

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Community Nursing Unit
Centre ID:	OSV-0000542
Centre address:	Patrick Street, Trim, Meath.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Dervila Eyres
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Mary O'Donnell
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	2

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: 17 February 2016 07:45 To: 17 February 2016 17:00

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		Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Major	Non Compliant - Major

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 in the centre. The inspection also considered the details of unsolicited information received by the Authority, notifications and other relevant information. All actions from the last inspection of the centre in January 2015 were completed with the exception of Butterstream dementia care unit premises

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 provider nominee completed the self-assessment document by comparing the service provided 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.

Residents' accommodation in the centre comprises of two areas. Butterstream dementia care unit and Camillus. The design and layout of Camillus, where residents with dementia integrated with the other residents met its stated purpose to a high standard. However, in contrast, Butterstream, the dementia care unit was not a therapeutic or comfortable environment for the 14 residents residing there. Overall, inspectors found the local management team and staff were committed to providing a quality service for residents with dementia. This commitment was clearly demonstrated in Camillus and although every effort was made by staff, Butterstream dementia care unit did not meet its stated purpose. In the pre-inspection self assessment document, the provider's judgment concurred with the inspectors' judgment on inspection by assessing Butterstream premises as being in major non-compliance with the regulations and standards.

As part of renewal of registration of the centre, the provider submitted a building/refurbishment plan to address areas of major non-compliance with the regulations and standards, which has been accepted by the Chief Inspector. This work is due to be completed by March 2017.

Inspectors met with residents and staff members during the inspection. They tracked the journey of four 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 including those submitted prior to inspection. Day to day management responsibilities are with the clinical nurse managers on each unit who work closely with the person in charge.

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 independent lives.

Some areas of medication management practice was identified for improvement on this inspection.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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 was a total of 48 residents in the centre on the day of this inspection, 31 residents has assessed maximum dependency needs, 10 had high dependency needs and seven residents had medium dependency needs. 25 residents had a formal diagnosis of dementia and a further six residents had symptoms of dementia.

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 were developed based on the assessments of need and 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 a choice of GP and the majority opted for the services of the medical officer who attended the centre on a daily basis. They also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services. The centre also had access to the mental health of later life services, but psychology services were not accessible in the area.

Inspectors focused on the experience of residents with dementia. They tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

There were systems in place to optimise communications between the resident/families, the acute hospital and the centre. The person in charge visited prospective residents in

hospital 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. The resident passport was developed for each resident with additional information about their preferences and strategies to prevent occurrence of or support residents with behaviours that challenge.

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 each resident's assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a four monthly basis or to reflect the residents' changing care needs. The 'key to me' and 'my day my way' were used to support residents and relatives where appropriate to provide information to inform the assessments and care plans. There was evidence that residents and family where appropriate participated in care plan review meetings. 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 medical practitioner and a senior nurse on the staff team with a post graduate diploma in palliative care. Community palliative care services were also available 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. Single rooms were available for end of life care and relatives were accommodated in the centre's family room.

Staff outlined how religious and cultural practices were facilitated within the centre. Inspectors noted that staff were trained to administer subcutaneous fluids to treat dehydration and a project was underway to provide additional services locally to residents, such as administration of intravenous antibiotics and percutaneous endoscopic gastrostomy (PEG) tube replacement in order to avoid unnecessary hospital admissions. The Authority were notified of two residents with incidents of pressure related skin ulcers since January 01 2015, one of which was present on admission. Inspectors tracked wound care for two residents and found their wounds were either healed or healing. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. There were no residents with pressure ulcers at the time of inspection.

Residents with diabetes were appropriately monitored and managed. Inspectors found the staff who undertook the procedure adhered to the guidance for blood glucose monitoring published by the Authority.

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 more frequently 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, 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 rooms were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with their meal. A resident who had a Peg feeding tube system had a care plan which directed the resident's care in relation to the management of the tube, rest periods and the feeding regime.

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 risk of further falls.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented for the residents who were case tracked. 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 resident pharmacist participated in a four monthly medication review and was available to meet with residents or advise staff if required.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were measures in place to ensure residents were safeguarded and protected from abuse. The safeguarding policy had been updated to reference the National Policy

'Safeguarding Vulnerable Persons at risk of Abuse' (2015). Staff training records indicated that all staff had annual training on the prevention, detection and response to abuse. Staff spoken with confirmed to inspectors that they had received this training and were aware of what to do if they suspected or were informed of an allegation of abuse.

The Inspectors followed up on two allegations of abuse and found they had been notified to the Authority and were managed in line with the policy. All allegations of abuse were thoroughly investigated and arrangements were in place to ensure residents were safeguarded during the investigation process. However, improvement was required in timelines maintained with bringing the investigation process to completion. For example, investigation of an allegation of abuse in June 2015 was still in progress on the day of this inspection.

Some staff had attended training on dementia care and managing behaviours that challenge. The person in charge identified in the quality improvement in dementia care questionnaire and self assessment document published by the Authority, that not all staff in the dementia specific unit had attended dementia care training. An action plan to address this deficit was nearing completion with two staff trained as dementia champions preparing to roll out this training to all other staff. There were no residents receiving PRN (as required) psychotropic medications. Professional management of aggression and violence (PMAV) was in line with the National Restraint Policy guidelines. A local PMAV intervention information and guideline was in place to advise staff. The person in charge had a postgraduate degree in the management of violence and aggression and she undertook assessment of any resident who had behaviours that challenged. All staff had attended training in professional management of aggression and violence facilitated by the person in charge who is a qualified PMAV instructor and adviser. Care plans were in place to direct care of residents with behaviour that challenged and promoted a consistent approach to their care. The inspectors observed staff knowledgeably managing incidents of resident behaviours that challenged using a respectful and gentle approach to de-escalation in each case.

There was a policy and procedures in place that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Inspectors observed that very few residents who presented with behaviours and psychological symptoms of dementia. It was evident when the care of individual residents was tracked, that residents with issues relating to behaviours had been assessed and managed appropriately. Staff spoken with by inspectors, including relief staff were very knowledgeable regarding interventions that addressed the underlying cause of the behaviour and they described therapeutic interventions they used such as distraction techniques and doll therapy to prevent the escalation of behaviours. Positive behaviour care plans were developed and consistently implemented. Residents had been regularly reviewed by their GP, and referred to mental health of later life for further specialist input.

From the cases tracked, it was evident that physical or chemical restraint was used only as a last resort. Incidents where restraint was used were appropriately notified to the Authority. Concerted efforts were made to promote a restraint free environment and bed rail use had been reduced to 20%. There was evidence that less restrictive devices such as grab rails were used to enable residents to move in bed and some residents at

risk of falls had low-low beds and crash mats in place. These measures achieved the goals of care without restricting residents' freedom.

Residents had a locked drawer in their rooms for money and valuable and the person in charge managed the finances for some residents. The inspectors reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents financial transaction records were signed and witnessed and a sample of monies held when checked by inspectors and corresponded with financial records. Residents could access their money kept in safekeeping as they wished.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents with dementia were consulted with and supported to participate in the organisation of the centre. Overall residents' privacy and dignity was respected and residents were supported to make choices about their day to day lives. There were opportunities for most of the residents to participate in activities that suited their interests and capabilities. The privacy, dignity and overall quality of life for the residents in Camillus was enhanced by their newly refurbished unit. However Butterstream was an old building with shared bedrooms, limited communal space and residents did not have free access to the garden as it was unsafe for residents to access independently. This unsuitable environment impacted on the residents' privacy and dignity and their overall quality of life. Confined living for this group of mobile residents did not support positive behavioural support plans. While staff engaged therapeutically with individual residents the environment did not support quality interactions for the group as a whole. This was reflected in findings of the formal observation periods.

Independent advocates were active in the centre and promoted the rights of residents. One advocate was allocated to Butterstream the dementia care unit. The residents' forum meetings were chaired by a SAGE advocate and attended by residents and relatives where appropriate. The person in charge also attended resident committee meetings. Residents received the minutes of the meetings and there was evidence that issues raised were followed up by management and implemented to improve the quality of life of residents. For example, the menus had been changed, based on feedback from residents.

Residents were facilitated to exercise their civil, political and religious rights. Residents in Camillus confirmed that their rights were upheld. Staff sought the permission of residents with dementia in Butterstream and Camillus before undertaking any care task and they were consulted about how they wished to spend their day and about care issues. Residents in Camillus were satisfied with opportunities for religious practices, the choice of sitting rooms, freedom to move around the communal areas and unrestricted access to the secure gardens. Arrangements were in place for residents to vote and those who wished to vote were seen to cast their votes in the centre on the day of inspection. Addressing the social needs of residents was integral to the role of health care assistants. They were supported by activity staff and residents' wishes were prioritised when planning activities and excursions. Residents' wishes and preferences also informed their daily routine. There were no restrictions on visitors and there were a number of areas in Camillus where residents could meet visitors in private. However, this amenity was limited in Butterstream. The centre was located in the town and many residents were active in the local community. Ten residents were members of a local active retirement group and a number of residents were looking forward to a night out at a musical at the local school on the evening of inspection. Family and former staff members supported residents to maintain contacts with their community. They were also involved in fundraising to support the development of the centre.

There was a variety of activities available to residents in the centre, organised by the activities staff. The activity schedule included activities arranged for the mornings and afternoons and included music, board games, arts and crafts, gardening, exercise to music, doll therapy and pet therapy. Staff also informed inspectors that one to one time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities. Reading, reminiscence, poetry and hand massage were some of the one to one activities provided. Life stories were documented and each resident's participation in activities was recorded and used to plan future activities. Other related records included details of the resident's individual interests, level of communication, enjoyment and mood. Residents were also observed to spend time watching TV, but TV viewing was not overused to occupy residents with dementia. Residents also had access to a kitchenette and domestic activities were encouraged.

Residents had opportunities for outside activities. Residents with dementia in Camillus had free access to a secure well maintained garden. The garden attached to Butterstream was uneven and residents needed to have a staff member accompany them outdoors for safety reasons. Residents there were all mobile and they were significantly disadvantaged by this as the communal space in Butterstream was confined and noise levels high at times. Residents had shared bedrooms and the indoor area where residents could walk was also very confined and limited. Staff demonstrated resourcefulness and imaginative creativity to develop the dementia specific unit through art work, homely furnishings and the use of old memorabilia to support residents. However the space was too confined and this impacted on the quality of life of the 14 residents who lived there.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record the quality of interactions between staff and residents at five minute intervals, in the day room in Butterstream and in Camillus.

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 scores reflect the effect of the interactions on the majority of residents. In Butterstream, while there was evidence of positive connective care with individual residents, the overall experience for the majority of residents was neutral care for 58% of the one hour observation period. Five scores of +1(42%) were awarded when staff provided good quality task oriented care after lunch.

In Camillus the spacious communal area supported staff to engage more positively with residents. All the interactions were positive with good task oriented care (+1) observed for 58% of the time, when staff engaged with residents as they moved towards the dining area for lunch. Five +2 scores were merited as staff demonstrated positive connective care which benefited the majority of residents. Staff interacted as equal partners as they discussed family, plans for the musical later that evening, offered choice of nail polish colours and stimulated the senses with touch and smell of hand creams. They also reminisced about past events which were meaningful for residents. The inspector observed that staff spent less time with residents who had a hearing impairment or were unable to initiate a conversation. Staff were observed to interact with these residents while a care task was being attended to, rather than to engage socially with the resident. Staff said they were challenged to find time to sit with residents who had difficulty participating in groups. They attributed this to the changing profile of residents with the admission of younger residents, who had more complex needs.

Overall inspectors found there were systems and processes in place to support residents with dementia and their representatives where appropriate to participate in the assessments, care plans and the organisation of the centre.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. All residents in Camillus had a private room with en suite facilities. Staff were observed knocking on bedroom and bathroom doors, and privacy locks were in place on all bedroom, bathroom and toilet doors. However, twin and multioccupancy bedrooms in Butterstream did not ensure residents could undertake personal activities in private. The privacy and dignity of residents residing in Butterstream was negatively impacted on by the absence of en-suite facilities in bedrooms resulting in residents having to cross the main corridor to access a toilet and shower in their night attire. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. 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. The policy had been circulated to all units and staff signed a page to indicate that they read and understood the policy. Further training in communication was planned for 2016.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was a system in place to ensure that the complaints of residents with dementia or their representative were listened to and acted upon, and they had access to an appeals procedure.</p> <p>There was a complaints policy in place, and the complaints procedure was displayed prominently in the centre, and summarised in the residents guide document. 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.</p> <p>Verbal complaints were recorded locally in the resident units. The person in charge advised inspectors that most complaints were managed at a local level. Complaints that could not be resolved locally were escalated up to the person in charge as the complaints officer. The inspectors observed that these complaints were robustly investigated and included details of the investigation and copies of all associated correspondence. However, information on whether the complainant was satisfied or not was not consistently recorded.</p> <p>The inspectors reviewed the three complaints records on file since Jan 2015 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. There was a nominated person with assigned responsibility for reviewing complaints to ensure complaints were appropriately managed in line with the policy.</p> <p>Three independent advocates supported residents with dementia and their families to raise issues of concern. Relatives were satisfied that issues raised were addressed and verbal complaints were now documented and used to inform service improvements.</p>
<p>Judgment: Compliant</p>

Outcome 05: Suitable Staffing
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>

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

Findings:

There was a stable workforce in the centre and many of the staff had worked in the centre for many years. The recruitment procedures in place met the regulatory requirements. All staff including volunteer staff had An Garda Siochana vetting completed and recorded on their files. The orientation programme for new staff supported them in their roles. Staff were supervised appropriate to their role. Clinical competency assessment and regular performance management meetings were also conducted for staff.

Three volunteers regularly visited residents in the centre. These volunteers were appropriately supervised and had signed an agreement which outlined the volunteer's role and responsibilities.

There was a planned staff roster in place, with any changes clearly indicated. The staffing in place on the day of inspection was reflected in this roster. Review of the staff rosters indicated that the skill mix was 50% nurses and 50% health care staff. Staffing levels were based on the acuity of residents; 1:9.5 in Camillus and 1:7.5 in Butterstream. Both Butterstream and Camillus had clinical nurse managers as head of the local staff team. The clinical nurse managers and other key staff met with the person in charge met each morning to address any issues and to plan the day.

There was an effective system in place to ensure that all staff attended mandatory and refresher training. Discussions with staff by inspectors and training records confirmed that staff had up to date mandatory training. Staff also had training on dementia care, the management of behaviours that challenge and professional management of aggression and violence to support their professional practice. Training was also provided on other aspects relevant to dementia care such as end of life care, the use of incontinence wear, nutrition and dysphagia. The implementation of training was consistently monitored and inspectors observed staff using good practices in relation to communication, de-escalation of incidents of behaviours that challenged and safe resident moving and handling techniques.

Inspectors attended the morning handover meeting by night staff to the day shift. Staff were allocated to various teams. Staff who spoke with inspectors had knowledge of all the residents because they rotated to different teams on a daily basis. Each resident was allocated a primary nurse who took personal responsibility to ensure the resident's needs were met and documentation was up to date. This practice also ensured residents or/and their families had a key person they could access on a day to day basis. The staffing arrangements provided for the supervision of residents in communal rooms and meeting the holistic needs of residents. Inspectors found that a culture had been created where staff took pride in their work creating a positive environment for residents with dementia. A number of staff in Butterstream expressed their satisfaction with caring for residents with dementia. A staff member in Camillus said she loved her job because when she went home in the evening she knows she had done something to make someone else's life better.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The design and layout of Camillus, where residents with dementia integrated with the other residents met its stated purpose to a high standard. However, in contrast, Butterstream, the dementia care unit was not a therapeutic or comfortable environment for the 14 residents residing there.

As part of renewal of registration of the centre, the provider submitted a building/refurbishment plan to address areas of major non-compliance with the regulations and standards, which has been accepted by the Chief Inspector. This work is due to be completed by March 2017.

Camillus

Camillus provides single en-suite accommodation for 38 residents. The inspectors saw that the Camillus area has been refurbished to a high standard and provided a high quality environment for residents with dementia residing in this area. The spacious and bright layout and design of communal accommodation provided residents with choice and promoted their independence. There were two ramped areas on the corridors which had been risk assessed and fitted with handrails on both sides to support residents' independence. Some residents were provided with motorised wheelchairs. A variety of seated areas were provided at intervals along the corridors. Residents had access to a kitchenette in the two dining/living areas which supported residents with dementia to undertake familiar domestic tasks. The use of colour and natural light was optimised to support the quality of life of residents with dementia. For example, floor to ceiling windows were fitted in communal rooms and bedrooms that optimised natural light and view, floor coverings were a neutral colour and design throughout and bold patterns were avoided to promote ease of access. Contrasting colours were used to assist residents with identifying key areas such as toilets and bedrooms. Signage and clocks throughout promoted orientation. The centre was decorated and fitted with domestic style furnishings and memorabilia to support the comfort of residents with dementia. Residents in Camillus had free access to two secure external garden areas. The gardens supported residents to safely mobilise independently. The gardens had suitable seating and a pagoda together with areas of shrubbery and small trees. The area supported residents to participate in potting and planting. The person in charge told inspectors that she had received funding from the fundraising committee to develop a third garden area which would include hens. The residents expressed their pride in their environment and

of their enhanced quality of life. Residents were supported to personalise their bedrooms to a high standard. Many residents displayed their photographs, pictures and personal items.

Butterstream Dementia Care Unit

Although planned, refurbishment/building work had not commenced in Butterstream dementia unit, where 12 long-term and two respite residents with a formal diagnosis of dementia resided. This area did not meet its stated purpose as a suitable environment to meet the needs of residents with dementia. Staff demonstrated resourcefulness and imaginative creativity to develop the dementia specific unit through art work, homely furnishings and the use of old memorabilia to support residents.

Inspectors observed that residents congregated in the main sitting room and adjoining dining area. The area was congested and busy at times during the day and the noise levels were consistently high. The space available in the sitting room did not facilitate any clustering of residents seating and was arranged around the perimeter of the room. While, there was a small quiet parlour-style room available, this room was not used by residents at any stage on the day of inspection. This room felt cooler than the rest of the unit and was also used to store three mattresses. A seated small area without an external window between the sitting room and the main corridor was observed to be busy with resident and staff traffic to and from the sitting room and corridor. This area was also not used by residents as an area to rest in. The inspectors observed residents used the length of the corridor to mobilise. The corridor was confined and was dark without the use of artificial light. Internal access to the amenities in Camillus for residents in Butterstream was through a closed area which was decommissioned from use by residents or staff. Long-term residents shared bedroom accommodation in large rooms with a screening curtain fitted within close proximity of their bed. Personal spaces were not defined. Wardrobe space available to residents was restricted by narrow wardrobe/locker units provided. An additional drawer unit was provided for some residents. The paint on wall surfaces in some bedrooms and on window frames was chipped/missing. There was limited personalisation of residents' bedrooms.

An attractive and interesting secure garden was provided for residents in Butterstream dementia unit. However, the surfaces of the garden pathways were uneven and posed a risk of fall to residents who wished to access the garden independently. The view of the garden was optimised by the large windows in the communal area. None of the residents accessed the garden on the day of inspection.

Judgment:

Non Compliant - Major

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:

Catherine Rose Connolly Gargan
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Joseph's Community Nursing Unit
Centre ID:	OSV-0000542
Date of inspection:	17/02/2016
Date of response:	11/03/2016

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

Improvement was required in timelines maintained with bringing the investigation process into allegations of abuse to residents to completion.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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:

The Registered Provider acknowledges the findings of the Inspectors in relation to one complaint currently under external investigation. The delay was due to unforeseen circumstances with the investigation team and has since been addressed and is progressing.

Proposed Timescale: 13/05/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There were limited facilities available to provide residents in Butterstream dementia care unit with one to one activities, access to the garden or quiet time.

2. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

The Registered Provider acknowledges the findings of the Inspectors on the day of inspection. There are plans in place to renovate and upgrade Butterstream dementia care unit over the coming years to ensure compliance with legislation and HIQA standards. Draft plans were previously submitted to HIQA in 2015 which are currently under review and planning permission for the new build portion of Butterstream has been applied for. The new build portion of Butterstream is expected to commence in mid 2016 with completion envisaged for mid 2017.

In the interim, Camillus Unit adjoining Butterstream is also a secure unit and the residents of Butterstream can also access all activities taking place on a given day, the secure garden areas and smaller sitting rooms on Camillus, once accompanied by a staff or family member.

Proposed Timescale: New build for Butterstream - completion expected by mid 2017. Interim arrangements ongoing.

Proposed Timescale: 30/06/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Twin and multioccupancy bedrooms in Butterstream dementia care unit did not ensure residents could undertake personal activities in private.

The privacy and dignity of residents residing in Butterstream dementia care unit was negatively impacted upon by the absence of en-suite facilities in bedrooms resulting in residents having to cross the main corridor to access a toilet and shower in their night attire.

3. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The Registered Provider acknowledges the findings of the Inspectors on the day of inspection. There are plans in place to renovate and upgrade Butterstream dementia care unit over the coming years to ensure compliance with legislation and HIQA standards. Draft plans were previously submitted to HIQA in 2015 which are currently under review and planning permission for the new build portion of Butterstream has been applied for. The new build portion of Butterstream is expected to commence in mid 2016 with completion envisaged for mid 2017.

In the interim, Camillus Unit adjoining Butterstream is also a secure unit and the residents of Butterstream can also access the facilities on Camillus, once accompanied by a staff or family member.

Proposed Timescale: New build for Butterstream - completion expected by mid 2017. Interim arrangements ongoing.

Proposed Timescale: 30/06/2017

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

Effective care and support

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

Butterstream dementia unit was not appropriate to meeting the number and needs of residents with dementia and was not in accordance with the centre's statement of purpose prepared under Regulation 3.

4. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The Registered Provider acknowledges the findings of the Inspectors on the day of inspection. There are plans in place to renovate and upgrade Butterstream dementia care unit over the coming years to ensure compliance with legislation (specifically Regulation 3) and HIQA standards. Draft plans were previously submitted to HIQA in 2015 which are currently under review and planning permission for the new build portion of Butterstream has been applied for. The new build portion of Butterstream is expected to commence in mid 2016 with completion envisaged for mid 2017.

Every effort will be made to ensure insofar as is possible, that residents are afforded choice, privacy and dignity in their daily lives while residing in Butterstream.

Proposed Timescale: New build for Butterstream - completion expected by mid 2017.

Proposed Timescale: 30/06/2017

Theme:

Effective care and support

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

Areas of the premises in Butterstream dementia unit did not conform to the matters set out in Schedule 6 of the regulations, having regard to the needs of the residents with dementia.

5. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The Registered Provider acknowledges the findings of the Inspectors on the day of inspection. There are plans in place to renovate and upgrade Butterstream dementia care unit over the coming years to ensure compliance with legislation (specifically Regulation 6) and HIQA standards. Draft plans were previously submitted to HIQA in 2015 which are currently under review and planning permission for the new build portion of Butterstream has been applied for. The new build portion of Butterstream is expected to commence in mid 2016 with completion envisaged for mid 2017.

In the interim, additional storage units have been purchased for the residents and each resident is also supplied with their own lockable storage space to meet their needs. In terms of appropriate space for cultural, social and religious activities, the residents in Butterstream can access same on Camillus Unit, once accompanied by a staff or family member.

Proposed Timescale: New build for Butterstream - completion expected by mid 2017.
Interim arrangements ongoing.

Proposed Timescale: 30/06/2017