

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Innis Ree Lodge
Centre ID:	OSV-0000350
Centre address:	Ballyleague, Lanesborough, Roscommon.
Telephone number:	043 332 7300
Email address:	s.curran@allenfield.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Allenfield Care Homes Limited
Provider Nominee:	Eileen Burke
Lead inspector:	PJ Wynne
Support inspector(s):	Shane Grogan
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	9

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 10:30 To: 11 August 2016 17:15

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	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 09: Statement of Purpose		Compliant
Outcome 10: Suitable Person in Charge		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 inspectors met with residents, staff members and the person in charge. The

inspectors 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 16 residents were identified with a dementia related condition as their primary or secondary diagnosis. Nine residents were formally diagnosed with dementia. This included one resident under 65 years of age. Eight residents were suspected of having dementia by nursing staff.

The centre provided a good quality service for residents living with dementia. The inspectors spent a period of time observing staff interactions with residents with a dementia. The care needs of residents with dementia were met in an inclusive manner. Pre admission assessments are conducted by the nurse management team. Residents' healthcare needs were well met. Doctors visited regularly. Residents were facilitated to attend specialist medical appointments.

The centre was well maintained, warm and visually clean. There was a comfortable and welcoming atmosphere. There was an adequate complement of staff with the proper skills and experience on each work shift to meet the assessed needs of residents.

A total of nine Outcomes were inspected. The inspectors judged all Outcomes as compliant with the regulations.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

There were 49 residents in the centre during the inspection. All residents were accommodated for long term care.

Residents' healthcare needs were well met. Doctors visited regularly. When needed, residents were transferred to hospital for investigation and treatment. Residents were facilitated to attend appointments for investigations and reviews. Residents choice to refuse treatment was discussed and their rights respected.

A preadmission assessment was completed to ensure the centre could meet the needs of a prospective resident. On admission a range of risk assessments were completed and were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, the risk of developing pressure sores, continence needs, cognitive functioning and an assessment for depression in dementia.

These were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care. Residents had care plans for capabilities and abilities secondary to dementia and loss of identity. Care plans described well each resident's independence and the level of assistance and support required. Documentation outlined what residents could still do for themselves and who they could recognise. There was documentary evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their plan of care.

Residents had personal profiles developed with details of their life history, their likes and dislikes, interest and hobbies. These were available to all staff and the details captured used to inform care planning.

Transfer of information within and between the centre and other healthcare providers was found to be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments

were retained in files.

There were systems in place to ensure residents' nutritional needs were met. Residents' weights were checked on a monthly basis. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists. Nutritional intake records were in place and completed where required. Information was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids.

Referrals were sent to allied health services as required. There was evidence of reviews by dietician, the speech and language therapist, psychiatry, or optician.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. There were sufficient numbers of suitably qualified staff on each work shift to promote residents' independence.

Staff training, supervisions and appraisals were completed. Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspector observed and saw that residents were treated well, with safety at the forefront of care and support provided appropriately. All staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns.

Staff identified a senior manager as the person to whom they would report a suspected concern. Staff were familiar with the role of the Health Service Executive (HSE) adult protection case worker. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

Restraint management procedures were in line with national policy guidelines (the use of bedrails). A restraint free environment was being promoted. At the time of this inspection there were 12 bedrails raised as an enabler and two as a restraint measure.

There were no lap belts in use. 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.

Staff were competent at managing responsive behaviours. There is a policy on the management of responsive behaviour. Staff spoken with were very familiar with resident's behaviours and could describe particular residents' daily routines very well to the inspectors.

There was evidence in care plans of links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and discussed at a 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.

Where residents were unable to communicate an unmet need there was evidence of exploring issues. Nursing staff spoke of monitoring for infections, constipation, and changes in vital signs in order to establish the cause of behaviours. The management of pain was well documented. Residents had plans of care in place.

The inspector spoke with residents who were able to communicate verbally. They said they "felt safe and secure in the centre", and felt the "staff were helpful".

Staff had received training in caring for older people with cognitive impairment or dementia from an external trainer qualified in the area of dementia care. Training in responsive behaviours was provided to all staff in April 2016.

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:
As part of the inspection, the inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors 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). The observations took place at three different times. Two intervals of

30 minutes in separate sitting rooms and a one hour interval in the dining area. Observations were undertaken both in the morning and afternoon.

In the first two observations in the sitting room, the inspectors found 100% of the observation period (total observation period of 30 minutes respectively) the quality of interaction score was +2 (positive connective care). There was interactive conversation between residents and staff. One resident was reading magazines and another the newspaper. Residents were brought to the sitting room from their bedroom throughout the observation period. All residents were appropriately dressed. Resident were greeted as they arrived and assisted to their preferred seating area. Residents were asked if they would like a tea or coffee or a small snack. Staff interacted with residents in a personable manner and promoted topics of discussion between residents.

The second observation period was undertaken in the dining room where residents had gathered for their lunch which was followed by a live music activity. Residents were able to exercise choice regarding their preferred seating in the dining room. The food arrived quickly after residents being seated. The layout of the seating, arranged in small groupings of tables promoted interaction and conversation among residents. Care staff offered the appropriate level of assistance and encouraged residents to feed themselves where possible. Twenty seven residents attended the music activity. The inspectors observed the residents as very alert and engaged well throughout the observation period. Residents sang along to the music and some danced with staff. Immobile residents participation was encouraged. There were lots of friendly and personable interactions. Staff entering the room greeted residents and spoke individually to residents regarding topics in which they had a particular interest and knew their favourite songs. The inspectors concluded at the end of the 60 minute observation period residents experienced positive connective care, scores of +2.

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. There were no restrictions on visitors and residents could receive visitors in private.

Residents with good cognitive ability choose what they liked to wear and the inspectors saw residents looking well dressed. A key worker system was in place. Residents appeared comfortable with staff, engaged with them and looked for them when they needed support. Staff knew residents well and could describe to the inspector their routines.

Residents could practice their religious beliefs. A prayer and hymn recital was attended by 14 residents during the inspection. The activity coordinator assisted residents during this period discreetly in a calm relaxing manner.

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 centre maintained a complaints policy that met the requirements of the regulations. It was available in an appropriate format in the residents' guide. A copy was on display in the centre.

A review of complaints recorded to date showed that they were dealt with within a suitable timeframe. The outcome of the complaint and if the matter was resolved to the satisfaction of the complainant was recorded. The inspector found that complaints were appropriately responded to and records were kept as required.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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 are two nurses rostered over each 24 hour period, seven days a week. Nursing staff are supported by a management team. This comprises of a clinical nurse manager and the person in charge, who work full time over a five day working week.

There was a clear management structure. Staff were aware of the reporting mechanisms and the line management structure. Appropriate and sufficient supervision and guidance by the senior management team was in place.

There was ten care staff on duty from 8:00 am to 8:00pm and three during the night from 11:00pm. Care staff were deployed to ensure residents have access and are facilitated to use all communal sitting rooms and experience person centred care on a daily basis.

There was an ongoing program of professional development for staff. Training in promoting a restraint free environment, refresher training on end of life care and infection control was delivered to staff in recent months.

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 centre is a single-storey construction. It was purpose-built and designed to meet the needs of dependent persons. It was found to be comfortable and welcoming. The centre was found to be well maintained, warm and visually clean. Decorative maintenance was in good order.

There are 54 single bedrooms and two twin bedrooms all with ensuite shower and toilet facilities. Bedrooms are with adequate storage space and each is equipped with a fridge, washing machine and tea making facilities. All bedrooms have good natural light and ensuites were suitably ventilated.

There were a sufficient number of toilets and showers provided for use by residents to include toilets located adjacent to the day rooms.

There was a number of dementia friendly design features throughout that included space for residents to walk around freely and good lighting. There were a number of different sitting rooms each with dining facility reflecting a household model. There was a choice of a variety of quiet sitting areas to choose from. There was an open hatch into the kitchen allowing residents to interact with kitchen staff and experience the aroma of cooking food.

All windows were at a low level and residents had good visible views of the gardens. There were clocks provided in residents' bedrooms to assist in orientation as regards time.

Judgment:
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:

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.

Each resident had a personal emergency evacuation plan developed. A risk assessment to identify the most appropriate aids suitable to residents capability to assist them safely evacuate in a timely manner both during the day and at night was in place. Staff were trained in fire safety procedures annually by an external trainer.

There were arrangements in place to review accidents and incidents within the centre. Falls risk assessments were completed and care plans were in place to minimise risk. Each resident's moving and handling needs were identified.

Judgment:
Compliant

Outcome 09: Statement of Purpose

Theme:
Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.</p> <p>The Statement of Purpose was kept up to date and revised in January 2016.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 10: Suitable Person in Charge</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>Findings: The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.</p> <p>The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.</p> <p>She maintained her professional development and attended mandatory training required by the regulations. She had attended with the clinical nurse manager a dementia specific training course.</p> <p>The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent. There is reporting system in place to demonstrate and communicate the service is effectively monitored between the person in charge and the service provider.</p> <p>There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.</p>
<p>Judgment: Compliant</p>

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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