

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cahereen Care Centre
Centre ID:	OSV-0000208
Centre address:	Codrum, Macroom, Cork.
Telephone number:	026 41 280
Email address:	cahereenrescare@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cahereen Residential Care Limited
Provider Nominee:	Colette Moyles
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	26
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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 October 2016 09:30	26 October 2016 18:00
27 October 2016 10:00	27 October 2016 15:45

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Non Compliant - Major
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Major
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

This unannounced inspection of Cahereen Care Centre was the sixth inspection of the centre undertaken by the Health Information and Quality Authority (HIQA). At the time of the inspection there were 25 residents in the centre, one resident was in hospital and there was one vacant bed.

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to HIQA prior to the inspection. The person in charge had stated that 11 people

in the centre had been diagnosed with dementia while a further four residents had cognitive impairment. During the two days of inspection the inspector observed care practices and interactions between staff and residents with dementia and used a validated observation tool for further periods of observation.

The inspector reviewed documentation such as care plans, medical records, accident logs, complaints log, minutes of staff and resident meetings and staff files. Residents, relatives and staff were spoken with by the inspector. Residents stated that they were very happy with their lives in the centre and spoke in a positive manner about staff, the management team, the care they received and the variety and quantity of food available. One resident stated "it couldn't be better". Relatives spoken with were praiseworthy of all aspects of care for residents with dementia. One relative stated that "it was a good place for people with dementia as it was intimate" and that her "worries were over" when her relative came to live in Cahereen. Staff spoken with were found to be knowledgeable about residents with dementia and their likes and dislikes. They were observed caring for residents in a respectful manner while maintaining their privacy and dignity. Both the person in charge and the provider stated that they were committed to providing person-centred holistic care for residents.

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 formed the basis for judgments made by the inspector in the following report.

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:

A number of care plans of residents with dementia were reviewed by the inspector. These included a detailed profile of each resident. The inspector observed that residents and relatives, where appropriate, were involved in developing and reviewing the care plans. Relatives spoken with by the inspector confirmed this. Care plans were reviewed every four monthly. The sample of care plans seen by the inspector were personalised and were observed to be implemented in practice.

Residents had access to general practitioner (GP) services and appropriate treatment and therapies. The person in charge indicated that residents' medicines were reviewed by the GP every three months. This review was multi-disciplinary and was attended by the pharmacist, the doctor, and nursing staff. PRN (when necessary) medications were checked regularly and the use of psychotropic drugs was audited by the pharmacist and nursing staff. However, the inspector noted that there was a discrepancy between the number of one of these medications signed as administered and the number of the medications which remained in stock. The person in charge undertook to investigate this error.

Residents who had behaviour issues as a result of the behaviour and psychological symptoms of dementia (BPSD) were assessed prior to the administration of any PRN medication and staff were trained in the recognition and management of this behaviour using non-pharmaceutical methods where possible. Care plans had been developed which outlined the needs of residents who communicated through behaviour and staff spoken with were aware of these needs. The inspector observed that there was a well developed social dimension to residents' lives in the centre. Residents with dementia who were mobile were unrestricted in their movements around the centre.

Specialist services and allied health care services such as physiotherapy were seen to be availed of. A part time physiotherapist was employed in the centre on a weekly basis. There was a written physiotherapy review of residents in the care plans seen. Residents were happy with the service and felt that it supported them to remain independent. One newly admitted resident spoken with expressed to the inspector that she was happy to

hear of the availability of this specialist. The chiroprapist attended residents on a monthly basis and documentation confirming this was reviewed by the inspector. Clinical assessments of skin integrity, behaviour, falls, continence, cognition, pain and nutritional status were undertaken for each resident. Care plans were formulated as a result of these assessments. The plans reviewed were informative and detailed. The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident with dementia who had lost weight. According to the person in charge there was good communication between the dietician and the kitchen staff. The inspector spoke with a number of staff who were found to be familiar with residents' nutrition needs. Residents' right to refuse treatment was documented and brought to the attention of the GP, as required.

There were opportunities for residents to participate in a number of meaningful and varied activities. These included music, knitting, art, chair based exercises, card games, quiz, bingo, personalised activities such as hand massage and reading. Residents were facilitated to avail of the in-house hairdresser on a weekly basis. Residents had access to secure well maintained gardens. Garden parties, a dog show and a barbeque had been held in the garden area when the weather was suitable. Photographs of these activities were shown to the inspector.

End of life care plans were in place and relatives spoken with stated that staff had recorded residents' wishes for end of life care. Relatives who wished to stay with residents at end of life could do so and support was available from staff at this time. The policy on end of life care was detailed and palliative services were available for symptom control, if required. Documentation confirming this was seen by the inspector.

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:
Policies and procedures were in place for the prevention, detection and response to abuse which referenced national policies and best evidence practice. Elder abuse prevention training formed part of staff induction. New staff had been scheduled to attend this training. A system was in place to record, report and investigate incidents, allegations, and or suspicions of abuse. Residents with whom inspectors spoke confirmed that they felt safe in the centre.

Systems were in place to safeguard residents' money. The administration staff member

outlined practices used to record financial transactions. Invoices for costs incurred were forwarded to residents' representatives. Personal money transactions were recorded in a lodgement book and signed by two staff members. A sample of these transactions were reviewed by the inspector.

Residents with dementia were assessed for behaviour issues associated with the behaviour and psychological symptoms of dementia (BPSD) on admission, in line with centre policy. Strategies to de-escalate BPSD were outlined in these residents' care plans, where appropriate. Staff had received relevant training to update their knowledge and skills in all aspects of caring for people with dementia. Staff spoken with by the inspector were aware of the possible underlying causes of this behaviour and demonstrated knowledge of the communication needs of residents with dementia.

A restraint free environment was promoted. An assessment of each resident's needs included mental and cognitive functioning, environmental, psychosocial and physical assessments. The inspector reviewed the use of evidence-based restraint assessment forms, restraint risk balance tools and restraint plans in residents' files. Residents or their representatives had given consent for this and a restraint log was maintained.

However, a serious safeguarding and safety non-compliance was found when reviewing a sample of staff files. Two staff members were seen to have been rostered to work in the centre without the required Garda Vetting (GV) in place. This vetting was required for all staff under the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016. This non compliance with legislation was discussed with the person in charge and a verbal immediate action plan was issued by the inspector. The provider and person in charge were asked to specify in writing the actions they proposed to take prior to completion of the inspection. The provider stated that these staff members would not be rostered to work in the centre until the vetting requirement was fulfilled. In addition, the person in charge stated that no staff member would be allowed on duty without the appropriate vetting in place.

Judgment:
Non Compliant - Major

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 opportunities for all residents to participate in activities that suited their assessed needs and interests. The inspector reviewed the minutes of residents' meetings and noted that any concerns raised were attended to. However, meetings

were held on an annual basis only. The person in charge stated that this would be reviewed, however, she stated that residents were consulted daily about personal choices. For example, residents were seen to be consulted at meal times and they informed the inspector that there was a good choice available. The inspector sat with residents for tea and observed these choices and the positive interactions with staff. The kitchen staff carefully prepared the meals and respectfully addressed each resident prior to serving the individual choices. Modified diets were served in an appetising format.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with the sense of freedom they experienced to move around the care centre. Residents had access to telephones, including personal mobile phones and radios. Televisions were located in all bedrooms and in the communal rooms. Information on local events was provided by the activity coordinators who were heard discussing topical issues such as, recent matches, current affairs and upcoming activities, with residents. Relatives' surveys were carried out and actions from these were seen to be addressed.

There were photographs on display which had been taken at events both inside and outside the centre. Visits from friends and family were unrestricted and there were a number of sitting areas where residents could meet visitors in private, particularly in the conservatory area and in the seated area in the hallway. Visitors were observed spending time with residents throughout the inspection. There was a variety of activities available to residents as also discussed under Outcome 1. Staff informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. Activity staff members spent time with these residents facilitating for example, music sessions, hair dressing, religious services, hand massage and bingo sessions. Documentation confirming participation in activities was seen in residents' care plans.

Residents with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom and bathroom doors. There was a detailed communication policy in place that included strategies for effective communication with residents who had dementia. All residents were seen to be well dressed with a sense of personal style encouraged. For example, one resident explained that she had received a new jumper for her birthday which she wore on the second day of inspection. She explained how she had repositioned her brooch to add more 'bling' to her outfit.

At various times during the inspection, the inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in the sitting room area and in the dining room. Each observation lasted a period of 30 minutes. The inspector evaluated the quality of interactions between carers and residents with dementia. In one sitting room area the inspector found that interactions were positive and meaningful. Staff members interacted with residents in a calm and relaxed manner and each person was referred to by name. Staff members engaged in social conversation and encouraged residents to respond according to their abilities and capacity. The atmosphere was social and inclusive. Residents were heard responding to queries and to initiate conversation.

Drinks were provided and residents were supported with supplementary drinks during the period of observation. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

Further observation periods were undertaken in the sitting and dining room area. Staff were seen to facilitate a music session a bingo session and to engage in one to one conversations with residents. Residents were seen to be familiar with staff. Residents communicated effectively with staff and with each other. Discreet support was provided to residents where required. Those who won the bingo session were given useful prizes and they informed the inspector that this was one of their favourite activities. The inspector observed that the wellbeing which was promoted during the activity extended beyond the time frame for the session. For example, residents continued to sing, to interact with each other and to engage with the staff following the session. Staff came to the sitting room with a selection of drinks, sandwiches and cakes which were enjoyed by the group. This added a social dimension to the event. Staff and residents engaged in social and good humoured conversation. The inspector found that the majority of interactions with residents during the 30 minutes observation periods involved positive connective care.

Notices were on display which indicated that residents and their representatives were provided with contact information for an advocacy service. A part-time advocate was employed on a regular basis by the provider. Overall the inspector found there were systems and fora in place to support residents with dementia, and their representatives, to participate and be involved in the centre.

Judgment:
Substantially 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:
Records reviewed by the inspector indicated that all complaints were investigated and that the satisfaction of the complainants was recorded. There were processes in place to implement learning from complaints.

The person in charge was the nominated person to manage complaints. There was a nominated person appointed, as required under regulation 34 (1) (c,) to ensure that all complaints were appropriately responded to. Residents had access to an advocate. There was an appeals process in place and contact details of the ombudsman were outlined in the complaints process displayed in the centre.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

During the inspection there were appropriate staff numbers and skill mix to meet the needs of residents and a review of the staff rota confirmed the number and names of staff on duty. Training records reviewed indicated that there was an on-going and comprehensive programme of staff training which included for example, infection control, continence management, medication management, wound management, dysphagia (swallowing difficulties) and manual handling. Staff had up-to-date mandatory training and they stated that they had access to appropriate education and training to meet the needs of residents.

Staff were supervised. For example, documentation was reviewed which confirmed that staff appraisals and staff induction processes were undertaken. Staff spoken with were aware of the centre's policies and procedures and had signed as having read the policies.

There were effective recruitment procedures that included checking and recording all required information. Most of the requirements of requirements of Schedule 2 with regard to staff recruitment were met. However, in the sample of files reviewed the inspector found that there were gaps in the curriculum vitae (CVs) of some staff and references were not in place in one of the files reviewed. In addition, not all references were dated and verified.

Members of staff had up-to-date registration with their relevant professional body and the person in charge stated that volunteers received supervision appropriate to their role in the centre.

Judgment:
Non Compliant - Major

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 centre was a single storey purpose-built care centre, comprised the following:

- nine single bedrooms with en-suite toilet and shower facilities
- three two-bedded bedrooms with en-suite toilet and shower facilities
- six two-bedded bedrooms with wash hand basins in each room as well as adjacent toilets and showers. Residents who wished to have a bath could do so.

The size and layout of the bedrooms were suitable to meet the needs of all residents. Bedrooms of residents with dementia were seen to be decorated in a personalised way with the use of photographs, personal paintings, personal bedlinen and items from home. Residents had access to equipment which promoted their independence and comfort, for example walking aids and specialised chairs. Equipment in the centre was stored in a secure manner and was regularly serviced by a suitably qualified person. Electronic keypad-controlled doors were located at the entrance. Keypads were installed on all doors requiring restricted entry such as store rooms, sluice rooms and boiler rooms. These areas had been appropriately risk assessed.

The centre had a large open plan sitting and dining room area. There was an adjoining large conservatory which also served as a private area to meet relatives. A separate kitchen was accessible off the main dining room. The sluice room was seen to be clean and well maintained. The laundry was located downstairs. Staff access to this room was via an internal secure stairway or through an external door. The staff member spoken with about the laundry system informed the inspector that residents' clothes rarely went missing as they were clearly labelled. In addition, the staff member was employed in the centre for a number of years and was very familiar with residents' clothes.

The premises layout suited all residents and supported the maintenance of their dignity, independence and well-being. Signage was provided to identify toilet areas for residents with dementia and contrasting colours were used for toilet seats in accordance with best practice guidelines in dementia care. In addition, a contrasting colour was used for grab rails in the corridor to support residents with visual impairment. The provider stated that improving existing signage was an on-going project and that more pictures were to be provided on the main corridors. He explained that the conservatory had been renovated since the previous inspection with new flooring and impressive décor in evidence.

The premises and the grounds were well-maintained with suitable heating, lighting and ventilation. Residents had access to safe external grounds to the front and rear of the centre. Raised garden planting boxes were used by all residents when the weather permitted. Residents with dementia were supported in these activities, if necessary and were accompanied to walk in the garden on a number of occasions.

The centre was decorated in a homely, comfortable manner with the use of colourful murals and appropriate pictures. The inspector observed murals of a fire place in the dining room, a country scene in the sitting room and the local historical castle in the hallway. Suitable storage was available for residents' belongings. Each bedroom was furnished appropriately with adequate wardrobes and lockers for clothes and personal belongings. There was space in all rooms for assistive moving equipment and for staff to

adequately care for high dependency residents.

Staff changing facilities and a staff kitchenette were located in a timber framed building adjacent the main building. Family overnight facilities could be availed of in this building. Car parking for visitors and staff was available to the front and side of the building.

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:

Mary O'Mahony
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:	Cahereen Care Centre
Centre ID:	OSV-0000208
Date of inspection:	26/10/2016
Date of response:	21/11/2016

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:

Ensure that all medicines administered to residents are signed as having been given in accordance with the instructions of the provider.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All PRN Psychotropics are subjected to weekly audit by the DON/ ADON. The administration error found was investigated and appropriate action was taken immediately to prevent any future errors.

Proposed Timescale: 09/11/2016

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 provider and person in charge had not ensured that all staff employed in the centre had garda vetting clearance in place before taking up employment in the centre.

2. Action Required:

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

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

The staff members whose garda vetting were pending at the time of inspection were taken off the roster immediately. On the 9th of November we have received the Garda vetting for the two staff members who did not have the same on the day of inspection and in future our Centre would not employ anyone without the appropriate vetting in place as per regulation 08(1).

Proposed Timescale: 09/11/2016

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:

Ensure that records are maintained of consultation with residents and that meetings with residents are facilitated at appropriate intervals.

3. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Resident meetings would be carried out bi-annually and minutes will be documented accordingly.

Proposed Timescale: 21/11/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

All records required for staff as set out under Schedule 2 of the regulations were not available for staff:

For example:

- CVs with no gaps in employment
- references
- dated, verified references.

4. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The files of staff members whose references pending were reviewed and references are verified and dated now.

References that were missing on the date of the inspection have been obtained and placed on file.

All references are dated and verified.

The gap on the CV of the staff member concerned has been explained and noted on the file.

Proposed Timescale: 09/11/2016