

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Strathmore Lodge Nursing Home
<b>Centre ID:</b>	OSV-0004449
<b>Centre address:</b>	Friary Walk, Callan, Kilkenny.
<b>Telephone number:</b>	056 775 5515
<b>Email address:</b>	liam.harvey@strathmorelodge.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Hasta Healthcare Limited
<b>Provider Nominee:</b>	Liam Harvey
<b>Lead inspector:</b>	Ide Cronin
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	58
<b>Number of vacancies on the date of inspection:</b>	2

## **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 May 2016 09:40	30 May 2016 16:45
31 May 2016 09:30	31 May 2016 13:30

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

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

**Summary of findings from this inspection**

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on progress of the action plans from the last inspection of the centre which was in April 2014 and reviewed notifications and other relevant information. As part of the inspection, the inspector met with residents and staff members. The provider had completed a self-assessment tool on dementia care and had assessed the compliance level of the centre as substantially compliant. The findings of this inspection are in agreement with the provider's assessment.

Residents informed the inspector of their levels of satisfaction with their quality of life

and the quality of care available to them. There was a clear management structure in place. Management systems as observed by the inspector ensured that the service provided was safe and appropriate to residents' needs, consistent and effectively monitored. The inspector found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviours' that could indicate a potential upset to individuals or groups.

Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner. A person centred care programme of dementia care was in the process of being rolled out to all staff and some relatives within the centre. The inspector observed that the model of dementia care encapsulated person centred care and provided evidence based care to people with dementia. Staff members told the inspector that the course was very beneficial in enhancing their skills to care for residents with dementia.

As a result of continued progress in all areas in implementing the required improvements identified by previous inspections, the provider was found to be compliant in five of the six outcomes. Two action plans were generated following inspection relate to the medication practices around crushed medications and the review of end of life care plans

**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:**

The inspector tracked the journey of residents with dementia in these and also reviewed specific aspects of care such as nutrition, wound care, end-of-life care and medication management. The inspector found that there were systems in place to optimise communications between the resident/families, the acute hospital and the centre. Pre admission assessments were undertaken by the person in charge or assistant director of nursing.

Care plans for residents with dementia were person centred and specific to guide staff and manage the needs identified. The inspector observed that where a residents exhibited behaviours that were related to the behavioural and psychological symptoms of dementia (BPSD) the care plans described effective positive behavioural strategies for use by staff to manage these behaviours. Staff who spoke with the inspector were very knowledgeable regarding the different moods or behaviours of residents.

The inspector saw that residents were involved in the assessment and care planning process. Care plans are reviewed four monthly or more frequently if required, for example following a change in the resident's condition. The inspector was satisfied that there was a good system in place for ensuring residents healthcare needs would continue to be met. The inspector saw evidence that residents' health care needs were met through timely access to general practitioner (GP) services. There was evidence of a medical review of each resident at least once every three months. There was evidence of access to specialist care in old age psychiatry, in particular via the community psychiatric liaison nurse who reviewed residents on site.

Residents also had access to allied health professionals such as dietician, speech and language therapy and occupational support services. Dental, optical and audiology services were provided locally. Additional physiotherapy could be availed of if required. The inspector observed that referrals made on behalf of residents were tracked to ensure timely consultations. Recommendations made from specialist consultations were documented and implemented.

There were systems in place to ensure residents' nutritional needs were met, and that residents did not experience poor hydration. Residents' weights were checked on a monthly basis or more frequently if the need arose. Care plans were in place that outlined the recommendations of dieticians and speech and language therapists were appropriate. Nutritional intake records were in place, and completed where required. All staff were aware of residents who were on special diets including diabetic, high protein and fortified diets, or low calorie. Pressure-relieving equipment such as, mattresses and cushions to prevent ulcers developing was available and observed in use.

The inspector observed residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. Staff were also heard using the time as an opportunity to chat to residents about their day.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The policy in the centre is that all residents are for resuscitation unless documented otherwise. Care plans were found to reference the religious needs, social and spiritual needs of each resident. Individual religious and cultural practices were facilitated. There was an oratory available for prayer and quiet reflection accessible to residents. A resident told the inspector that he liked to go and sit in the oratory for some quiet time each day. End of life care needs were identified on admission and updated accordingly. There was evidence of advance care planning to ensure the expressed preferences of residents were taken into account prior to them becoming unwell. Decisions concerning future healthcare interventions were also documented as observed by the inspector. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in all of the end-of -life care plans reviewed.

There were issues of capacity to make decisions that staff had to consider as some residents were highly dependent or had dementia or a combination of complex conditions. There was evidence in medical records that end of life care decisions regarding resuscitation were documented by the GP. There was evidence of discussion or input from residents or relatives on the advance care plan to confirm this decision. The policy of the centre was that these decisions were reviewed on a six monthly basis or sooner in light of the changing needs of residents. However, in the sample reviewed the inspector did not observe that these decisions were reviewed or updated regularly to assess the validity of the clinical judgement on an on going basis.

There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents and disposal of unused or out-of-date medicines. The inspector reviewed a sample of residents' individual medicine prescription charts and there was evidence that residents' prescriptions were reviewed at least three monthly by a medical practitioner. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. There was evidence that residents had access to a pharmacist on a regular basis. However, in a sample of

medication administration records the inspector observed that medications administered in crushed format were not individually prescribed in that format by the prescriber.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

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

**Findings:**

A centre specific policy was in place for the prevention, detection and response to abuse. This had been updated since the last inspection and incorporated the Health Service Executive (HSE) policy on Safeguarding Vulnerable Persons at Risk of Abuse 2014.

There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Staff spoken to by the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern and that the ethos of the centre was zero tolerance. Residents who spoke with the inspector said that they felt safe in the centre.

There was a policy in place for behaviour that is challenging and staff had received dementia care training. Staff spoken with were very familiar with appropriate interventions to use that were effective in managing changes in cognition or behaviour including redirection and engaging with the residents. During the inspection the inspector observed that staff approached residents in a sensitive and appropriate manner and residents responded positively to the techniques used by staff. Residents had been regularly reviewed by their GP and there was access to psychiatric services for further specialist input if required as observed by the inspector.

It was noted that there was a culture of promoting a restraint free environment. There was a restraint register in place. There was a policy on the management of restraint which was in line with national policy. 13 out of 60 residents were using bedrails at their request. Consent for their use had been signed and the inspector viewed the risk assessments which had been undertaken prior to their use. The inspector saw that alternative measures such as low beds, and bed alarms were in use.

The administrator managed some residents' finances. The inspector reviewed the system in place to manage residents' money, and found that it was sufficiently

comprehensive to ensure transparency and security. Residents' financial transaction records were signed and witnessed. Residents could access their money kept in safekeeping as they wished.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

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

**Findings:**

The inspector was satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

The inspector reviewed the minutes of resident meetings and records were maintained of issues raised by the residents at these meetings. It was clear that residents were individually given the opportunity to raise their own issues at these meetings. Residents were facilitated to exercise their civil, political and religious rights. Residents could attend mass in the centre on a weekly basis. Each resident had a section in their care plan that set out their religious or spiritual preferences. There were no restrictions on visitors and residents could meet visitors in private. On the day of inspection visitors were observed spending time with residents in the private spaces available. Voting rights were respected, and the activities coordinator outlined the arrangements in place.

The inspector saw that residents had access to televisions and radios. Newspapers were widely available and the main news topics were discussed each day with residents. The inspector observed many photographs of residents' activities and celebrations throughout the centre. There was a computer in the front foyer where residents and relatives could also look at their photographs also. Skype and wifi was available to residents. Each resident had access to telephone facilities in their own bedroom.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by two activities coordinators, five days per week. Care staff had protected time over the weekend to direct activities. The inspector spoke with both the activity coordinators who confirmed the range of activities in the weekly program and found that they were well informed. They understood the needs of residents with dementia and were creative to ensure residents were provided with activities that met their interests and capabilities. In relation to residents with dementia there was evidence of appropriate techniques such as life stories, sonas, reminiscence, poetry or music used to enhance communication. The inspector observed that all staff which included catering and household had responsibility for completing a life story with a resident. The inspector was satisfied that



the activity schedule provided for both cognitive and physical stimulation.

There were notice boards available throughout the centre providing information to residents and visitors. The person in charge outlined details of independent advocacy services that were available to the residents. There were no residents presently requiring the service. However, this information was available and referrals would be made on the resident's behalf if required. Residents told the inspector they were free to plan their own day, to join in an activity or to spend quiet time in their room. On the days of inspection the inspector observed some residents outside in the garden enjoying the sunshine. The inspector observed residents with dementia being encouraged and supported to follow their own routines. Staff told the inspector that breakfast times were at the residents choosing, and could go on till the late morning some days.

Residents choose what they liked to wear and the inspector saw residents looking well dressed, including jewellery and makeup. As part of the inspection, the inspector spent periods of time over both days of inspection observing staff interactions with residents with a dementia. 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.

Observations of the quality of interactions between residents and staff in for selected periods of time indicated that the majority of interactions demonstrated positive connective care. Staff were observed to be very familiar with residents' physical care needs and their family backgrounds. Opportunities to discover how they were feeling, how their mood was emotionally or psychologically was evident particularly during meal times.

Overall, staff were observed to make eye contact use touch and gentle encouragement in low key moderate and supportive tone of voice. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity.

The inspector observed that staff were aware of the different communication needs of residents. There was a policy on the provision of information to residents which included communication strategies for all residents. The inspector saw a communication care plan available for each resident which was updated regularly or if there was a change in condition.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

**Theme:**  
Person-centred care and support

<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector found that there was an effective system in place for the management of complaints. The person in charge had a positive attitude to receiving complaints and considered them as a means of improving the service. Residents told the inspector that if there was an issue they would be happy to raise it with the provider or person in charge.</p> <p>The inspector reviewed the complaint's policy and found it to be adequate. It met the requirements of the Regulations. It described how to make a complaint, who to make the complaint to and the procedure to be followed on receipt of a complaint. It also contained an independent appeals process. There was a system in place to record verbal and written complaints.</p> <p>On review of the record of complaints, there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.</p>
<p><b>Judgment:</b> Compliant</p>

<b><i>Outcome 05: Suitable Staffing</i></b>
<p><b>Theme:</b> Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents, the size and layout of the centre on the days of inspection. The inspector observed that call-bells were answered in a timely fashion. The inspector observed that staff delivered care in a respectful, timely and safe manner. Staff were available to assist residents and residents were supervised in the dining room throughout meal times and in the sitting rooms. An actual and planned staff roster was in place. Staff numbers were on duty as outlined on the roster.</p> <p>There was a written staff recruitment policy in place. The inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector observed that An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for nursing staff were</p>

in place.

Training records viewed by the inspector and staff confirmed that they had up to date mandatory training in fire safety, manual handling and safeguarding vulnerable adults. The person in charge was a dementia champion and had also completed dementia care mapping. The person in charge had delivered a dementia training programme to staff who were to receive their certificates for completion of the course the day after inspection.

This included completing 11 modules of a specific dementia training course that explained the condition, the progression of the disease and effective communication strategies. Staff had also undertaken other training such as catheter care, tracheotomy care, infection control and pain management. The inspector observed that staff were supervised appropriate to their role, and appraisals were also conducted. The inspector observed that the person in charge was supervising on the floor for most of the day.

The inspector saw records of regular meetings between management and all heads of departments at which operational issues were discussed. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge and the provider. The inspector found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care. They were familiar with residents and had sufficient experience and knowledge to provide safe and appropriate care to residents. The inspector observed that residents were at ease in their surroundings and with staff.

**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 was a purpose built nursing home and residents' accommodation was laid out over two floors. A lift provided access between both floors. The centre was found to be spacious and well decorated with large windows that optimised natural lighting and view. There were a number of lounge areas on both floors which were well furnished and comfortable. The sitting room on the ground floor led to a large, well maintained, sheltered garden.

The centre did not have a dementia specific unit and residents with dementia integrated with the other residents in the centre. The centre was found to be well maintained, comfortable and visually clean. All walkways were clear and uncluttered to ensure

resident safety when mobilising.

Residents' accommodation comprised of 60 single bedrooms with en-suite facilities. Bedrooms seen by the inspector were personalised and had adequate storage and space to meet residents' needs. The inspector observed that some residents liked to sit near the nurses' station on both floors.

Areas of diversion and interest through the provision of seated areas were spaced throughout both floors to facilitate residents with tendency to constantly mobilise to take frequent rests. Appropriate signage and cueing to support freedom of movement for residents with dementia was also found. Colour cueing was also used in the toilets to aid orientation. Wall clocks were large contrasting with wall colours.

There was an orientation board on the ground floor with prompts also to aid residents with dementia. Picture cueing on menus and other communication notices were in place as observed by the inspector. The premises and grounds were clean and well maintained. Grab rails and hand rails were installed where required. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order as observed by the inspector. Overall, the inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way.

**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:***

Ide Cronin  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Strathmore Lodge Nursing Home
<b>Centre ID:</b>	OSV-0004449
<b>Date of inspection:</b>	30/05/2016
<b>Date of response:</b>	15/06/2016

### 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:**

In a sample of care plans reviewed the inspector did not observe that decisions regarding end of life interventions were reviewed or updated regularly to assess the validity of the clinical judgement on an ongoing basis.

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

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to

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

a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

All residents and their families are actively encouraged to consider an advanced care plan. If this results in an advanced care directive being put in place, then this will be kept with the care plan. All end of life interventions and decisions about choice of treatments included in the directive will be reviewed and updated every six months, or sooner, if the circumstances change significantly.

**Proposed Timescale:** 15/06/2016

**Theme:**

Safe care and support

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

In a sample of medication administration records the inspector observed that medications administered in crushed format were not individually prescribed in that format by the prescriber.

**2. 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 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:**

This issue has been addressed since 13 June 2016. Each resident who is taking medication in a crushed format will have that format individually prescribed on the medication administration record (MAR) sheet.

**Proposed Timescale:** 15/06/2016