

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rush Nursing Home
Centre ID:	OSV-0000155
Centre address:	Kenure, Skerries Road, Rush, Co. Dublin.
Telephone number:	01 870 9684
Email address:	rushnursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Lead inspector:	Sonia McCague
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	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.

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:
13 February 2019 14:00	13 February 2019 21:30
13 February 2019 14:00	13 February 2019 21:30

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

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

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars provided by the Office of the Chief Inspector. In addition, evidence-based guidance was developed and made available to guide providers and each person in charge on best practice in dementia care and the inspection process.

Prior to the inspection, a request to complete the self-assessment and score the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland was issued. However, this assessment had not been completed prior to this inspection.

Inspectors met with residents, relatives and staff members during the inspection. The life of a number of residents with dementia was examined. Care practices and interactions between staff and residents living with dementia were observed.

Documentation such as assessments, care plans, medical records, minutes of resident meetings, activity programmes, complaint records, staff rosters and training records were also reviewed.

The centre provided a service for up to 56 residents on two floors. At the time of the inspection two vacancies existed. The centre provided long and short stay care such as respite and convalescence. Services and care for residents with a disability, dependency and at end of life was also catered for.

On the day of the inspection 22 residents (41%) were identified as having a diagnosis of dementia and 12 others suspected of having dementia and living with a degree of cognitive impairment.

Residents and family members who spoke with the inspectors were positive about the centre, the person in charge and the staff team.

A review of care records showed residents' needs were being identified, assessed and reviewed on a regular basis, and changes were made to how care was delivered if a resident's needs changed.

Residents were positive about the support provided by staff while acknowledging some turnover and staff changes, and inspectors observed good communication and supportive approaches to residents throughout the centre. Residents confirmed to inspectors they felt safe, and staff confirmed they knew the policy and procedure to ensure residents were safeguarded in the centre.

A restraint free, active and engaging philosophy was promoted and demonstrated.

There were systems in place to support residents making choices about their daily lives, and the person in charge promoted the values of dignity and respect through the supervision and appraisal of the staff team. Residents' were well groomed, happy and occupied throughout the inspection.

Residents and relatives had forums where they were able to provide feedback on the service received. If they had a complaint the policy was clear, and information about the process was available on the noticeboards throughout the centre and a suggestion box was strategically located between the two floors.

The premises were purpose built; it supported residents' privacy and dignity in that all bedrooms were en-suite and most (93%) were for single occupants. There were a range of rooms for social gatherings. There was access to central courtyards and to gardens areas surrounding the centre through a number of doors. The courtyards and garden provided a pleasant atmosphere with a range of seating and opportunities for games, social occasions and gardening. Some improvements in relation to the premises were identified which are discussed in the body of the report and set out in the action plan for response.

The actions required from the previous inspection had been addressed satisfactorily.

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:

The management and staff team were providing person-centred care and support to residents based on evidence best practice.

Arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied healthcare.

From an examination of a sample of residents' care plans, and discussions with residents, relatives and staff, the inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans implemented.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and care plans were reviewed. Admission arrangements and practice included a pre-admission assessment. On admission of a resident a documented assessment of all activities of daily living, including cognition, communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep was completed. Social and recreational plans were also completed involving family members. There was evidence of a range of validated assessment tools being used to monitor areas such as the risk of falls and malnutrition, cognition, mobility status and skin integrity. The development and review of care plans was done in consultation with residents or their representatives. Each resident's care plan was subject to a formal review at least every four months.

An assessment of resident's or family views and wishes for end of life care was recorded and outlined in a related care plan subject to regular reviews. The care plans inspected included details and information known by staff regarding religious, spiritual and cultural

practices, and the named persons to assist in decisions to be made.

Good management of skin and wound care, nutritional status, behavioural support, fall prevention and management was found. Allied healthcare specialists were available on a referral basis following an assessment and identified need. Mobility and daily exercises were encouraged in structured activities. Weekly access to a physiotherapist was available to residents and assessments by other professional therapists were available on a referral basis. Residents had suitable mobility aids and some had modified chairs following seating assessments by an occupational therapist or input by the physiotherapist. Hand rails on corridors and grab rails were seen in facilities used by residents, which promoted independence.

Operational procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food and fluid consistency and arrangements for intake recording, if required.

Residents had good access to GP services, and out-of-hours medical cover was provided. A full range of other professional services available on a referral basis included speech and language therapy (SALT), dietician services and tissue viability specialists. Chiropody, audiology, palliative care, dental and optical services were also provided for on a referral basis. Access to the national screening programme for bowel, cervical, breast and diabetic screening was also being availed of by some residents. Residents' records reviewed showed that some residents had been referred to these services when required and results of their appointments already attended were recorded in the residents' clinical notes and associated care plans.

A pharmacy supplied residents with medicines and a pharmacist was available to participate in medication checks and reviews and to meet with residents as required.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

Residents and family who communicated with the inspectors were satisfied with the safety and protective arrangements in place.

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 spoken with were clear what actions to take if they observed, suspected or had abuse reported to them. Training records confirmed all staff had received training in how to safeguard residents. The person in charge promoted dignity and respect of residents in the centre and this was seen to be put in to practice by the staff team.

At the time of the inspection some residents with responsive behaviour were identified. Staff had received relevant training and described or demonstrated positive support techniques used with residents with dementia and behavioural and psychological signs and symptoms of dementia (BPSD). Inspectors observed good communication and staff interaction with residents who had dementia which resulted in positive outcomes were they supported residents to remain engaged in their surroundings. There was a policy in place covering the management of responsive behaviour and where necessary there were links with the local geriatrician and psychiatric services.

The provider and person in charge were committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre was minimal. There was a policy on restraint use that set out the procedure to use when considering if a restriction would result in a positive outcome for residents. When restrictions were required, a clear record of the decision making process including other less restrictive measures trialled formed part of the process. Regularly reviews and audits of 'PRN' (a medicine only taken as the need arises) were completed to ensure interventions remained the least restrictive option available.

Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place as a pension agent for a small number of residents and for carrying out and documenting property and monetary transactions. In the sample reviewed, records were kept of two staff signatures for money transactions. The balance recorded and money checked on inspection was correct.

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:

Residents in the centre were empowered to exercise their rights and achieve their personal goals. They were supported to make choices and were actively involved in shaping the services they received.

Residents had the right to make choices about how they spent their day, and these were promoted and respected by staff. Inspectors found that residents, including residents with dementia, were empowered and assisted to enjoy a meaningful quality of life in the centre. Residents were consulted regarding the planning and organisation of the centre. For example, a residents' meeting was held every two to three months, with the most recent meeting taking place in January 2019. Inspectors reviewed the minutes of these meetings and found that items such as staffing levels, the food served and activities provided were discussed. Focus groups were also held with residents where a specific topic was discussed. One of these was also held in January that sought feedback on the activities programme.

Residents were facilitated to exercise their civil and political rights, including voting either in the centre or their electoral area. Residents were supported to practice their respective faiths.

Residents' privacy and dignity was respected by staff, and an action from the last inspection relating to bedroom's facing onto the courtyard had been addressed. Inspectors had previously found that residents' privacy in these bedrooms was compromised, but net curtains were now installed in these rooms.

An open visiting policy was in place, with the exception of protected time for residents at mealtimes.

Two courtyards, a number of sitting rooms and a reading area were located within the centre to support residents engagement in activities. An activity co-ordinator worked from 10am-4pm Monday to Friday. A comprehensive activity programme was in place, which was informed by assessments of residents' preferences, interests and capabilities. This included a variety of activities, including those suitable for residents with dementia. For example, mass, bingo, live music, sensory stimulation sessions, exercise, quizzes and baking were all scheduled to take place on the week of the inspection. While group activities took place each day, the activity co-ordinator also conducted one-to-one sessions with residents on a regular basis. This was evidenced by records of activity participation for all residents. This was an action from the previous inspection and was therefore found to have been addressed. The activity co-ordinator had plans to further develop the programme in line with residents' needs, particularly those with dementia.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record these interactions at five minute intervals in a dining-room, sitting room and activity room. 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). Inspectors' observations concluded that, for the majority of the observation periods, positive connective care was provided to residents by staff with a minimal number of instances of task oriented care. Throughout the inspection, staff members were courteous and kind when addressing

residents and visitors, and sufficiently respectful and discreet when attending to the needs of residents. It was evident that staff were very knowledgeable regarding the residents they cared for.

Residents had access daily newspapers, to internet and telephone facilities, and to local media.

Residents were well-groomed and inspectors found that efforts were made to ensure that residents with dementia were dressed in accordance with their preferences. Residents' property was well maintained in the centre, although inspectors asked the management team to review and improve the level of detail used when completing property lists.

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:

There was a policy and procedures in place for the management of complaints. A summary of the complaints process was displayed in the centre.

Inspectors spoke with residents and relatives, who were aware of the complaints process. Staff could describe how they would support residents with dementia to make a complaint.

A complaints log was maintained by the person in charge, who served as the centre's complaints officer. Inspectors reviewed this log and found that the details of the complaints, the investigation of the complaints and the action taken in response to the findings were recorded. The complainant's satisfaction with the outcome of the complaint was also recorded. Complaints were resolved within the timeframes set out within the centre's policy.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Residents and relatives confirmed the staff team were kind and responded quickly when they were called on. Inspectors found there were appropriate staff numbers with the relevant skills and training to meet the needs of the residents during this unannounced afternoon/evening inspection.

There was a full complement of staff on duty on the day of inspection and new staff were being inducted. The staff team included the person in charge, an assistant director of nursing, nurses, health care assistants, activity, catering, administration and household staff. Staff and residents were satisfied that there were adequate staff on duty over a 24 hour period and at weekends.

There were clear supervision arrangements including a detailed staff induction process, on-going supervision of practice, probation and annual appraisals. Staff were able to provide feedback on what training they had completed in relation to their role and responsibilities.

An on-going training plan was in place. The provision of mandatory and relevant staff training was evident. Staff spoken with were familiar with the policies and procedures related to their area of work, and also the importance of effective communication with residents living with dementia and their families.

There were effective recruitment procedures in place in the centre and the sample of staff files reviewed contained all of the requirements of Schedule 2 of the Regulations.

Management told inspectors that no volunteers worked in the centre but plans to do so was under consideration.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

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

Findings:

For the most part, the centre's premises is suitable for its stated purpose and residents were being supported to live in a safe, comfortable and homely environment.

Inspectors found some improvement was required in relation to the maintenance of some bedrooms. Inspectors also advised that corridors and parts of the premises required reviewed to enhance way finding and promote the independence and wellbeing of residents living with dementia. All three actions from the previous inspection had been completed.

The centre comprises 50 single en suite bedrooms and three twin en suite bedrooms over two floors. Thirty eight residents can be accommodated on the ground floor while 18 residents can be accommodated on the first floor. On the ground floor, a dining room, two large sitting rooms and seating areas on a corridor and in the reception provided communal space for residents to engage in activities and meet with visitors. A small room was available to visitors to make tea or coffee. On the first floor, an open area functioned as the dining and sitting room. Many of the residents on this floor were facilitated to spend time on the ground floor, for example, to participate in activities. Movement between the two floors was facilitated by a lift.

Overall, the premises was clean and well-maintained, with suitable heating, lighting and ventilation. However, inspectors noticed that walls and paintwork in a number of bedrooms were damaged and required repair. The management team informed inspectors that action was already being taken to prevent this damage occurring to the walls in the future. Additionally, inspectors observed chipped paint on a number of shower trays in ensuite shower rooms, and an assisted bathroom was found to contain equipment such as two wheelchairs and an open trolley with a supply of incontinence wear. The excessive use of extension leads and plugs seen in some bedrooms also required review and improvement.

Residents' bedrooms were nicely decorated and were personalised with residents' furniture and possessions. Each bedroom contained storage space including wardrobes and a bedside locker with a lockable drawer. Signage with a photo of each resident and their name was in place outside their bedroom door to support orientation. Bedroom doors on the first floor varied in colour and had been designed to replicate front doors of houses, complete with a door knocker.

Signage was displayed throughout both floors to support residents to navigate the premises. Handrails were in place on both sides of each corridor. Objects and colour were used throughout the first floor with good effect. For example, murals were painted on walls in the corridor including flowers and a bus stop. However, inspectors found that identical flooring and wall colour was in place throughout all of the corridors on the ground floor, and therefore residents' orientation may be better supported with use of more distinct colours in each corridor.

Unrestricted access to two secure courtyards was available. These were accessible through unlocked doors within the building. Courtyards were decorated with pots of flowers and shrubs, as well as raised flowerbeds. The inspectors were told of plans to plant vegetables in the courtyards in the coming season. Chairs and tables were available in both courtyards for residents use.

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:

Sonia McCague
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:	Rush Nursing Home
Centre ID:	OSV-0000155
Date of inspection:	13/02/2019

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 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The following areas within the premises required review and improvement:

- Walls and paintwork in a number of bedrooms were damaged and required repair
- Chipped paint on a number of shower trays in ensuite shower rooms was seen
- An assisted bathroom was found to be used as a store and it contained equipment such as two wheelchairs and an open trolley with incontinence wear
- An excessive use of extension leads and plugs seen in some rooms required review and improvement.

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

1. 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:

There is a decorative upgrade programme in place to repair walls and improve paintwork in bedrooms.

A programme of repair and upgrade of ensuite shower trays is in progress.

Additional sockets will be installed and trunking will be extended in identified bedrooms.

The assisted bathroom has been cleaned and cleared of any inappropriate items.

Proposed Timescale: 31/05/2019