Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Mary's Home
Centre ID:	OSV-0000103
Centre address:	Pembroke Park, Ballsbridge, Dublin 4.
Telephone number:	01 668 3550
Email address:	anne.kavanagh@stmaryshome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Mary's Home Pembroke Park Association, on behalf of the Community of St. John the Evangelist
Provider Nominee:	Hilary Prentice
Lead inspector:	Helen Lindsey
Support inspector(s):	Emma Cooke
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	3

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 1 day(s).

The inspection took place over the following dates and times

From:	To:
03 May 2017 09:15	03 May 2017 17:45

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		Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Major
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially 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 Authority along with relevant polices and inspectors reviewed these documents prior to the inspection.

Inspectors met with residents, staff members and the person in charge. Inspectors tracked the journey of residents with dementia. Inspectors observed care practices and interactions between staff and residents and used a formal recording tool for this. Inspectors also reviewed documentation such as care plans, medication charts and staff files.

23 of the 28 residents in the centre had a diagnosis of dementia. The centre did not have a dementia specific unit and inspectors found the centre provided a person-centred service to all residents and the care needs of residents with dementia were met in an inclusive manner. Residents were seen to be receiving a good quality of health and social care from staff and had access to a range of other health professionals if needed.

The premises were well maintained, however, they required some review to ensure they enabled residents with dementia to flourish. Some aspects of the interiors were not dementia friendly. For example, the use of colour schemes and signage to assist orientation needed to be enhanced. However, no residents were seen to be experiencing negative outcomes due to the premises on the day of inspection.

Residents with dementia had choices in relation to all aspects of their life and their personal choices were respected by all staff. The health and social care of residents were found to be met, with access to a wide range of allied health services. Staff knew residents well and were seen to be providing person centered care.

Improvement was required in relation to staff training records, evaluation of residents care, and some care records required improvement. Inspectors identified that two staff were working at the centre without Garda Vetting and the provider was asked to submit information the day after the inspection to confirm the action they would take in relation to this. This was received in the agreed timeframe.

These outcomes and areas for improvement are discussed further in the report and are included in the Action Plan at the end of this 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 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:
Overall, residents wellbeing and welfare were maintained to a good standard, with their assessed needs set out in individual care plans that described their needs and interests. Some improvement was needed in monitoring and evaluating daily healthcare records for residents with specific healthcare needs and the documenting the levels of support required to support residents with responsive behaviour.

Residents' records were found to provide information about their health and social care needs, and were person centred in the way they were presented. There was a process to assess resident's needs prior to admission, and then for a comprehensive assessment to be carried out on admission. Inspectors focused on a number of care plans of residents that had particular healthcare needs and found that their needs were set out clearly. They set out the need that had been identified, the goal of the intervention and the care to be provided to meet the need, for example, in the provision of care to manage pressure areas. There was evidence that the care plans were being reviewed and updated following allied health recommendations and reviews.

Where residents' had a diagnosis of dementia specific care plans had been developed setting out the following areas; diagnosis, communication, nutrition, responsive behaviour, social engagement, pain, mobility, and family involvement. The plans described the residents likes, dislikes and preferences and gave a good sense of the individual person they were written about and clear guidance to staff in how to ensure the resident received the most effective support.

Staff knowledge in the management of dealing with residents with complex needs was found to be good. Care plans reviewed documented the relevant information about medical devices such as urinary catheters and outlined the dates for change and particular daily care. Staff spoken with also referenced evidenced based guidelines to support their practices. However, improvements were required in ensuring residents healthcare needs were being monitored and evaluated effectively. For example, ensuring resident's fluid intake requirements were consistently met. In the small number of cases identified, nursing staff were unclear if the issues had been escalated to ensure

positive outcomes for the residents'.

There were care plans in place in response to managing responsive behaviour for residents where it they were needed. The plan's outlined resident's responses, things that might trigger their anxiety and the appropriate interventions to take. However, improvement was required to ensure the plans reflected the resident's up to date needs. For example, the staffing levels required to support individuals and their current support needs.

Residents had the choice of general practitioner (GP), and a range of allied professionals were available to assess resident's needs. For example tissue viability nurse, occupational therapy and dieticians. Assessments and recommendations were available as part of resident's plans, and were seen to be put in to practice. For example modified consistency diets.

Records showed that resident's had been involved in their care planning, and where they agreed families were also informed of care plans and any changes in their needs.

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:
There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety.

There was a policy and measures in place for the prevention, detection and response to abuse of residents. Staff received training in this, and were found to be knowledgeable of what abuse is and how to appropriately respond if needed. Staff spoken with knew who to report any concerns to and what actions to taken to ensure residents were protected from harm.

The person in charge monitored the systems to protect residents, for example staff training and identification of residents need. She worked with residents and staff to ensure that there were no barriers to residents disclosing abuse and ensured any investigation followed policy. Examples were seen where investigations had been conducted that followed the policy, and safeguarded the residents.

Residents' who spoke with inspectors said they felt safe, and would speak to the

manager if they had any concerns.

There were systems in place for recording money that the centre held on behalf of residents'. The system made it clear what money each resident had, and any bills they needed to pay, for example fees towards their placement and for any additional services. There was also a system for residents to access cash if they required it, which included a written record signed by the resident and a member of staff.

There was a policy in place covering the management of responsive behavior. Staff spoken with were familiar with resident's need and any responsive behaviours. Staff were able to describe residents' daily routines well and knew the types of things that may trigger them to become anxious or upset. Some staff had received training in capacity and decision making. Where necessary there were links with the local geriatrician and psychiatric services.

There was also a policy on restraint use. It included definitions of restraint, a statement about acceptable practice in the designated centre, and a quick reference guide to support decision making. Where restrictions were in place there was a clear record of the decision making process including other less restrictive measures trailed. In the case of bedrails, use in the centre had reduced. Where they were in use there were clear risk management procedures in place and residents and relatives were involved in the decision making process. The use of any restrictive practice was also reviewed regularly to ensure it remained the least restrictive option available.

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:
Inspectors were satisfied that residents with dementia were consulted with and actively participated in the organisation of the centre.

There was a policy providing staff with information on how to communicate with residents with cognitive impairment and dementia. Some aspects of this policy in relation to communication strategies were seen in practice. Residents had access to general and dementia specific activities and had choice in relation to how they lived their life and residents' wishes were respected.

As part of the inspection, inspectors spent a period of time observing staff interactions

with residents with dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record the quality of interactions between staff and residents in two communal areas. The observations took place during morning activities in the communal lounge and at lunchtime in the dining room. Inspectors observed that staff including, nurses, care assistants, catering and household staff communicated and treated residents with the respect. Staff appeared to know the residents well. They took time to communicate with residents and did so in a kindly manner. Inspectors found that residents were treated with dignity and respect at all times. Residents with dementia spoken with confirmed this to inspectors.

Residents' privacy was respected. They received personal care in their own bedroom or a bathroom. Residents had freedom to plan their own day within a communal setting. They could chose the times they wanted to get up in the morning, where to have breakfast and partake in activities.

There were no restrictions on visitors and residents could receive visitors in private in different areas of the centre. All residents had been offered the choice to register to vote and this was communicated with families also. Residents attended services in the centre or attended Mass in the local church on a weekly basis. Residents had access to the daily newspapers and radio. Each resident had their own TV in their room and there was access to wifi. Some residents had a personal landline in their room while others were facilitated to use a portable phone in private.

All residents had access to advocacy services. Contact details for the national advocacy service were available on entrance to the centre. On previous inspections, the provider explained that residents did not want to set up a resident's committee and would communicate their feedback with the staff and activities co-ordinator. On the day of inspection, inspectors reviewed records of residents being consulted about this again. A resident had expressed a wish to partake in the administration of the committee with support from the activities co-ordinator. This was followed up by the activities co-ordinator and a volunteer had been elected to co-ordinate the committee meetings. Records reviewed also demonstrated residents who chose not to be a part of the committee.

Inspectors spoke with the activities coordinators who organised activities based on the choice of residents and facilitated them to take part. The centre had two activities co-ordinators based in the centre and worked Monday to Friday. There was a range of activities available to meet the needs of residents with dementia such as physical activities, cognitive activities, sensory activities and spiritual activities. Dementia specific activities were facilitated on a daily basis such as reminiscence, exercise, massages, sonas and dog therapy. The activities co-ordinator acknowledged that while there would be an activities plan in place, this was always subject to change and based on residents needs and wishes at the time. Inspectors observed the morning exercise activity which was attended to by 12 residents. Inspectors observed this to be a pleasant and enjoyable activity with good participation from residents. Residents who expressed a wish to return to their bedroom or be brought out for a walk were facilitated to do so during the activity.

Residents with dementia were facilitated with one to one activities ranging from ten

minutes to one hour depending on resident's wishes. One to one activities included puzzle making, newspapers, painting, beauty therapies such as nail polishing, picture reminiscing and walks outside. Inspectors observed one to one activities occurring throughout the day on inspection.

Inspectors found that residents were integrated into the local community and participated in local events. Inspectors reviewed activities records which showed the number of residents that had attended local events on a monthly basis such as the National Concert Hall, Music and Drama Society. Events also occurred within the centre such as 'Tea Dance' in which musicians come in to the centre. The centre was taking part in a local 'Bealtaine Festival' and were submitting crafts and art work as part of a competition. Residents spoken with stated they enjoyed the type of activities available to them and that their feedback was taken into consideration.

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:
Inspectors were satisfied that the complaints of residents, family and advocates were listened to and acted upon. There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process.

The process for making a complaint was displayed on entrance to the centre and was also contained within the residents guide. Residents spoken with stated they would make a complaint to the person in charge or nurses and would be happy that their complaint would be actively listened to and dealt with.

A review of complaints records showed that one complaint was currently in progress and the other complaints had been dealt with. Records reviewed of previous complaints identified the action taken in response to the complaint, the outcome and the level of satisfaction recorded. It was noted that advocacy services could be involved to support residents when needed.

There was a clear complaints policy and inspectors found that all complaints were being dealt with in line with the policy. There was an appeals process included in the complaints procedures. The centre had carried out an analysis of complaints for 2016 of which there were six in total. Complaints were discussed by management every three months at a clinical governance meeting.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Inspectors found there were appropriate numbers of staff to meet the needs of the residents, with the necessary skills and experience to carry out their role. A change to the staffing levels at night was being trailed in the centre, but was being kept under review to ensure residents' needs continued to be met. Staffing rosters were available in the planned format, and the actual roster that was in place on each day.

A sample of personnel files for staff were reviewed. While most of the required documents for each staff member were in place, inspectors identified a number of cases where a complete employment history was not available. Inspectors also reviewed if all staff were suitably vetted and it was identified that two staff members were working in the centre without having received a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The person in charge informed the inspectors that both staff had submitted the application but it had not returned. Correspondence was received from the person in charge confirming that three staff in total did not have garda vetting clearance, and the steps being taken to address this issue. This included the staff members not working in the centre until the disclosure is received.

The centre documented confirmation of 2017 registration with An Bord Altranais for all nurses active in the centre. There were service level agreements in place to ensure volunteers and staff had relevant qualifications, training and Garda Vetting.

Training was being provided to the staff working in the centre. From the certificates and records available it was seen to cover a wide variety of topics, such as First aid, Fire awareness, Protection from elder abuse, capacity and decision making and assessment and care planning. However, it was not possible to verify if all staff had completed the required training in relation to fire safety and protection from elder abuse as there was no system in place to confirm this. The person in charge informed inspectors that it was being worked on at the time of the inspection.

Judgment:
Non Compliant - Major

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre was clean and tidy, well lit and well heated. Residents' bedrooms contained all the furniture they required including adequate storage facilities. They were encouraged to personalise their bedrooms and inspectors saw that most residents did so. Residents spoken with confirmed that they felt comfortable in the centre.

The centre comprised of three floors in total. A number of auxiliary rooms for storage, laundry and a main kitchen are included in the design. The ground floor contained a sitting room, sun room, a waiting room, dining room, toilets, hair dressing room and several bedrooms which were vacant at the time of the centre. The first floor could be accessed by stairs and a lift and consisted of 13 single rooms and one shared room. There were three toilets and a shower/bath at the end of the corridor. The shared room was noted to have adequate screening to meet the privacy and dignity needs of residents. The second floor comprised of all single rooms, three bathrooms, a bath/shower room, small kitchen, nurses office and a sluice room.

The communal areas were decorated in a homely manner. The corridors were wide and had handrails in place, the bathrooms and toilets had grab rails in place. Non slip floor covering was used throughout the centre. The dining area was noted to have limited space for residents to move freely in particular at mealtimes.

Inspectors noted that there was a lack of signage throughout the centre. Some aspects of the interiors were not dementia friendly. For example, the use of colour schemes needed to be enhanced. The person in charge informed inspectors that dementia friendly décor and architectural layout would be a big feature of the new build planned for 2018. However, inspectors found the introduction of additional signage may enable residents with dementia to find their way together with the introduction of different items of personal reference outside their bedroom door. Also, colour was not used to enhance the environment for residents, corridor walls and flooring was the same colour and residents bedroom doors were painted all the same colour. The use of colour may assist residents with dementia to find their way around and maintain their independence for longer as the disease progresses.

Residents could access the garden with assistance from the ground floor and found it to be safe and secure. Inspectors noticed some points of interest in the garden such as a variety of plants and a bus stop to signify memory lane. All parts of the building were

comfortably warm, well lit and ventilated. Inspectors found that access to the centre, stairwells and were secured in the interest of safety to residents and visitors.

Plans were underway for the centre to move to a new building and merge with another centre for June 2018, these were on display in the visitors' room, and the person in charge described the development work being carried out to ensure the new premises were dementia friendly.

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:

Helen Lindsey
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[1]

Centre name:	St Mary's Home
Centre ID:	OSV-0000103
Date of inspection:	03 May 2017
Date of response:	14 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required in ensuring resident's care was evaluated to confirm it was meeting their needs, and updating of care plans when residents needs changed.

1. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

[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:
Staff nurses have been advised to evaluate and monitor specific needs in the residents' care plans.

Examples:
• Fluid intake and implications for adequate hydration
• Effectiveness of PRN medication
• To clearly state the resources required to support residents with responsive behaviours and to evaluate progress

Proposed Timescale: Immediate

Proposed Timescale: 14/06/2017

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two staff members were working in the centre without having received a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Not all staff had provided a full employment history, together with a satisfactory history of any gaps in employment.

2. 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:
1 Garda vetting now in place for three staff identified at inspection.
2 New employees are now added to the list of KQI's for discussion at management meetings. This plan is in place to ensure no recurrence of documentary omissions
3 For best practice in future, all staff are being re-vetted every five years. This process has commenced
4 Gaps in CV's are currently being addressed

Note:
•Our Action Plan under Regulation 21 (1) will now include the addition of extra HR resources and the extended use of the EPIC Solutions system
•This system is specifically designed for Nursing Homes to help users achieve full levels of compliance and drive improvements in care

•This extended HR practice will, in future, ensure periodic audits in order to highlight areas of non-compliance and initiate prompt action as required
•All training records, Garda vetting, personal information, CV's, references, PIN Numbers etc will be stored in this EPIC system
•Records will be filed electronically enabling easy access and ensuring compliance with regulations and standards
•Staff training records will be added to the system and future due dates will be identified

Proposed Timescale: Immediate for 1,2 & 3. 4 will be completed by end of June 2017.

Proposed Timescale: 30/06/2017

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:
Not all areas of the centre were suitably decorated or appropriate to meet the needs of the residents of the centre. The use of colour schemes and signage need to be enhanced to help residents with dementia to find their way around.

3. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
1.Painting of the home is in progress
2.New signage has been erected
3.Memory boxes are being assembled by residents and staff at present
4.General painting in relation to enhancement of the building, for residents with Dementia, is for discussion at the next management meeting in June 2017

Proposed Timescale: Immediate for 1,2 and 3.
Item 4 is being planned – estimated timeframe to be confirmed after meeting

Proposed Timescale: 14/06/2017