

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ros Aoibhinn Nursing Home
Centre ID:	OSV-0000276
Centre address:	Irish Street, Bunclody, Wexford.
Telephone number:	053 937 7850
Email address:	aidansawyer@outlook.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aidan Sawyer
Provider Nominee:	Aidan Sawyer
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	7

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 August 2016 09:30	30 August 2016 17:30
31 August 2016 09:30	31 August 2016 15:30

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

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

Summary of findings from this inspection

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.

The person in charge completed the provider self-assessment and scored the service against 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. The previous table outlines the centre's and the inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. She

tracked the journey of a number of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

Ros aoibhinn provides residential care for up to 31 people. Approximately 50% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There were policies and procedures in place around safeguarding residents from abuse. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Improvement was required to ensure that the roles and responsibilities of volunteers were set out in writing and the relevant vetting disclosure was obtained. Similarly some staff files did not meet the requirements of the regulations.

Further work was required to ensure that all residents were consulted regarding the organisation of the centre and that residents were provided with opportunities to participate in activities in accordance with their interests and capabilities. While the results from the observations were encouraging, additional work is required to ensure that the majority of staff interactions with residents promote positive connective care.

In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned action in relation to the premises and garden.

These are discussed further in the body of the report and the action required is included in the action plan at the end.

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 social care of residents with dementia is discussed under Outcome 3.

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also an appropriate pain assessment tool. A care plan was developed within 48 hours of admission based on the resident's assessed needs.

There was documented evidence that 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.

The inspector saw that a new document had been introduced to ensure that all staff were familiar with the residents. It provided a brief synopsis of a resident's care preferences and likes. It contained details such as 'my name is.....', 'I need assistance with ...' and 'I can/can't use the call bell'.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a transfer form was completed to ease the transition for the resident. The inspector saw evidence of communication between the centre and the hospital both on transfer and discharge back.

The inspector reviewed the management of clinical issues such as wound care and falls

management and found they were well managed and guided by robust policies.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a dietician and a speech and language therapist when required. Nutritional care plans were in place that detailed resident's individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The menu provided a varied choice of meals to residents. Recent work had been undertaken to review the menu and the inspector saw that a new three week rolling menu was in place. This had been reviewed by a dietician to ensure it was wholesome and nutritious. A pictorial menu had just been introduced and the inspector saw a resident looking at this as regards their choices for tea. Residents who required their meals in a modified consistency had the same choices available to them. Residents who required support at mealtimes were provided with timely assistance from staff.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. In the sample of prescription and administration records reviewed, the inspector found evidence of good practices.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses.

The pharmacist was available to meet with residents if required. Evidence was available that regular medication reviews were carried out. Records showed that all nursing staff had attended medication management training.

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy. Having reviewed a sample of care plans, the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The inspector saw that the person in charge had recently identified where some improvements were required relating to procedures to be followed after death. Additional training was planned for staff in this regard.

The person in charge stated that the centre received advice and support from the local palliative care team

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by dieticians, speech and language therapists, physiotherapists and occupational therapists. A full range of other

services were available on request including chiropody, optical and dental services. The inspector saw some residents availing of these services during the inspection.

A number of different GPs provided medical services to the residents. Residents generally had the choice whether or not to remain with their own GP. GPs visited routinely and there was a responsive out-of-hours service available to residents seven days per week.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

There was a policy in place covering the prevention, detection, reporting and investigation of allegations or suspicion of abuse. It incorporated the national policy on safeguarding vulnerable persons at risk of abuse. Staff spoken to by the inspector confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

Improvements were noted around the use of bedrails. Risk assessments had been undertaken and a restraint register was maintained. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low low beds had also been purchased to reduce the need for bedrails. Regular checks were completed when in use. A policy was in place to guide practice.

Some residents showed behavioural and psychological signs of dementia (BPSD). The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The person in charge told the inspector that she did not manage any residents' finances currently. A policy was in place should it be required.

Judgment:

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:

The inspector was satisfied that residents' privacy and dignity was respected. However some improvement was required to ensure the activities available reflected the capacities and interests of each individual resident. There was limited evidence that residents with dementia were consulted about the organisation of the centre.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day rooms and dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 38% of interactions demonstrated positive connective care, 50% reflected task orientated care while 12% indicated neutral care. These results were discussed with the provider and person in charge and various missed opportunities for positive connective care were highlighted.

The inspector spoke with the activity coordinator who outlined some of the activities that were available. These included music, bingo and puzzles. Staff told the inspector that one to one activities such as hand massage were carried out for residents who did not wish to engage in group activities. The inspector noted that the activity programme was not on display and residents spoken with were not aware when the various activities were taking place. In addition there was no orientation board available to assist residents in their orientation. The person in charge and provider undertook to monitor the social activity programme to ensure it meets the needs of all residents.

There was a residents' committee and meetings were held on a two monthly basis. Items discussed included activities and menus. There was limited evidence that suggestions made by residents were taken on board. For example residents had asked for more card games to be included in the activity programme. Although a card session had taken place there was no evidence that this was continued.

The person in charge discussed plans to improve this. 'This is me' was completed for most residents and this included details of residents' likes and dislikes, previous interests and hobbies. Currently there were limited opportunities for resident involvement in the local community. Plans were afoot to address this.

Bedrooms were nicely personalised and many contained photographs and memorabilia.

Satisfaction surveys had recently been completed which indicated overall satisfaction with service provided. The inspector noted that any issues identified by residents had been addressed. For example, a resident had stated that there were limited television channels available in her room. The inspector saw that this had been addressed to the satisfaction of the resident.

Residents' privacy and dignity were respected, including receiving visitors in private. Adequate screening was available in shared rooms.

The inspector was satisfied that residents' religious and civil rights were supported. Each resident had a section in their care plan that set out their religious or spiritual preferences.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends although some residents told the inspector they like going home for day trips with their family. Advocacy services were available and an advocate attended the resident committee meetings.

Judgment:

Non Compliant - Moderate

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 inspector was satisfied that the complaints of each resident including those with dementia, his or her family, advocate or representative and visitors were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were documented. There was an appeals process if needed.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff had received up-to-date mandatory training and access to education and training to meet the needs of residents. Improvement was required to ensure that all staff and volunteers are recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and noted that three of the four files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. However they had not been vetted appropriate to their role. In addition their roles and responsibilities were not set out in writing as required by the regulations.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty. The inspector noted that on some shifts recently, staff absences had not been covered. The person in charge told the inspector that they had addressed this and new staff had recently been recruited. The person in charge gave an undertaking to monitor the staffing levels taking into account the number and needs of the residents.

The person in charge promoted professional development for staff. There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Training records confirmed that extensive training had been undertaken and staff spoken with confirmed this. The inspector saw that additional training was scheduled for the following week including infection control, dementia care and communication.

The inspector also saw where staff appraisals were undertaken on a yearly basis and the results of these were used to plan a training programme. The inspector also noted that an induction programme was in place and one staff member was undertaking this at the time of inspection.

Judgment:

Non Compliant - Moderate

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 layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Additional improvements, some of which were already planned, will ensure that the design and layout will promote the dignity, well being and independence of residents with a dementia.

Ros Aoibhinn is a two storey building situated on the outskirts of the town. The inspector found that the premises were homely in décor and furnishings. Ongoing renovation work was being undertaken both internally and externally.

Plans were in place to paint several areas within the centre and new flooring was also being fitted. The person in charge discussed plans to involve residents in colour selections.

Bedroom accommodation consisted of 4 single rooms and 13 twin rooms. One other single room was not currently being used. Bedrooms were nicely personalised and comfortable. The size and layout of bedrooms met the needs of the residents. Adequate screening was available in shared rooms.

The inspector noted that efforts were underway to make the premises more dementia friendly. The provider discussed plans to colour code toilet doors and to provide contrasting colours in the toilets. Dementia friendly signage was evident around the centre.

There is a chair lift available to assist people to navigate between two floors and the provider discussed plans which were at planning permission stage, to put in a full sized lift.

There was adequate communal space. The inspector found that there was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing was up to date. There was adequate storage for equipment.

Although not very wide, corridors and walkways were clear and uncluttered to ensure resident's safety when mobilising.

There is an internal courtyard area and the provider discussed plans to make this area more dementia friendly. This will include providing a safe walkway and accessible flower beds. Suitable furniture was already in place.

There are extensive grounds around the centre which are currently not in use by residents as major landscaping and tree maintenance is underway.

Arrangements were in place for the disposal of general and clinical waste. Adequate parking is available at the front of the building.

Judgment:
Substantially 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:

Sheila Doyle
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:	Ros Aoibhinn Nursing Home
Centre ID:	OSV-0000276
Date of inspection:	30/08/2016
Date of response:	12/09/2016

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 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:

Some improvement was required to ensure that the activities available reflected the capacities and interests of each individual resident.

1. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

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

We have a new activities care plan for each resident which will be completed with family members to ensure activities are planned around each resident's capacities and interests.

The activities coordinator attended a course on Dementia and Communication on seventh of September and is also attending a course on Cognitive Stimulation Therapy in October 2016.

Proposed Timescale: 31/10/2016

Theme:

Person-centred care and support

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

There was limited evidence that residents with dementia were consulted about the organisation of the centre.

2. 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:

The activity programme is now on display and can be viewed clearly by all residents. The Provider and Person in Charge are looking into opportunities for more resident involvement in the local community. Suggestions made by residents at resident meetings will be monitored and put into action.

Proposed Timescale: 31/10/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Some staff files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations.

3. 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 Registered Provider and Person In Charge will review all staff files and ensure that any gaps in employment history are explained and documented.

Proposed Timescale: 31/10/2016

Theme:
Workforce

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

The roles and responsibilities of volunteers were not set out in writing as required by the regulations.

4. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

The roles and responsibilities of all volunteers are now set out in writing

Proposed Timescale: 12/09/2016

Theme:
Workforce

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

Volunteers had been vetted appropriate to their role.

5. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

All Volunteers will be vetted as appropriate to their role

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:

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

6. 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:

We have commenced painting and have a schedule in place for the Nursing Home. Residents are assisting with choosing the colours.

We are planning to colour code the toilet doors and to provide contrasting colours in the toilets.

We have plans in place for the internal courtyard to make this area more dementia friendly.

Proposed Timescale: 30/04/2017