

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Portiuncula Nursing Home
<b>Centre ID:</b>	OSV-0000084
<b>Centre address:</b>	Multyfarnham, Westmeath.
<b>Telephone number:</b>	044 937 1911
<b>Email address:</b>	ann.bloomer@newbrooknursing.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Newbrook Nursing Home
<b>Provider Nominee:</b>	Philip Darcy
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	Leanne Crowe
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	55
<b>Number of vacancies on the date of inspection:</b>	5

## **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: 29 June 2016 09:15 To: 29 June 2016 19:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 11: Information for residents		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 in the centre. The inspection also considered notifications and other relevant information including details of unsolicited information received in relation to procedures for provision of social care. The inspectors found that all residents had access to a wide variety of activities that met their interests and capabilities. An additional fee was charged for the purpose of activity provision. While opt-out arrangements for this additional fee were not in place, the provider demonstrated that the quality of activities provided had significantly improved since the last inspection and the organised activity programme was extended up to 20:00hrs each evening by way of additional staffing resources provided. All actions from the last inspection of the centre in September 2014 were found to be satisfactorily completed with the exception of one action in relation to

the three-bedded room; which, was partially completed.

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 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 was provided over two floors and residents with dementia integrated with the other residents. The design and layout of the centre met its stated purpose to a high standard and provided a comfortable and therapeutic environment for residents with dementia. Inspectors found the provider; management team and staff were committed to providing a quality service for residents with dementia. This commitment was clearly demonstrated in work done to date to the environment and to optimize the physical and mental health and quality of life for residents with dementia living in the centre.

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.

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 are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and the use 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 fulfilling lives.

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):**

No actions were required from the previous inspection.

**Findings:**

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

There was a total of 54 residents in the centre on the day of this inspection; 16 residents had assessed maximum dependency needs, 19 had high dependency needs and 17 residents had medium and two residents had assessed low dependency needs. 19 residents had a formal diagnosis of dementia and one other resident 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 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. Documentation and residents spoken with confirmed timely access to GP care including out-of-hours by an on-call GP service. Some residents from the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. GPs attended the centre routinely on a weekly basis. The person in charge told inspectors that one GP also attends the centre for a scheduled annual meeting with individual residents in his care and their relatives were also invited to these meetings. Residents had good access to allied healthcare professionals including physiotherapy on a weekly basis by a physiotherapist employed by the provider. Occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services were also available to residents as necessary. Community psychiatry of older age specialist service attended residents in the centre with dementia as needed. Residents' positive health and wellbeing was optimised with regular physiotherapy and an annual influenza vaccination programme. Residents in the

centre had access to palliative care services for support with management of pain and for symptom management during 'end of life care' if required.

Inspectors focused on the experience of residents with dementia on this inspection. 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 with dementia in the centre.

There were systems in place to optimise communications between the resident/families, the acute hospital and the centre. The person in charge or senior nurse visited prospective residents in hospital or their home in the community prior to admission. The person in charge advised inspectors that most residents admitted to the centre for continuing care transitioned from intermittent admissions for respite care. She also commented that she found that this process made the transition to long-term care in the centre easier for residents with dementia as they had become familiar with the environment and staff. Staff also knew the resident better as a result of previous respite admissions. Prospective residents new to the centre and their families were welcomed into the centre to view the facilities and discuss the service provided before making a decision to live in the centre. This gave these residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

A copy of the Common Summary Assessments (CSARs), which details the pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme, were made available to the person in charge and kept in residents' files. The files of residents' admitted to the centre from hospital also held their hospital discharge documentation including a medical summary letter, multidisciplinary assessment details and a 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 in transfer documentation. The person in charge demonstrated use of a recently introduced communication passport completed for each resident going to hospital that included details of their preferences, dislikes and strategies to prevent or to support them with physical and psychological symptoms of dementia. This communication tool formed part of the transfer to hospital documentation for residents with communication difficulties including residents with dementia.

Residents' documentation was managed by means of a computerised data management system that was password protected to ensure residents' personal information was secure. Residents had a comprehensive nursing assessment completed within 48 hours of admission to the centre. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. A holistic care plan was developed to inform each resident's care needs and the interventions to be taken by staff were clearly stated within a 'functions of living' framework. Additional care needs were identified with a care plan in a standardised format for example, residents' receiving antibiotics. While, the interventions to be completed under each 'function of living' were clearly stated, individual functional (physical, psychological and social) deficits identified by assessment of residents' needs were not stated. While care staff had access to each resident's

holistic care plan, their access to additional care plans developed to address short-term needs was not clear. Staff supported a resident to use an item of specialist rehabilitation equipment; however, the procedures they should follow with using this equipment were not documented in a care plan to meet this resident's rehabilitation needs.

Care plans were updated routinely on a four-monthly basis or to reflect residents' changing care needs as necessary. Both nursing and care staff grades were involved in updating documentation regarding residents' care delivery. This system was observed to promote an informed team approach to meeting residents' needs. Inspectors found that all staff spoken with were very knowledgeable regarding residents' likes, dislikes and needs. A 'Named Nurse' system was in place for each resident. 'Key to me' and social/recreational assessment tools were also used to support residents and relatives where appropriate to provide information to inform their communication and activation needs. Although the person in charge confirmed that care plan development and subsequent reviews were done with the participation of residents and their families as appropriate, this was not evidenced in the documentation reviewed.

Staff provided end-of-life care to residents with the support of their medical practitioner and community palliative care services as necessary. Palliative care services were not supporting any residents in the centre on the day of this inspection. The inspectors reviewed care of a residents receiving 'end of life' care and found that their symptoms were well managed including management of pain. A pain assessment tool for residents, including residents who were non-verbal was in use. Inspectors reviewed a number of 'End of life' care plans that outlined the physical, psychological and spiritual needs of residents. Residents' wishes regarding place for receipt of 'end of life' care were not consistently recorded. Advanced directives were in place for some residents regarding resuscitation. This documentation recorded family input on behalf of the resident in most cases in the documentation reviewed. This information was also recorded in the documentation of one resident who had deceased. However, there was room for improvement in resident involvement in these decisions. Residents had access to an oratory in the centre and an immediately adjacent church for funeral services if they wished. Single rooms were available for 'end of life' care and relatives were accommodated to stay overnight with residents at this stage of their lives. Staff outlined how residents' religious and cultural practices were facilitated. A priest worked closely the staff team and visited residents in the centre on a daily basis. Inspectors observed that staff were trained to administer subcutaneous fluids to treat dehydration and percutaneous endoscopic gastrostomy (PEG) tube replacement in order to avoid unnecessary hospital admissions.

The Health Information and Quality Authority (HIQA) was notified of three residents with incidents of pressure-related skin ulcers since 01 January 2015, two of the skin ulcers were present on admission. Inspectors reviewed procedures in place for wound assessment and care and found that appropriate procedures were in place including photographic monitoring to assess progress with healing. Tissue viability specialist services were available to support management of wounds that were slow to heal. Comprehensive processes were in place to ensure pressure related skin damage to residents at risk was prevented. Residents at risk of developing pressure related skin ulcers had risk assessments completed with care plans. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of ulcers developing.

There was one resident with a pressure ulcer, which was present on admission in the centre at the time of this inspection.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently where indicated.

Nutritional assessment and care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. Systems were in place for recording residents' nutritional and fluid intake where required. Inspectors saw that residents had a choice of hot meals for lunch and tea. The inspectors saw where some residents requested their meals to be served in a specified way and these requests were met. 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 and fortified diets, and also residents who required modified consistency diets and thickened fluids, received the correct diets. There was one large spacious dining room available on the ground floor and some residents ate their meals in a sitting-dining room on the first floor. Mealtimes in the dining rooms were social occasions. The main dining room was in a restaurant style in terms of décor and furnishings. Tables were attractively dressed with flower centre-pieces and a range of condiments were provided. Staff sat with residents as necessary and provided encouragement or assistance to them with eating their meal.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed on admission and regularly thereafter for risk of falls. HIQA were notified of six residents falling who sustained an injury from January 01 2015 to date. Three of these residents sustained a bone fracture injury. All residents who sustained an injury due to fall were satisfactorily cared for post injury. The inspectors saw where one resident had fallen three times and had a 1:1 supervision protocol implemented as part of their care and a control to prevent risk of further falls. The centre's physiotherapist reviewed all residents post fall incident and was involved in assessment and treatment plan development for residents who fell or were at increased risk of falling. The inspectors observed that root-cause investigations were carried out for residents who sustained an injury requiring follow-up treatment in hospital. There was evidence of learning identified from investigations of falls and was implemented in practice.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented for 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. Medication storage trolleys were stored securely in a locked clinical room when not in use. Residents admitted for respite care had the option of keeping their medications in a secure medication box in their bedrooms. This provided continuity in control over their medications for this resident group. Residents had the option of self-medicating however, there were no assessments documented to reference this. No residents self-medicated on this inspection. Systems were in place for recording and managing medication errors. Residents had access to the pharmacist of their choice and the pharmacist completed four-monthly medication reviews and was

available to meet with residents or advise staff if required. The pharmacist was facilitated to complete their obligations to residents. The pharmacist was involved in staff training and wrote a medication focused item in the centres quarterly newsletter for residents' information. Medication reviews were noted to be comprehensive.

**Judgment:**

Substantially 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:**

Inspectors were satisfied that there were measures in place to protect all residents from abuse.

There were policies in place for the prevention, detection, reporting and responding to allegations or suspicions of abuse. Training records showed that all staff attended annual training on protection of vulnerable adults. Inspectors spoke with staff, who could describe abuse recognition and reporting procedures. Staff were clear on their responsibilities to protect residents and to report any suspicions or allegations of abuse. The provider and person in charge ensured that there are no barriers to disclosing abuse. Residents spoken with on the day of the inspection said that they felt safe in the centre.

There was a policy and procedures in place that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). The majority of staff had recently received training in responsive behaviours. Care plans, examined by inspectors, evidenced that efforts were made to identify and alleviate the underlying causes of responsive behaviours. Staff spoken with by inspectors could also describe person-centred de-escalation techniques that they would use to manage individual resident's behaviours and psychological symptoms of dementia.

In response to an action from the previous inspection, efforts to promote a restraint-free environment within the centre were ongoing. There was a policy and procedure in place for the use of restraint, and a restraint register was maintained in the centre. The use of bedrails was being reviewed frequently by staff with the support of the centre's physiotherapist, and there was evidence that alternatives to bed rails, such as grab rails or half-length bed rails were being trialled in consultation with residents. As a result, the number of residents using bedrails had decreased.

There were systems in place to safeguard residents' money. The centre kept money on behalf of a number of residents, and this was securely stored. A sample of balances of residents' money were checked by inspectors and were all found to be correct. All

transactions were recorded appropriately and signed by a staff member and the resident or their relative. Inspectors were informed that all balances and records are audited monthly by the centre. Residents were provided with a lockable space in their bedrooms for to facilitate them to independently store personal possessions securely if they wished.

**Judgment:**

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:**

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 residents to participate in activities that suited their interests and capabilities. Residents' privacy, dignity and overall quality of life in the centre were maintained to a good standard.

Residents' participated in regular resident forum meetings and there was evidence that residents with dementia attended these meetings. The meetings were minuted and referenced active discussion about life in the centre and areas for review were identified by the participants and actioned in response to issues raised by residents. A quarterly newsletter was produced in the centre to keep residents up to date with events in the centre and featured photographs of residents enjoying events that had happened in the centre. A word search and quiz was also included for residents. Residents had access to Independent advocacy services in addition to an ex-resident who visits the centre on a daily basis to chat to residents there. The independent advocacy services were introduced to residents to ensure they were aware of this service.

Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents with dementia in the centre before undertaking any care task and consulted with them about how they wished to spend their day and about care issues. Residents expressed their satisfaction with the opportunities provided to them for religious practice, the choice of sitting rooms and their freedom to move around the communal areas in the centre. Arrangements were also in place to ensure residents had opportunity to exercise their right to vote. While activity co-ordination staff were employed in the centre, addressing the social needs of residents was also integral to the role of healthcare assistants. The centre had access to a wheelchair accessible bus one day per week and residents' wishes were prioritised when planning excursion venues. Residents' wishes and preferences also informed their daily routine. There were no restrictions on visitors and there were a number of areas in the centre on

both floors, where residents could meet visitors in private. Residents had access to a kitchenette where they could enjoy refreshments with their relatives. The inspectors saw that seating was arranged in small clusters in various parts of the centre which facilitated quiet rest or meeting with visitors for 1:1 conversations.

There was a variety of activities available to residents in the centre, organised by the activity co-ordinator and facilitated by activity and care staff. A music therapist attended the centre one day each week and was observed working with residents on the day of this inspection. He facilitated 1:1 music therapy sessions on the morning of this inspection in a music therapy room provided, which was equipped with a variety of musical instruments. A 90 minute communal session was facilitated on each floor in the afternoon. Residents visibly enjoyed these sessions and were actively engaged in singing and dancing. Residents were encouraged to voice their personal song requests and to lead on singing them. There were activities of interest going on in the various communal areas throughout the day. Since the last inspection, provision of organised activities was extended to 20:00hrs seven days per week. An activity schedule was prominently displayed on both floors and included the location and times for each activity so residents could exercise choice regarding the activity that interested them. A mens' shed type activity was also taking place. This was well-established with the participants getting orders for some of the wooden crafts they produced. Another resident was involved in making rosary beads. A resident explained to the inspectors that the participants of the group decided that they would use the proceeds from selling their crafts to buy toiletries for residents in the centre who did not have regular visitors. One resident from the group said 'the centre saved his life'. Other activities facilitated included music, quiz games, arts and crafts, exercise, doll therapy, pet therapy and a sensory activation programme. One resident attended a day programme for four days each week. Inspectors also saw that one to one time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities. Residents with severe dementia were supported by staff as a smaller group in the sitting room on the first floor which was quieter and was decorated in a more traditional style with memorabilia familiar to these residents. Rummage boxes and activity equipment was available in this area that suited small group or one to one occupation. Residents with dementia were well integrated with other residents in the centre and inspectors saw that these residents were actively participating and very comfortable with living in the centre.

The provider and staff especially the activity co-ordinator demonstrated resourcefulness and imaginative creativity with work done in making the centre comfortable and therapeutic for residents with dementia through provision of interesting things to do, art work, a memory wall, homely furnishings and the use of old memorabilia located throughout the centre.

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 a sitting room and a dining room area. 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. Inspectors' observations concluded that there was good evidence of positive

connective care with individual residents; opportunities were taken when completing tasks of care to positively engage with residents.

Inspectors saw that staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. All residents were accommodated in single or twin bedrooms with en suite facilities with the exception of one three bedded room. This room required some further review to ensure there was sufficient space between beds and screen curtains to carry out transfers to and from assistive wheelchairs without compromising residents' privacy. The location of two residents' televisions also required review. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom, bathroom and toilet doors. Residents' privacy and dignity was respected by staff during all interactions observed. Bedroom and toilet doors were closed during personal care activities. Curtain screens in twin and a three bedded room were provided and closed accordantly. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff and residents knew each other 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.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The complaints process was prominently displayed in the reception area of the centre, and was also included in the Residents' Guide. The process identified the person nominated to investigate complaints, and also outlined the appeals process. Staff could explain how they would assist residents with dementia to make a complaint.

There was a policy and procedure in place for the management of complaints, as well as a log for recording complaints. This log was reviewed by inspectors and found that it contained details of complaints, investigation process, the outcome and date of closure of complaints and whether the complainants were satisfied with the outcome of complaints. However, while verbal complaints were being resolved by staff, these were not consistently recorded in the complaints log. An audit of complaints was carried out every six months to support learning and improvement.

Staff spoken with on the day of the inspection were aware of the complaints process,

and what action to take upon receiving a complaint. Residents spoken with could describe how and to whom they would make a complaint.

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the levels and skill mix of staff were appropriate to meet the assessed needs of residents, including those with dementia. A registered nurse was on duty at all times in the centre. There was an actual and planned staff rota which reflected the staffing levels on the day of the inspection. Staffing resources were reviewed by the provider and person in charge to extend organised activities for residents to 20:00hrs seven days per week. Residents spoken with by inspectors were complementary in their comments regarding the staff team and the care provided to them.

The centre had effective recruitment procedures in place. Staff were supervised appropriately in their role and the person in charge had a schedule of annual appraisals for all staff.

A programme of training supported staff to complete mandatory training as well as engage in continuous professional development. Training records indicated that most staff had completed mandatory training; however a number of staff required refresher training in fire safety. While a training date had been scheduled in the coming weeks, two staff members requiring training had not been recorded as attending. Since the inspection, the person in charge has submitted evidence to show that one of these staff members has been added to the upcoming training date, while the remaining staff member will be included at the next available date. Staff spoken with on the day of the inspection were knowledgeable regarding the training they had undertaken in fire safety, protection of vulnerable adults and moving and handling practices.

Inspectors reviewed a sample of staff files and found that they contained all of the documents required by Schedule 2 of the Regulations, including An Garda Síochána vetting. Current professional registration details were available for all nurses working within the centre.

A number of volunteers were engaged in the centre, all of which had been subject to An Garda Síochána vetting. Their roles and responsibilities had also been set out in writing by the centre.

**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 the designated centre met its stated purpose to a high standard. The centre is a purpose built two-story premises located on the same site as the Franciscan Friary Church. Residents are accommodated on both floors, serviced by a spacious lift and secure stairs. The lift was programmed with a delayed closure to facilitate residents with reduced mobility to access the lift comfortably and safely. However, the handrail in the lift was not easy to hold and could be improved. The interior accommodation provided a spacious and comfortable environment for residents with dementia. A reception area with a staffed reception desk was located on the ground floor and a large foyer area was located immediately above on the first floor. Residents' accommodation pivots out into wide corridors from these central areas on both floors. A number of communal rooms for residents' use were located on both floors. A seated area was located on entering the centre where residents could relax to read, listen to the radio or meet with visitors. A lounge, spacious sitting room and a dining room with adequate space to accommodate all residents to dine together was located on the ground floor. An oratory was also available to residents on the ground floor. A sitting/dining area and a music therapy room were provided on the first floor. Residents were accommodated in 47 spacious single, five twin bedrooms and one three bedded room, all with en suite facilities. Additional wheelchair accessible toilets were available throughout the centre and close to communal dining and sitting rooms.

The floor space in residents' bedrooms met size, privacy and dignity requirements as outlined in HIQA's Standards and the legislation. While the provider had revised the layout of the three-bedded bedroom, some further review was necessary to ensure sufficient space was provided between beds and closed curtain screens to ensure residents' privacy needs are met during transfer to and from assistive chairs. The location of two residents' television screens also required review. Each bedroom was serviced with full en-suite facilities which were spacious and contained a toilet, shower and wash-hand basin. Bedrooms were fully fitted with lighting, heating and bedroom furniture consisting of beds, lockers, spacious wardrobes, a comfortable chair, bed tables, call bells and televisions. Reading lights were also fitted and in working order. A smoke and heat detection unit was fitted in each bedroom. Support rails were fitted in en suites. Residents were encouraged to personalise their bedrooms and inspectors saw that many residents had decorated their bedrooms with personal items of furniture, music centres and CD players, photographs and ornaments. Some residents had

bookcases to display their books. One resident had the walls in their bedroom painted in colours they chose and which they said reflected their personality.

The inspectors saw that the centre was built to a high standard and provided a high quality therapeutic and comfortable environment for residents with dementia. The layout and design of communal accommodation was spacious and bright and provided residents with choice and independence. Some residents used motorised wheelchairs to move around the centre. A variety of small seated areas were provided at corridor junctions. Circulating corridors were fitted with wall-lights and were individually named and painted in single colour themes to assist residents with accessing the centre. The use of colour and natural light was optimised to support the quality of life of residents with dementia. For example, large windows were fitted in some bedrooms and in communal rooms and optimised natural light and views of external landscapes. Floor covering on corridors was a neutral colour and bold patterns were avoided to promote ease of access. Handrails were fitted on corridors and were in contrasting colours to the walls to enhance orientation and safety for residents with dementia. Doors were also in contrasting colours to walls and one corridor had painted areas surrounding the doors to reflect a shopping street. Signs that hung out into corridors identified toilets. Some residents had a picture cue on their bedroom door to assist them with identifying their bedroom. Large-face clocks throughout promoted orientation. These combined actions optimised residents' independence.

Environmental temperatures were monitored throughout and the inspector found temperatures to be maintained at levels in line with the national standards. Hot water temperatures were thermostatically controlled and monitored so as not to exceed 43 degrees centigrade at the point of contact by residents.

Inspectors observed that there was suitable assistive equipment to support residents including grab rails in toilet/shower facilities, handrails along corridors, hoists, pressure relieving mattresses and cushions, profiling and low level beds among other equipment was also available with adequate storage facilities. Windows on the first floor had partial opening restrictors and the main stairs had stair gates fitted to mitigate risk of fall to vulnerable residents or others. An enclosed garden was provided to the back of the centre. It had safe pathways in place to a central paved area which contained garden furniture. However, access to this area was not available without the assistance of staff as the door was secured by an electronic code key lock.

**Judgment:**  
Substantially Compliant

***Outcome 11: Information for residents***

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed residents' contracts of care. All contracts of care were signed in agreement by residents themselves or by their next of kin on their behalf with the exception of one contract of care which was not signed. The provider demonstrated efforts made to date to obtain agreement.

The provider levied a fee for activities on each resident additional to their nursing home fee. This additional fee was documented in residents' contracts of care. An opt-out procedure was not in place for this additional fee. This finding was discussed with the provider on the day of inspection.

**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:***

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Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Portiuncula Nursing Home
<b>Centre ID:</b>	OSV-0000084
<b>Date of inspection:</b>	29/06/2016
<b>Date of response:</b>	14/07/2016

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

#### **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Although the person in charge confirmed that care plan development and subsequent reviews were done with the participation of residents and their families as appropriate, this was not evidenced in the documentation reviewed.

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

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding

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

4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The involvement of the residents and families in developing and reviewing care plans will be documented.

**Proposed Timescale:** 31/07/2016

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The procedures staff should follow with using an item of specialist rehabilitation equipment, prescribed for one resident were not documented in a care plan.

**2. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The care plan has been developed in respect of this item of equipment.

**Proposed Timescale:** 14/07/2016

**Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

Verbal complaints were not consistently recorded in the complaints log.

**3. Action Required:**

Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

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

Staff have been made aware of our complaints policy and the requirement to record verbal complaints.

**Proposed Timescale:** 14/07/2016

## 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:

However, access to the enclosed garden area was not available without the assistance of staff as the door was secured by an electronic code key lock.

#### 4. 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:

A plan for extending the room which accesses the secure garden is being developed. We will then review unsecured access to the secure garden based upon the assessed risks to the residents.

**Proposed Timescale:** 31/12/2016

### Theme:

Effective care and support

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

The layout of the three-bedded room required some further review to ensure sufficient space was provided between beds and closed curtain screens to ensure residents' privacy needs are met during transfer to and from assistive chairs.

The location of two residents' television screens in the three bedded room required review.

#### 5. 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 layout of this room will be reviewed and changes made to its layout as necessary.

**Proposed Timescale:** 30/09/2016