. The person in charge said these pets had a positive impact on the residents who enjoyed their company.

Residents had access to a number of private areas and meeting rooms whereby they could meet with family and friends in private, or could meet in their rooms. In each of the nine units, the main sitting-dining room was seen to be used by lots of people visiting the home, and they could access the drink making facilities. A kitchenette was also provided in these areas where residents could enter to make a cup of tea. One resident who appeared to be bored, was encouraged by a staff to help her do the washing up.

There was a laundry service provided in the centre and residents clothes were regularly laundered. The housekeeping manager outlined the system in place to manage residents clothes in such a large centre. Each residents clothes went into a laundry bag and was individually labelled. If clothes went missing, there was a lost and found section where these clothes would be returned. One resident told inspectors his clothes were well looked after, and on the rare occasion clothes went missing, the staff promptly returned the items of clothing to him. The action from the previous inspection regarding residents being charged for laundry services was addressed, and each residents contract of care now stated the laundry service was included in their overall fee and the rationale when residents paid for the specific laundry services.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. As set out in outcome 1, staff were observed to be speaking with residents in a respectful way, and using their preferred names. All residents had a section in their care plan that covered communication needs, and staff were seen to be familiar with them. For example, one resident for whom English was not their first language had a range of communication aids to ensure their needs were met. The staff employed in the centre who spoke the residents first language were rostered as best as possible in the unit where the resident lived. Documentation translated into the residents language was provided for example, the menu, care plan and general information. Television channels in the residents language were provided. When the resident attended hospital appointments a translator was hired to provide support.

Residents were seen to be wearing glasses and hearing aids, to meet their needs.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:

Compliant

Outcome 04: Complaints procedures

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:

There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process.

Inspectors reviewed the complaint's policy and found it to be comprehensive, and met the requirements of the regulations. As well as naming people in the centre to deal with complaints it also contained an independent appeals process. There was also a nominated person who held a monitoring role to ensure that all complaints are appropriately responded to, and records kept.

Both the provider and person in charge told inspectors that any complaint received would be thoroughly investigated and the outcome would be discussed with the resident. This would also include if the resident was satisfied with the outcome or not.

At the time of the inspection there were no open complaints. Records of past complaints showed that there were systems in place and they detailed, the action taken, outcome and whether the person was satisfied with the outcome. A standard complaints form recorded the details of each complaint. The action from the previous inspection was addressed, and the satisfaction of the person making the complaint was documented on the form.

The complaints procedure was on display at the entrance the centre. It was also set out in the residents guide. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

The staff were aware of the need to monitor residents with dementia to ensure they were no expressing frustration or annoyance at something that could be resolved. For example listening to what they were trying to convey if they are verbalising. Considering things like if they were warm enough, had their belongings available to them, or were receiving drinks and snacks that they liked. A record of these concerns would be recorded, and the nurse in charge of the unit would be notified.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:

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:

Inspectors found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents.

Inspectors found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of the residents, and in particular residents with a dementia. Residents and staff spoken with felt there was adequate levels of staff on duty. Staff were supervised to their role and appraisals were also conducted.

An actual and planned roster was maintained in the centre with any changes clearly indicated. Inspectors reviewed staff rosters which showed there was clinical nurse manager and nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included activity therapists, a physiotherapist, catering, housekeeping, administration and maintenance staff. The person in charge ensured the same nursing and care staff were assigned to each unit to ensure continuity of care to the residents. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There was a varied programme of training for staff. An clinical nurse educator also facilitated a range of training courses for staff in the centre. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety.

The staff also had access to a range of education, including training in specific dementia training courses that explained the condition, the progression of the disease and effective communication strategies. Training completed by staff included courses "What Matters to Me" and "Making Connections". The person in charge and provider had completed a dementia master class. The clinical nurse educator along with the person in charge completed training in "the evaluation of person centred care in dementia care". Staff also attended external training events and seminars.

A recruitment policy in line with the requirements of the Regulations was implemented in practice. Inspectors reviewed a sample of staff files which included all the information required by Schedule 2 of the Regulations. The previous inspection identified a need to improve the system of verifying references, and this had been addressed. A sample of references read had been verified. There were no volunteers working in the centre.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

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 layout and design of the centre was suitable for its stated purpose and met the needs of the residents. The design and layout promotes the dignity, well being and independence of residents with a dementia.

The designated centre comprises of the originally built nursing home and a large extension. The new unit was designed in line with international best practice and design standards for long term care units for residents with a dementia. The older part was fully refurbished to meet the need of residents with a dementia. The centre may accommodate 112 residents, which is divided up into nine units. Each unit may accommodate between 10 and 20 residents. The size of each unit ensured the resident individual and collective needs were met.

Inspectors visited the nine units. In six units the bedrooms were all single occupancy and ensuite facilities were provided. In one unit the bedrooms were all single bar one twin bedroom which were all provided with ensuite facilities. In two units there were single and twin bedrooms, and all bar one bedroom were ensuite. There were assisted bathrooms and level access shower rooms in all of the units. There were also communal toilets along the corridors for residents to access. The bathrooms were designed with contrasting colours on flooring and the walls, a sign on the door with a picture and the word toilet or bathroom. This would help residents with dementia orientate better. The person in charge advised inspectors that she had reviewed the colours on the toilet seats and areas around the wash hand basin, to ensure these were conducive to the residents needs. These changes had been reflected in all bathrooms and toilets in the centre.

The units were open plan in layout, with a sitting and dining area. In the units a well equipped kitchenette provided where staff could reheat meals and provide refreshments for residents. It had hot drink making facilities also. Residents and relatives were able to use if for refreshments at times that suited them.

There was an external garden, and access to a secure courtyard garden from the sitting rooms the ground floor. The garden was also accessible from some residents bedrooms. The garden had paths for walking and a seating area. There was a key pad to open the door to the garden. The doors from communal areas that led to the garden required a number entered into a key pad to exit. The inspectors were advised by the person in charge this was to ensure the security of who was entering and leaving the centre. They explained residents could get the key pad code if they were considered able to support the policy on not allowing people in to, or out of the centre. The person in charge confirmed that a number of independent residents had the key code and came and went as they pleased.

The units were interconnected by large, bright corridors, that were designed and laid out with interesting things for residents to see and interact with. For example, shelves with vases and ornaments, photographs of politicians down the years, glass walled courtyards with seats and ornaments, coats, bags and items hanging on walls for residents to pick up if they wished, couches and lamps if residents wished to sit and have some quiet time.

There was an interactive area called "the Village" with a post office, a vintage house front and a hair dressers store. There were large paintings and sculptures throughout the centre, some were provided by residents and their relatives. There was a mural of the map of Ireland which was a talking point for some of the residents. The person in charge advised that these paintings and murals were placed in these areas to see if they provided a focus and stimulation for the residents to look at.

Overall, the atmosphere in the centre was conducive and respectful to the needs of residents with a dementia. Stimuli were controlled to create suitable environment for people with dementia:

- noise levels were controlled with TVs muted while activities and meals were in progress,
- glare was minimised with the use of matt flooring and the glass in the windows was slightly tinted,
- there was good lighting throughout and natural light was maximised with the use of skylights, and the communal rooms were all south facing
- staff were observed to support residents to move to a quieter environment if the noise became too much for them in public areas.

There were also a range of other rooms including a large catering kitchen, visitors rooms, staff rooms, meeting rooms, training room, administration offices, laundry, and many store and linen rooms.

Inspectors observed that all of the areas allowed for freedom of movement. In some of

the units, there was a corridor that went round in a square so residents who liked to walk could do so. There were items positioned along the corridors for residents to engage with such as baskets of stuffed toy animals. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were also bright and well lit, with lots of natural light in the day, and electric lighting when dark.

Inspectors saw that there was appropriate signage on doors, and for bathrooms and other rooms residents would use there was a sign with a word and a picture. Each bedroom had the name of the resident and a picture of their choice. Some had chosen flowers, others animals and some pictures of views. The aim of these were to provide visual cues for people to recognise their bedroom.

All bedrooms were seen to be personalised. Some residents had brought their own furniture such as rugs, lamps as well as pictures and ornaments. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage. The rooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side.

All bedrooms, bathrooms and communal areas had access to a call bell, which inspectors observed was fully functioning during the inspection. The call bells would be accessible to residents when in bed. Some areas had been painted in contrasting colours, for example bathroom doors.

There was a range of equipment in the centre to aid mobility, including personal wheelchairs and walking frames. Hoists and other equipment seen in the centre were in working order, and records showed they had been regularly serviced. Staff were seen using aids to support people to maintain their mobility as long as possible, for example the gait belt.

Staff records showed that staff had completed manual handling training in relation to the equipment available in the centre.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

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:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lisheen Nursing Home
Centre ID:	OSV-0000059
Date of inspection:	20/10/2015
Date of response:	11/11/2015

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 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 promotion of the National Policy "Towards a Restraint Free Environment" regarding bedrail usage required improvement.

1. 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.

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:

We appreciate that HIQA inspectors found that we promote a restraint free environment. Our Restraint policy is guided by the National Restraint policy which states that "restraint is permitted in a residential care setting when the risk of falling is immediate". It goes on to say that "the extent of the restraint used must be proportionate to the risk of harm or injury". For this reason side rails are in place for a small number of our residents.

As stated in our policy "Lisheen Nursing Home does not use side rails to prevent a resident from voluntarily getting out of bed themselves. A limited number of side rails are used following a comprehensive risk assessment and as part of the resident's care plan to reduce the risk of slipping, sliding or rolling from the bed involuntarily."

We will continue to strive for a restraint free environment and review the usage of side rails to ensure that they are used in accordance with national policy.

Proposed Timescale: 13/11/2015