

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	College View Nursing Home
Centre ID:	OSV-0000128
Centre address:	Clones Road, Cavan.
Telephone number:	049 437 2929
Email address:	collegeviewnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	College View Limited
Provider Nominee:	Thérèse McGarvey
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	69
Number of vacancies on the date of inspection:	1

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: 11 August 2016 09:10 To: 11 August 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		Substantially Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to the Health Information and Quality Authority (HIQA) along with relevant policies. The inspector reviewed these documents prior to the inspection.

The inspector met with residents, staff members and the person in charge. The inspector tracked the journey of residents with dementia and observed care practices and interactions between staff and residents. A formal recording tool was used for this purpose. Documentation to include care plans, medical records and staff files

were examined.

At the time of inspection 24 residents were identified with a dementia related condition as their primary or secondary diagnosis. Fifteen residents were suspected of having dementia by nursing staff. Twelve of these residents were accommodated in a dementia specific unit. There was a very advanced age profile amongst the residents accommodated. In total 63% were over 85 years of age or 44 of the 69 residents living in the centre.

Residents' healthcare and nursing needs were met to a good standard. Residents had access to medical, allied health and psychiatry of later life services. The management of complaints was compliant with regulations.

Appropriate policies and procedures were in place to protect residents. Residents had access to advocacy services. Staffing arrangements facilitated continuity of care and supported a consistent positive approach to the behaviors and psychological symptoms of dementia (BPSD). Staff had comprehensive training, including training to work with people with dementia and responsive behaviors. Residents were supported to engage in activities based on their interests and capacity.

The layout and design of the centre was suitable and met the needs of the resident in a comfortable and homely way. The building was clean, spacious and decorated to a good standard throughout. All areas were bright and well lit, with lots of natural light.

A total of seven Outcomes were inspected. The inspector judged four Outcomes as complaint and three Outcome as substantially complaint with the regulations.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland

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):

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

Findings:

Residents could retain the services of their own general practitioner (GP) and had regular access to the services of allied healthcare professionals or as required; these included a speech and language therapist, dietician, optician and chiropody.

The inspector tracked a sample of resident care plans and found that timely and comprehensive assessments were carried out. Appropriate care plans were developed in line with the changing needs of residents. The centre implemented an effective admissions policy which included a pre-admission review.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Care plans were developed for issues identified on assessment. However, some further work is required to detail the level of confusion or cognitive impairment and how it impacts on daily life for the resident. Information such as who the resident still recognises or what activities could still be undertaken. Residents had personal profiles developed with details of their life history, their likes and dislikes, interest and hobbies. However, this information was not reflected or linked into care plans for social or responsive behaviours. Residents physical care needs were documented well in the daily care records.

Residents either diagnosed with dementia or presenting with impaired cognition had appropriate assessments around communication needs in place. The residents' nutritional needs were well met. Residents were seen to be provided with a regular choice of freshly prepared food. Menu options were available and residents on a modified diet had the same choice of meals as other residents with appropriate consideration given to the presentation of these meals.

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. A record of residents who were on special diets such as diabetic and

fortified diets or fluid thickeners was available for reference by all staff and kept under review. Systems were in place to ensure residents had access to regular snacks and drinks. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary.

There was evidence in care plans of good links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and discussed at clinical meetings and used to inform a planned care pathway to meet resident's needs and reviews by the GP and psychiatry team. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

There were written policies and procedures in place for end-of-life care and for the management of residents' resuscitation status. Staff provided end-of-life care to residents with the support of their GP and the community palliative care team. There were no residents at active end-of-life stage on the day of the inspection. Records indicated that end-of-life preferences were discussed with residents and/or their relatives and these were documented in residents' records. A system was developed to ensure residents with a do not attempt resuscitation (DNAR) status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A policy was in place for the protection of vulnerable adults. This outlined procedures and appropriately referenced current national guidelines and included guidance on protected disclosures. Records indicated that regular training on safeguarding vulnerable adults was provided. Staff members spoken to had received training and understood how to recognise instances of abusive situations and were aware of the appropriate reporting systems in place.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties.

There were policies in place to guide staff on meeting the needs of residents with responsive behaviour and restrictive practices. Policies gave clear instruction to guide staff practice. Training records reviewed by inspectors indicated that staff were facilitated to attend training related to the care of older people with dementia. This included components on how to manage responsive behaviours.

There were care plans that set out how residents should be supported if they presented with responsive behaviour. The care plans described the ways residents may respond in certain circumstances, and what action should be taken, including how to avoid situations escalating.

Restraint management procedures were in line with national policy guidelines (the use of bedrails). Work to promote a restraint free environment was in progress. At the time of this inspection there were 28 residents with two bedrails raised and five with one bedrail raised. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. When a resident requested the bedrail is raised for use as an enabler, a risk assessment was undertaken to ensure the practice was safe.

The use of tables attached to chairs which restricted the free movement of residents was not risk assessed. While this was defined in the centre's policy as a restraint measure, risk assessment, rationale for the use and review of the practice was not undertaken to evidence it was necessary and in the resident's best interest.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were no restrictive visiting arrangements apart from mealtimes. Visitors were variously present throughout the day. Residents met visitor in the sitting room, lobby area or quiet alcoves off the corridor. There were areas for residents to receive visitors in private should they so wish. Residents' spiritual needs were well met. There is an oratory available for use. Pastoral care is provided by a member of the nursing team. Religious services occur on a weekly basis.

The centre had an activities coordinator supported by two part time coordinators who manage a programme of activities and also organised special events and celebrations. There were also one-to-one activities for residents that do not participate in group activities.

Aside from routine observations, as part of the overall inspection, a standardised tool was also used to monitor the extent and quality of interactions between staff and residents during discrete 5 minute periods in a block of 30 minutes. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

Three episodes were monitored in this way both during the morning and afternoon in different sitting and dining areas around the building. Each observation episode returned a positive result with notes that staff had engaged positively and meaningfully with residents on a regular basis. Residents with dementia were seen to receive care in a dignified way that respected their personhood. The inspector observed staff interactions with residents that were appropriate and respectful in manner. The inspector found 100% of the three observation periods (total observation period of 30 minutes respectively) the quality of interaction score was +2 (positive connective care).

Residents with dementia had access to advocacy services. There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team.

Residents' privacy was respected. They received personal care in their own bedroom. Bedrooms and bathrooms had privacy locks in place.

Staff delivered care in a timely and safe manner. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, and supporting people from the sitting area to the dining room or to their own bedrooms.

Residents appeared to be familiar with staff. At meal times staff were seen to be speaking to residents, and where support to eat and drink was being provided, it was done in a discreet way. Where residents were able to eat themselves they were supported to do so, for example, some residents had coloured cups and plates in the special care unit.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a complaints policy in place. The complaints procedure was displayed prominently in the centre. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. An internal appeals process and nominated individual with oversight of the complaints process was outlined.

A complaint file was maintained that had the facility to record each complaint with details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. Staff members spoken with could explain how complaints were reported and logged and also how learning from complaints was communicated through management and team meetings.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

There was an adequate complement of staff with the proper skills and experience on each work shift to meet the assessed needs of residents at the time of this inspection, taking account of the purpose and size of the designated centre.

There were three nurses rostered each day of the week and the person in charge worked full time each week. There was a regular pattern of rostered care staff. The staffing complement included the activities coordinator, catering, housekeeping, administration and maintenance staff. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There was a varied programme of training for staff. Records viewed confirmed there was an ongoing program of mandatory training in areas such as safeguarding vulnerable adults, fire safety evacuation and safe moving and handling. Staff also had access to a range of education, including training in specific dementia related courses that explained the condition, the progression of the disease and effective communication strategies.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Recently recruited staff confirmed to the inspectors they undertook an interview and were requested to submit names of referees. Staff files contained all matters required by Schedule 2 of the regulations.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The location, layout and design of the centre was suitable for its stated purpose and met the needs of the resident in a comfortable and homely way. The centre is situated on a large, well maintained, landscaped site.

Accommodation comprises 62 single rooms and 4 twin rooms. Fifty nine bedrooms have an ensuite shower, toilet and wash-hand basin. One bedroom is located on the first floor and access is via the stairs fitted with a chair lift. Within the centre, there is a self-contained secure special care unit which accommodates 12 residents with dementia. There are four assisted bathrooms and six assisted toilets provided. The centre has a well equipped hairdressing room. Laundry facilities are provided on-site and are well equipped.

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

The special care unit which was secured accommodated a maximum of 12 residents with a diagnosis of dementia or confusion. The doors to the bedrooms in the dementia unit were all different colours to support residents identify their own room. Additional visual cues such as contrasting colours were also used throughout to support residents identify areas such as their bathroom. Along the main corridor was a memorabilia and art work completed by the residents.

There were limited visual cues or pictorial signage to direct resident from their bedrooms to communal areas such as the central foyer, sitting or dining room, particularly where corridors interconnected and were of a long distance from the nurses' office.

All parts of the building were comfortably warm, well lit and ventilated. Access to the centre and service areas are secured in the interest of safety to residents and visitors.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

The training records showed that staff had up to date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Moving and handling risk assessments were completed for each resident.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to all bedroom windows. Access and egress to and from the building was secured in the interest of safety to residents and visitors.

The building, bedrooms and bathrooms were visually clean. There was a colour coded cleaning system to minimise the risk of cross contamination. A sufficient number of cleaning staff were rostered each day of the week.

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	College View Nursing Home
Centre ID:	OSV-0000128
Date of inspection:	11/08/2016
Date of response:	23/09/2016

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

Further work is required to detail the level of confusion or cognitive impairment and how it impacts on daily life for the resident in plans of care. Information such as who the resident still recognises or what activities could still be undertaken were not detailed.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each

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

resident when these have been assessed in accordance with Regulation 5(2).

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

Further work will be carried out to detail the level of confusion or cognitive impairment and how it impacts on daily life for the residents in plans of care

Proposed Timescale: Immediate - Ongoing 31/10/2016

Proposed Timescale: 31/10/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The use of tables attached to chairs which restricted the free movement of residents was not risk assessed. While this was defined in the centre's policy as a restraint measure, risk assessment, rationale for the use and review of the practice was not undertaken to evidence it was necessary and in the resident's best interest.

2. Action Required:

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

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

All tables attached to the chairs will be risk assessed and rationale for their use and review of the practice will be undertaken to evidence it was necessary and in the resident's best interest.

Proposed Timescale: Immediate - Ongoing 31/10/2016

Proposed Timescale: 31/10/2016

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:

There were limited visual cues or pictorial signage to direct resident from their bedrooms to communal areas such as the central foyer, sitting or dining room, particularly where corridors interconnected and were of a long distance from the nurses'

office.

3. 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:

Additional signage will be provided to direct residents

Proposed Timescale: 31/12/2016