

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Stella Maris Nursing Home
Centre ID:	OSV-0000396
Centre address:	Cummer, Tuam, Galway.
Telephone number:	093 41944
Email address:	martinahaverty@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Stella Maris Residential Care Limited
Provider Nominee:	Ann Maloney
Lead inspector:	Marie Matthews
Support inspector(s):	Gearoid Harrahill
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:	16

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: 08 March 2017 10:30 To: 08 March 2017 19:00

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

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

Summary of findings from this inspection

This inspection report sets out the findings of a 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.

As part of the thematic inspection process, the providers had submitted a self assessment tool on dementia care to the Authority comparing the services provided with 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 provider had assessed the centre as substantially compliant in all areas.

The centre is registered to accommodate 43 residents. There were 27 residents accommodated on the day of the inspection. There were 4 residents with a formal

diagnosis of dementia accommodated and a further 4 residents were identified as having some level of cognitive impairment.

The provider is a registered nurse works in the centre and was present during the inspection. The Director of Nursing who is the person in charge was responsible for the day to day management of the centre was also on duty and facilitated the inspection. Inspectors met with residents and staff members during the inspection. Inspectors tracked the journey of four residents with dementia. They observed care practices and interactions between staff and residents with dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff files. There was evidence of good practice in a range of areas. The inspectors found a good standard of evidence-based care and appropriate medical and allied health care access. Staff supported residents to maintain their independence where possible.

The premises, facilities, furnishings and décor were of a good standard. Staff interacted in a patient, respectful and responsive manner with residents and demonstrated very good knowledge of residents' needs and preferred daily routine.

Three of the six outcomes were judged as substantially compliant and two were compliant with the regulations. One moderate non compliance was identified in relation to care documentation.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the health needs of residents were met by a good standard of nursing care, appropriate medical care and allied health care. Whilst the inspector found that residents care needs were met to a high standard, an action has been included in the action plan that accompanies this report requiring the provider to review care documentation so care plans provide clear specific person centred guidance to assist staff to provide appropriate the appropriate care.

Clinical observations such as blood pressure, pulse, temperature and weights were assessed monthly. The inspectors focused on the experience of residents with dementia and tracked their journey. Aspects of care such as nutrition, social activities and restraint practice were also reviewed.

Pre-admission assessments were completed by the person in charge for all prospective residents to ensure their care needs could be met. A comprehensive assessment of each resident's ability to complete the activities of daily living was completed on admission. Assessments included communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep to determine their care needs. Recognised assessment tools were used to evaluate residents' progress and to assess any deterioration, for example, dependency levels, nutritional care, the risk of developing pressure sores, risk of sustaining a fall, continence needs and mood and behaviour and these were reassessed every four months.

The inspectors saw that care plans were developed based on the assessments and these were reviewed every four months. Some care plans reviewed were slightly overdue their review date. Most care plans reviewed contained a good level of detail and appropriate information to guide care. A small number of those reviewed contained generic information and hadn't been updated to reflect the residents' current needs. For example, one resident had been reviewed by the dietician however this wasn't referenced in the residents' care plans. Care plans were reviewed four monthly or when there was a change in the resident's needs or circumstances. Records were maintained of communication between the resident/families and the centre.

Good falls prevention strategies were evident and arrangements were in place for recording and investigating of all accidents that occurred. The inspectors reviewed the accident and incident log. There was a low incidence of falls occurring in the centre. A comprehensive record of each accident was completed and vital signs were checked and recorded. A post incident review was completed to identify any contributing factors.

Moving and handling assessments were completed for each resident and all staff had up to date training in manual handling. Those at risk of sustaining a fall had interventions put in place to reduce the risk of injury and low entry beds and crash mats were in use. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. Inspectors observed good moving and handling practice.

None of the residents accommodated had any pressure wounds . The inspector saw that each resident was assessed for their risk of developing a pressure ulcer and specific equipment was in provided to protect skin integrity including pressure relieving mattresses and cushions.

Residents had good access to a General Practitioner and an out-of-hours GP service. Inspectors saw that newly admitted residents were reviewed by the GP within a short time of admission.

Residents also had good access to allied health professionals including a dietician, speech and language therapist, physiotherapist. Chiropody and optical services were also provided on referral. A physical therapist also attended the centre twice a week and was observed working with residents to help maintain their mobility.

Residents told inspectors they were provided with a varied, nutritious diet and they were very complimentary regarding the food. The menu was rotated to give variety and the preferences of individual residents were facilitate where they wanted something other than what was on the menu. Residents' were appropriately assessed for nutritional care needs on admission and were subsequently monitored monthly for weight loss. Nutritional monitoring charts were completed where weight loss was evident and weekly weights commenced but some monitoring charts did not provide an accurate record of the residents intake of food or fluids as they only referenced the food and didn't give any indication of the quantity or whether the food was fortified.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. Meals were served in accordance with resident's dietary requirements and those on modified consistency and special diets were offered the same choices. Snacks included yoghurt, homemade scones and brown bread were readily available throughout the day and cold drinks including juices and fresh drinking water were provided to residents at regular intervals.

Inspectors observed safe practice in relation to ordering, prescribing, storing and administration of medicines. Residents had photographic identification on prescription sheets. Inspectors saw that medications that required special control measures were appropriately stored and accounted. These medications were stored in a locked

cupboard within a locked cupboard as required by legislation, and were counted at the end of each shift by two nurses.

There were written policies and procedures in place for end-of-life care and the person in charge described good support from the local palliative care team. Family and friends were facilitated to remain with the resident and tea/coffee making facilities were available. Most residents had their own bedroom and the person in charge said that where possible those sharing a room would be provided with a single room.

End of life plans were developed for all residents. Some contained clear guidance on the on the residents' wishes however; some care plans reviewed lacked sufficient detail to guide care. For example they did give any indication as to whether the resident wanted to be transfer to hospital or remain in the centre and some were generic and did not indicate the names of the family members the resident wanted to have with them.

Many residents were supported to attend any out-patient appointments and records of all appointments were kept. Inspectors examined the files of residents who had been transferred to hospital from the centre and found that some information about the residents specific care needs was omitted from the transfer letter. For example, information about the residents impaired swallow ability or skin integrity was not clearly stated.

Judgment:

Non Compliant - Moderate

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 were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was an elder abuse policy in place which provided guidance on the prevention, detection, reporting and investigating allegations or suspicion of abuse. The person in charge and the provider were very clear of their responsibilities and confirmed that there were no allegations of abuse under investigation. All staff members who spoke with the inspectors were clear on the action to take if they witnessed, suspected or had abuse disclosed to them and all indicated a zero tolerance approach to any form of abuse. Records reviewed by inspectors confirmed that most, staff had received training on recognising and responding to elder abuse. Two staff were overdue this training however, the inspectors saw that both staff were scheduled to attend a session before

the end of March.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

None of the current residents had behaviours or psychological symptoms associated with dementia (BPSD) at the time of the inspection however some had in the past. There was a policy in place for behaviour that is challenging, and The majority if staff had completed training in person centred dementia care and managing responsive behaviours.

There was evidence in care plans reviewed of regular monitoring of residents with dementia by the psychiatry of old age team. Staff spoken with could describe interventions that were effective to calm residents who became anxious such as redirecting or engaging with the residents. Behaviours logs were used to try to identify what might trigger the behaviours and to help put in place alternative approaches. These were also used for planned reviews by the psychiatry team. There was evidence in care plans of links with the mental health services.

When asked, a selection of care and ancillary staff were knowledgeable of the different types of resident abuse, and were familiar with the procedure to follow in the event of an alleged or suspected incident of abuse.

The centre had a resistant free environment. Two of the 27 residents had a bedrail in use as a support and the enabling function was recorded for both. A risk assessment was completed for both residents. The inspector saw that other less restrictive options were considered prior to the decision to use the bedrail

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 dementia thematic inspection, inspectors spent a period of time observing staff interactions with residents with a dementia using 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 for intervals of 30 minutes in communal areas.

During these periods, the inspectors each spend a period of time observing the main sitting room and assessed the quality of interactions. The majority of interactions observed were positive and connective in nature. Staff members including a visiting physical therapist demonstrated they were familiar with the residents and knew their personalities, histories and backgrounds.

The inspectors observed that staff conducting group and individual activities were familiar with the level to which each resident could engage and knew how best to encourage participation. Interactions were friendly and patient, with staff observed crouching down or sitting at the resident's level when speaking or delivering care. Staff engaged the residents' attention before asking questions and repeated the question if necessary where a resident had impaired hearing.

Residents, who required assistance getting in and out of their chair, or with nebulisers, were assisted in a dignified and discrete manner. Inspectors observed staff members patiently reassuring a resident who was upset and confused and they were knowledgeable on how to best respond.

Activities were varied and not limited to scheduled times of day. Throughout the day residents were observed playing games, working on puzzles, jigsaws and knitting. Stimulating activities such as baking, arts and crafts, flower arranging and bingo were on the activities schedule. For those residents unable to participate in group activities, there was scheduled time planned for reminiscence sessions, singsongs and live music, hand massages and for the staff to sit and chat. For residents who preferred to remain in their bedrooms, inspectors observed there were activity prompt notes to remind staff to ensure that they were always given the choice to attend, and to encourage their participation in activities.

Inspectors observed that privacy and dignity was promoted when residents were being cared for and staff assisted residents to mobilise in a quiet and supportive manner. All bedroom doors were observed to have a sign to indicate when personal care was in progress. Staff were observed knocking on residents' bedroom doors before entering.

A residents' forum was established and meetings were held monthly. A sample of minutes from recent meetings was reviewed by inspectors and discussions were predominantly regarding past and upcoming events and outings.

Comment cards were used to collect information on the quality of the service however inspectors saw that these were only given to short stay residents receiving respite care. Comments recorded related to the quality of the service including the general environment, the food, staff and quality of care and were mostly positive. Inspectors identified that this type of information was not always captured for the long stay residents.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had a centre-specific complaints policy, and the procedure for making a complaint was prominently displayed in the centre and summarised in the residents' guide. The procedure identified the complaints officer for the service as well as the person nominated to act as an independent appeals contact.

A complaints log was available which was reviewed by the inspectors. It summarised the details of each complaint, the actions taken in response to the complaint and the outcome. The satisfaction of the complainant was recorded.

Inspectors saw that there were no recorded complaints since 2014. The only complaints recorded were those made formally to the complaints officer. The centre did not routinely document complaints made informally which were resolved immediately without being referred to the complaints officer. Recording of verbal and informal complaints would allow the provider to identify recurring subjects of complaint to prevent reoccurrence or escalation to formal complaints.

Judgment:
Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre's staffing levels and skill mix was appropriate for the number and needs of the residents in the centre for the day and night, including during peak times of the day such as during medication rounds. Inspectors reviewed the staffing rota. The provider

was a registered nurse who also worked in the centre and was included on the rota. The person in charge worked from 8am until 4pm.

On the day of the inspection, in addition to the person in charge, there was one nurse and 4 care assistants on duty in the morning. This reduced to one nurse and three care assistants in the afternoon and evening and at night-time there was one nurse and two care assistants on duty. The person in charge said they did use rely on external agency staff and had their own bank of care staff to call on. Residents described the staff as attentive and said they responded promptly when they called on for assistance. Staff members who spoke with the inspectors said that staffing levels were appropriate to residents needs. Staff were observed to be available to assist residents and communal areas were supervised at all times during the inspection.

Inspectors reviewed a sample of personnel files and found them to contain all documentation required under Schedule 2 of the regulations. The staff files were well organised and the information easily accessible. All nurses active in the centre had confirmation of their 2017 registration with An Bord Altranais agus Cnáimhseachais na hÉireann. Most staff were up to date in their mandatory training. One care assistant and one nurse were overdue training in safeguarding however the inspectors saw that this had been booked for the following week. There was a range of training provided in areas such as infection control, end of life care, incontinence care, and CPR. The majority if staff had completed training in person centred dementia care and managing responsive behaviours.

The centre had some volunteers operating in the centre. There were files on these volunteers outlining their role, responsibilities and supervision arrangements as well as confirmation that they had received Garda vetting.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Findings:

The centre overall was clean and in a good state of repair. The centre consisted of 20 twin bedrooms and 2 single bedrooms, all of which had en-suite toilet facilities, and a large, centrally located day room. The centre was nicely decorated, well heated and ventilated, with plenty of natural light and views. The primary day room was large enough for residents to comfortably sit, navigate and carry out activities alone or with others. From a dementia design perspective, this day room was a busy and stimulating

environment without being loud or overwhelming. The television was not the sole focal point of the room and there was a board on the wall with basic orienting information such as the current day, date and weather. This day room had an adjacent enclosed outdoor space and a separate adjacent smoking room which was appropriately ventilated and visible by staff. There were two additional rooms available to residents and the person in charge said these were used for some activities or when residents required a quiet low arousal area. There was also a hairdressing salon, oratory and large dining room available.

Corridors had appropriate floor covering and were free of steps, trip hazards and obstructions. Handrails were provided on each wall. A large ramp linked the front reception area and the dining room with the rest of the building which was on a lower level. A change in floor covering helped distinguish the change in gradient and handrails were provided on both sides to assist residents. Residents using mobility aids were observed using this ramp throughout the day without difficulty.

Seating was provided along the corridors to allow residents to rest when walking through the centre. These also provided a quieter alternative to the main day room. There was also a small sitting room in which residents could receive visitors privately. Doors were painted in contrasting colours and bathrooms were identified by pictorial signage.

There were four residents with a diagnosis of dementia and four more had some element of cognitive impairment. Some further improvements were identified to help orientate these residents. For example enhanced directional signage and additional visual prompts were required to help guide residents back to the dining room and sitting rooms and the use of picture or object references on bedroom doors to assist residents to recognise their bedroom.

Inspectors saw that residents' bedrooms were personalised and there was appropriate space for storage of residents' clothes and belongings, including lockable storage for valuables. Privacy screens were provided in shared rooms. Accessible en-suite facilities were available for residents with reduced mobility or in wheelchairs. Call bells were available in all bedrooms and en-suite facilities.

The centre had appropriate kitchen and laundry facilities. Rooms such as sluice rooms and those used for storage of cleaning supplies were locked. The centre had adequate storage space for assistive equipment such as hoists and wheelchairs. An enclosed garden was provided for residents. This was not in use on the day of inspection and the provider confirmed that seating was provided in this area during the summer months.

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:

Marie Matthews
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:	Stella Maris Nursing Home
Centre ID:	OSV-0000396
Date of inspection:	08/03/2017
Date of response:	13/04/2017

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

Some care plans were generic and lacked sufficient information to guide care

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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:

Careplans will be updated accordingly to capture a more person centered approach from residents and where necessary their next of kin.

Proposed Timescale: 31/05/2017

Theme:

Safe care and support

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

Nutritional monitoring charts were available for some residents but these were not completed comprehensively in order to provide an accurate record of the residents intake of food or fluids.

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:

Nutritional monitoring charts have been amended accordingly.

Proposed Timescale: 01/04/2017

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:

Improvement was required in capturing feedback and suggestions from long-stay resident on matters such as food, staffing, environment and quality of care.

3. Action Required:

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

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

All long term residents or(next of Kin) where necessary will be provided with questionnaire to capture feedback on our quality of care provided.

Proposed Timescale: 31/05/2017

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

The centre did not have any record of verbal or informal complaints made by residents or relatives.

4. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

All Verbal complaints will be documented going forward

Proposed Timescale: 01/04/2017

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:

The centre's posted information on corridors and bedroom doors required improvement in being navigable for residents with a dementia or a wandering tendency.

5. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Signage is being sourced at present and will be put in place to navigate our Dementia residents throughout the nursing home

Proposed Timescale: 31/05/2017