<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sligo Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000363</td>
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<tr>
<td>Centre address:</td>
<td>Ballytivnan, Sligo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>071 914 7955</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sligonursinghome@mowlamhealthcare.com">sligonursinghome@mowlamhealthcare.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Mowlam Healthcare Services Unlimited Company</td>
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<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Leanne Crowe</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>62</td>
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<td>Number of vacancies on the date of inspection:</td>
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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: 25 April 2018 09:15
To: 25 April 2018 19:00

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

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<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
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<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 08: Governance and Management</td>
<td></td>
<td>Non Compliant - Moderate</td>
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**Summary of findings from this inspection**

This report sets out the findings of an unannounced thematic inspection which focused on specific outcomes relevant to dementia care in the centre. Inspectors also considered notifications, unsolicited information received since the last inspection regarding insufficient staffing levels and poor standards of resident care. Inspectors also followed up on progress of the action plan from the last inspection in February 2017. There were nine actions from the last inspection and six actions were completed. Inspectors found that the other three actions were progressed but were not satisfactorily completed within the timescales proposed.
The journey of a number of residents with dementia within the service was tracked. Inspectors reviewed documentation such as nursing assessments, care plans, medical records and examined relevant policies including those submitted prior to inspection. Inspectors observed care practices and interactions between staff and residents who had dementia using a validated tool. While some interactions between staff and residents were task orientated, others were therapeutic and all the interactions by staff with residents observed by inspectors were respectful and kind.

The inspectors met with residents, relatives and staff members. The majority of residents who spoke with inspectors expressed their satisfaction and contentment with living in the centre. However, inspectors' observations and some residents' feedback did not provide sufficient assurances that residents social care needs were met to their satisfaction. Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia and were working to create a dementia-friendly environment in the centre. There was evidence of some efforts made since the last inspection to ensure residents were supported and facilitated to enjoy a meaningful and fulfilling life in the centre. However, further improvements were found to be necessary to ensure that residents with dementia were provided with opportunities to participate in activities that met their individual interests and capabilities.

Governance and management of the centre required improvement to ensure there was sufficient clinical oversight and that the monitoring system in place informed a high standard of care and continuous quality improvement. There was insufficient staff to ensure that residents' care and social needs were met. Stronger staff supervision was required to ensure residents' care was provided to a high standard.

Residents' accommodation was provided over two floor levels and residents with dementia integrated with other residents. The design and layout of the centre met it's stated purpose with the exception of a number of twin bedrooms on the ground floor. These bedrooms did not ensure residents' privacy, dignity and choice needs were met. Otherwise the centre provided a generally comfortable and therapeutic environment for residents with dementia.

Documentation in relation to staff employment information and evidence of completed appropriate vetting procedures were complete. While staff were provided with opportunities to attend training to progress their professional development and skills, not all staff had completed up-to-date mandatory training requirements.

Inspectors found that the healthcare needs of residents with dementia were met to a satisfactory standard in terms of access to healthcare from medical and allied health professionals. However, care of residents at risk of developing pressure related skin injuries and/or at risk of falling required improvement to ensure positive outcomes for residents. There were policies and procedures in place to safeguard residents from abuse and to support staff to work therapeutically with residents who had responsive behaviours. A restraint-free environment was promoted in the centre but the documentation did not fully reflect the national restraint policy.

Inspectors were not assured that the social needs of younger residents were
adequately met. The provider representative and person in charge were requested to
provide sufficient assurances that the social care needs of young residents were met
by 08 June 2018.

The Action Plan at the end of this report identifies areas where improvements are
required to comply with the Health Act 2007 (Care and Welfare of Residents in
Designated Centre’s for Older People) Regulations 2013 and the National Standards
for Residential Care Settings for Older People in Ireland 2016.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The findings in relation to social care of residents with dementia is discussed in Outcome 3. There were 18 residents in the centre with a confirmed diagnosis of dementia. Some other residents had symptoms of dementia. Inspectors focused on the experience of residents with dementia and tracked the journey of a sample of residents with a diagnosis of dementia. They also reviewed specific aspects of care such as nutrition, wound care, medicines management and end-of-life care in relation to other residents with dementia.

Residents with dementia had timely access to medical services and residents from the locality of the centre were supported to retain the services of their own general practitioner (GP), if they wished to do so. Each resident’s GP visited them within 72hrs of their admission to the centre and at least every three to four months thereafter. An emergency GP service was available to meet residents’ needs out-of-hours and community psychiatry of older age and palliative care services attended residents in the centre on a referral basis. There was good access for residents with dementia to allied healthcare professionals including occupational therapy, dietetic, speech and language, ophthalmology and podiatry services. The provider employed a physiotherapy service and a physiotherapist attended residents in the centre on a weekly basis. This supported residents with dementia to optimize their independence and quality of life.

Inspectors found that there were systems in place to optimise communications between residents, their families, the acute hospital and the centre. The person in charge or her deputy visited prospective residents in hospital or their own homes prior to their admission. This gave prospective residents and their families information about the centre and also ensured that the service could adequately meet their care and support needs. Prospective residents and their families were also welcomed to visit the centre to assist them in making an informed decision about their admission. Residents’ files held a copy of the preadmission assessment completed by the person in charge or her deputy. A copy of the Common Summary Assessments (CSARs), which details pre-admission
assessments undertaken by the multidisciplinary team for residents admitted under the ‘Fair Deal’ scheme, was not routinely obtained. Inspectors recommended that this preadmission information be used to comprehensively inform admission decisions. Transfer documentation was prepared for residents with dementia who required transfer to hospital from the centre. This transfer documentation contained appropriate information about the residents’ health, medications and their specific communication needs. It also informed their individual preferences, dislikes and strategies to prevent or to support their behaviours and psychological symptoms of dementia (BPSB) where relevant. This documentation also supported residents with dementia to access services outside the centre. A copy of residents’ hospital discharge letters with relevant information regarding their treatment and ongoing care was available.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Residents with dementia had a comprehensive nursing assessment completed on their admission to the centre. The assessment process involved the use of validated tools to assess each resident’s dependency level, risk of malnutrition, falls, and their skin integrity among others. Each resident had a care plan developed within 48 hours of their admission and the detail of the information in the care plans to guide staff was significantly improved since the last inspection in February 2017. The information provided in the sample of care plans reviewed by inspectors was mostly person-centred and in most cases sufficiently detailed. However, further improvement was necessary to ensure a small number of care plans were person-centred with sufficient detail to inform care that reflected individual preferences and routines. Residents’ care plans were updated routinely on a four monthly basis or to reflect their changing care needs. Inspectors were told that residents or their family on their behalf were consulted regarding care plan reviews but the detail of the review meetings and the attendees required improvement.

Staff provided end-of-life care to residents with dementia with the support of their medical practitioner and the community palliative care services. There were no residents receiving end-of-life care on the day of this inspection. Staff discussed future care and end-of-life wishes with residents and their families where possible. This informed end-of-life care plans which reflected individual preferences regarding care including the preferred setting for delivery of end-of-life care. Residents’ end-of-life care plans reviewed by an inspector were at various stages of development and were updated as relevant information became available. An end-of-life care plan for a resident who had deceased was also seen by an inspector. It clearly informed the resident’s wishes regarding how they wanted the centre to meet their physical, psychological and spiritual care needs. This information also included their preference to receive that care in the centre. Single bedrooms were available for residents receiving end-of-life care. Residents’ relatives were accommodated to stay with residents with dementia who were very ill.

There were systems in place to ensure the nutritional needs of residents with dementia were met, and that they did not experience unintentional weight loss or dehydration. However, the care plans of residents at risk of dehydration did not detail the optimal quantity of fluids they should drink within each 24-hour period to avert assessed risk. A protocol was also not available to inform staff on what action to take if a resident’s fluid intake was below a specified minimum level. Residents with dementia were screened for
nutritional risk on admission and reviewed regularly thereafter. Residents' weights were monitored on a monthly basis to identify unintentional weight loss or gain at an early stage. A small number of residents' weights were being monitored on a weekly basis to assess the effectiveness of treatment interventions recommended by the dietician. Residents with dementia who developed swallowing difficulties were referred and reviewed by a speech and language therapist. Nutritional care plans were in place and they outlined the recommendations of the dietician and the speech and language therapist where appropriate. Arrangements were in place to communicate recommendations made by the dietician and speech and language therapist to the centre's catering team, regarding individual resident's dietary and meal preparation needs. Residents on diabetic, and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and their modified meals were appetizing. There were sufficient staff to assist residents with dementia at mealtimes. Residents with dementia were provided with discreet assistance.

Residents were regularly assessed for risk of falls and those at risk had a care plan in place to inform their support and supervision needs. A significant focus on reducing the incidence of residents falling was evident since the last inspection. A number of proactive improvement initiatives had been implemented, including root-cause analysis of all fall incidents to residents. This information was analysed to determine what factors, if any could be adjusted to minimise the risk of another fall or injury. A staff education programme was implemented and colour-coded cues were displayed on residents' bedroom doors to alert staff of their assessed risk of falling. Although the overall incidence of falls to residents was reduced, further improvement was necessary to reduce the incidence of unwitnessed falls to residents. Inspectors observed that greater than 50% of falls to residents from 01 September to 31 December 2017 were not witnessed by staff. With the exception of one, all other falls to residents for the period 01 January 2017 up to the day of this inspection and notified to HIQA as they resulted in an injury to residents that necessitated their transfer to hospital, were not witnessed by staff. Greater than 50% of these falls to residents occurred between 20:00hrs and 08:00hrs. Inspectors found that improved supervision of residents in the communal rooms was necessary. This finding is discussed further in Outcome 5: Staffing.

While, wound care procedures in the centre were of a good standard with prompt intervention and healing, prevention management required significant improvement. Residents at risk of developing pressure ulcers had care plans in place and pressure relieving mattresses and cushions to prevent pressure related wounds developing. However, there was a high incidence of pressure related skin wounds that developed in the centre. On the day of inspection, there were six residents with pressure related skin wounds, four of which developed in the centre. The management team had identified this issue and were working to improve outcomes for residents at assessed risk of developing pressure related skin injuries. Inspectors found that there were approximately nine different brands of mattress used to assist with residents' pressure relief in the centre. There was no guidance available to advise staff on the most appropriate mattress to use in each case to mitigate individual resident's level of assessed risk of developing pressure wounds. Repositioning schedules were not clearly stated in residents' care plans to guide staff on repositioning frequency. Records of residents' position changes required improvement to ensure the frequency of this
procedure reflected the level of each resident’s assessed risk and that a single care record was maintained in each case.

Residents with dementia were protected by safe medicines management procedures in the centre. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and were implemented in practice. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements. Nursing staff were observed to administer residents' medicines in line with professional guidelines. Residents had access to the pharmacist responsible for dispensing their medicines. The pharmacist was facilitated to meet residents at a recent residents’ committee meeting. The pharmacist completed regular audits, reviewed medicine prescriptions and communicated findings with residents' GPs and the person in charge. The pharmacist was also involved in staff education on medicine management and was available to advise staff as necessary. Medicines controlled by misuse of drugs legislation were stored securely and the balances were checked by two staff at each staff changeover. Medicines that required refrigerated storage were stored appropriately and storage temperatures were checked daily. Multidose medicine preparations were dated on opening to ensure use did not exceed that recommended by the manufacturers. Procedures were in place for return of unused or out-of-date medicines to the pharmacy.

**Judgment:**
Non Compliant - Moderate

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**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 systems in place to ensure residents were safeguarded from abuse. Improvements were required to ensure all staff were facilitated to attend mandatory safeguarding training and that documentation was consistently completed reflecting safe and appropriate use of full-length restrictive bedrails.

There were measures in place to safeguard residents with dementia from abuse. A policy was available to inform safeguarding and protection of residents and management of any allegations, disclosures or incidents of abuse. The provider and person in charge monitored the systems in place and ensured that there were no barriers to residents or staff disclosing suspicions, allegations or incidents of abuse. Residents told inspectors that they felt safe in the centre. The staff training records, as viewed by inspectors did not confirm that seven staff had attended updated training on protection of residents from abuse. The person deputising for the person in charge acknowledged this finding.
and advised inspectors that this training would be scheduled. The provider representative confirmed that all staff working in the centre had completed An Garda Síochána vetting.

There was a policy available to inform staff on supporting and managing care of residents with behavioural and psychological symptoms of dementia (BPSD). Inspectors were told by the person deputising for the person in charge that there were no residents in the centre who experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Arrangements were in place to ensure residents with responsive behaviours had a behaviour support care plan developed to inform their support needs and detailed the most effective strategies to prevent or de-escalate behaviours. Inspectors observed that residents' symptoms of dementia were well managed and they were comfortable in their environment. No residents were in receipt of PRN medicines (a medicine only taken as the need arises). Arrangements were in place for review to ensure appropriate use of PRN medicines.

A policy was available to inform use of restrictive procedures and equipment in the centre. A restraint-free environment was promoted in the centre and use of full-length restrictive bedrails was reduced since the last inspection. Full-length bedrails were used for thirteen residents. Alternatives to full-length bedrails such as low level beds, foam floor mats, sensor equipment and equipment fitted on some residents' beds to enable them to change position independently were used. However alternatives tried prior to implementing full-length restrictive bedrails were not recorded in the restraint register. A safety assessment was completed to ensure full-length bedrails were safe to use for individual residents. Although staff confirmed they frequently removed residents' full-length bedrails to minimize the time this restrictive equipment was in place, the records confirming completion of this procedure were inconsistently recorded. Records of completion of safety checks each time full-length bedrails were reapplied were not documented.

There was a system in place to safeguard residents' money. Small amounts of cash was held on behalf of a small number of residents in the centre. Transaction details were recorded and the money was held securely with access limited to a designated number of senior staff. The provider was a pension agent for collection of some residents' social welfare payments on their behalf. Documentation maintained by the provider clearly outlined the procedure. Residents' social welfare pensions were paid into individual named accounts and arrangements and transactions were transparent and in line with the legislation.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents with dementia were consulted with and supported to participate in the organisation of the centre. An action from the previous inspection regarding, absence of relatives attending residents' meetings had been completed. Meetings for residents, relatives or their representatives were held every two months. The most recent meeting was held on the 27 March 2018 and minutes were posted on a notice board for residents' information. These minutes indicated that those attending were given opportunities to raise issues or concerns they may have, as well as give positive feedback regarding the service.

Residents' communication care needs were assessed and documented in their care plans. Staff were aware of each resident's communication needs, particularly the needs of residents with dementia. Advocacy services were available to residents, and could be easily availed of, if required. This was an action from the last inspection and has now been completed.

While the quality of life of independent residents in the centre was enhanced by their participation in the activity programme provided, improvement was required to ensure residents with dementia were supported to engage in activities that suited their capabilities, interests and preferences. One full-time activity co-ordinator was employed in the centre. An activity schedule was displayed prominently within the centre. It detailed the activities to take place on the ground and first floor from Monday to Friday. One-to-one sessions, which are more suitable for residents with dementia who are unable to meaningfully participate in group activities, were scheduled for each Tuesday and Thursday. The activity schedule did not detail planned activities for the weekends, but inspectors were told that care assistants were responsible for facilitating activities on these days. Additional activities such as live music performances (which took place monthly) or dancing were also regularly organised for Fridays or at the weekends. A history and genealogy information service was visiting the centre on the week of the inspection. Photographs of previous activities, such as doll-house making, were displayed on corridors. An initiative was underway at the time of the inspection to develop person-centred life stories and memory boxes for residents with dementia. Coffee/tea making facilities were made available each evening to residents and visitors on both floors. Outings to the beach or to local hotels had taken place since the last inspection, and the activities coordinator informed inspectors that more outings would be planned for the coming months.

A number of staff were currently completing a training programme to assist them with providing sensory-based activities. While a small number of these activities had taken place to date with positive outcomes for residents with dementia, the frequency of these one-to-one or small group activities would be increased when this training was completed. On the day of the inspection, chatting, arts & crafts, board games and hand massage were scheduled to take place. The inspectors observed some of the activities during the day, and saw some instances of staff supporting residents to engage in these group activities. However, many residents with dementia who were in one of the
communal sitting rooms throughout the day were not sufficiently supported to meaningfully participate in activities. For example, a small number of residents engaged in an art activity or chatted with staff. However, a number of residents at varying stages of dementia were not observed to engage in any meaningful activities. Inspectors noted that staff were not available to provide additional support or supervision to residents with dementia during these times, as they were providing care to other residents. While one person on work placement was assisting the activity coordinator with providing one-to-one support to a small number of residents, this arrangement was due to conclude in the days following the inspection.

Records were maintained to document residents' participation in activities but numerous gaps were identified in these records. The records also did not evaluate residents' level of engagement in each activity; therefore it could not be determined whether residents with dementia were supported to participate in activities that suited their capabilities, interests and preferences. The inspectors were informed on the day of the inspection that the centre's management were planning to recruit a number of volunteers to support residents that were less able to engage in activities.

These were measures in place to ensure residents' privacy and dignity needs were met. Inspectors observed that staff got consent from residents for all care activities. There were arrangements in place for residents to receive visitors in private. However, improvement was required to ensure that residents' privacy and dignity needs were met in a small number of twin bedrooms on the ground floor:

• Use of an assistive hoist in these bedrooms necessitated disturbing the resident in the adjacent bed and moving their bed aside.
• The beds of some residents requiring assistive hoists and two staff to support them were located against a wall in these bedrooms which did not reflect safe moving and handling procedures.
• Although there were curtains fitted to provide screening between residents' beds in these twin bedrooms, residents' privacy and dignity could not be assured when assistive equipment was required to support their personal care and mobility needs.
• A television was shared by most residents in twin bedrooms and the location of the television did not enable both residents to view the television at the same time.
Resident in one twin bedroom explained to inspectors how they compromised with their television viewing to ensure it met their preferences. Discreet listening equipment was not provided to ensure that a resident watching television in a shared bedroom did not impact on the other resident in the room. This finding did not ensure residents had choice of television listening or viewing.

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 several communal rooms. 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 scores reflect the quality of the interactions with the majority of residents. Inspectors’ observations concluded that while there was some evidence of positive connective care with individual residents, the majority of the interactions were task-orientated care with some instances of neutral care. During these observation periods, inspectors also noted a small number of instances involving staff members interacting with residents in a manner that did not
promote their dignity. Most staff members were observed to be courteous when addressing residents and visitors, and sufficiently discreet when attending to the needs of residents. However, some instances observed did not reflect a high standard of person-centred care. These observations were communicated to the management team on the day of inspection.

Residents were facilitated to exercise their civil, political and religious rights. The person in charge stated that residents were supported to vote in the centre. A small oratory was available in the centre and arrangements were in place to support residents of different religious faiths.

**Judgment:**
Non Compliant - Moderate

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**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 were policies and procedures in place for the management of complaints. A summary of the complaints procedure was displayed at reception, which outlined the persons to whom people could direct their complaints. Forms seeking comments regarding the nursing home were also located at reception area.

There was a nominated person to investigate and manage complaints. Verbal and written complaints were recorded in a complaints log that was maintained in the centre. Inspectors reviewed this log and found that it contained all of the information required by the regulations. Complaints were found to be closed out in a timely manner, and the satisfaction of the complainant with the outcome of their complaint was consistently recorded.

Residents and relatives spoken with during the inspection were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues of dissatisfaction.

**Judgment:**
Compliant

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**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' observations throughout the day of the inspection indicated that staffing levels were not sufficient to provide person-centred, social care or to adequately supervise residents. Inspectors observed a number of instances throughout the day where the supervision arrangements for residents in the ground floor communal sitting room was inadequate to meet their needs. For example, inspectors observed a large number of residents being left unsupervised in a communal room for a short period of time while staff members completed tasks in other areas of the building. There was also a high incidence of pressure wounds developing in the centre and falls occurred while residents were unsupervised. Concerns regarding an insufficient number and skill mix of staff to meet the assessed needs of residents had been raised at previous inspections of the centre. Similar concerns were also highlighted in three items of unsolicited information submitted to HIQA since the last inspection, and were recorded in recent relative and residents' meeting minutes.

A training programme was in place for staff which included mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse. According to training records, the majority of staff had completed up-to-date mandatory training in line with the regulations. A small number of staff required refresher training in fire safety, safe moving and handling procedures and the prevention, detection and response to abuse. Inspectors were informed that fire safety training was scheduled to take place in the days following the inspection. The records indicated that many staff members had completed training in dementia care and the management of responsive behaviours. The training records also provided evidence that staff were facilitated to attend training to maintain their professional skills and competencies. Other training completed by staff included infection control, falls prevention and health and safety awareness. Staff who spoke with inspectors were knowledgeable regarding training attended and its application in practice.

Inspectors met a number of residents and relatives during the inspection and they all spoke positively about staff in the centre and the care that they received.

A planned and actual staff rota was in place, with changes clearly indicated.

A sample of staff files were reviewed by inspectors. These files were found to contain evidence of completed An Garda Síochána Vetting. Evidence of up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann for a sample of nursing staff employed in the centre was provided to inspectors.

A comprehensive induction programme was in place for newly-recruited staff, including appropriate training and supervision.
Staff meetings for various staff grades took place regularly, and minutes of these were available for review by the inspectors.

There were four volunteers operating in the centre at the time of the inspection. Evidence of completed An Garda Síochána Vetting disclosures were available for all volunteers, and documents outlining the roles and responsibilities of staff were in development at the time of the inspection.

**Judgment:**
Non Compliant - Moderate

**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 provided accommodation for 62 residents over two floors. Residents with dementia integrated with other residents in the centre. Although most residents with dementia needed assistance from staff, they could access both floors by a stairs or a lift. Access to the stairs was protected to mitigate risk of an adverse incident to vulnerable residents. The centre was built into an elevated site and the reception area was located on the first floor. The location, design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs, with the exception of some twin bedrooms on the ground floor and storage space for some residents' assistive equipment.

Inspectors found the centre to be visibly clean, warm and well-ventilated. Residents on both floors had access to a safe and secure outdoor area off the ground floor. Due to cooler weather conditions at the time of this inspection, residents with dementia did not choose to access the garden. Inspectors were told that residents enjoyed the outdoors in warmer weather conditions. Ramps with handrails fitted on both sides were available as an alternative to steps outside the centre, to support residents to safely negotiate their access from the reception area to the car park located at a lower level. A small landscaped area was located immediately outside a large window in the residents' communal sitting room on the first floor. Bird feeders, flowers and shrubs located in this area were visible to residents as they rested in the communal sitting room. On the ground floor, access to another garden area was available from the communal sitting room. Inspectors were informed that due to poor weather conditions, tomato plants were being grown by residents indoors, and these were displayed on window sills in the sitting room.

Accommodation for residents including residents with dementia consisted of single and twin bedrooms with en-suite washing and toilet facilities. There was sufficient space to
meet the needs of most residents with dementia in all bedrooms with the exception of a number of twin bedrooms located along one corridor on the ground floor. Residents and staff who spoke with inspectors said that there was insufficient space in these bedrooms for use of assistive equipment such as lifting hoists. Inspectors’ findings confirmed that residents' privacy, dignity and choice was compromised in these bedrooms. These findings are discussed and actioned in Outcome 3. A spacious communal sitting and dining room was provided on each floor to meet residents needs. Residents also had access to a small oratory in the centre. The reception area was spacious and some residents enjoyed spending time in this area.

There was good natural lighting throughout the centre and floor coverings were bright and did not have any bold patterns. The communal sitting rooms on both floors were furnished with familiar pieces of domestic furniture and traditional memorabilia. There was evidence that the person in charge and staff had made good efforts to make the environment therapeutic and dementia-friendly for residents. Staff took opportunity to decorate the communal areas in an older style with lamps, bookcases, a piano, a fish tank and ornaments including a sewing machine. Although some residents spent time in the reception area, the quality of life for residents with dementia would be improved by provision of an area with less noise for their relaxation and one-to-one or small group activities.

Many residents' bedrooms were personalised to reflect their individual interests and preferences. Residents had space to display their family photographs and favourite ornaments. Residents were encouraged to furnish their bedrooms with items of their own furniture and one resident brought a bookcase from their own home into the centre. The circulating corridors and the door entrances into residents' bedrooms were wide to facilitate their safe mobility and assistive equipment. Handrails, grab rails and toilet seats were provided in contrasting colours to surrounding walls and equipment in circulating areas and in en-suite and communal shower/toilets. Although doors to residents' bedrooms were numbered, the numbers were in large font and the doors were similar to the front door of their homes. Bedroom doors were painted in a contrasting colour to the surrounding walls which assisted residents with dementia in recognizing their bedroom.

Furniture and equipment including high support wheelchairs used by residents was in good working condition. Mobility aids that included remote control beds and hoists were available to promote residents' comfort and safe moving and handling procedures. There was insufficient storage space provided for some residents' assistive equipment. Hoists and other items of residents' assistive equipment were stored at various points along and at the end of circulating corridors. This arrangement blocked handrails provided for residents safety.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
Not all regulations under this outcome were examined on this inspection.

A register of hazards to residents, visitors and others in the centre was identified. The hazards were risk assessed and controls were stated to mitigate the level of assessed risk. Storage of hoists and other items of residents' assistive equipment along and at the end of circulating corridors was not identified as a risk to residents' safety in the hazard register. Although this equipment was stored neatly and there was no record of any injuries to residents, sharp parts of the equipment jutted out in the pathway of residents and others. The placement of this equipment also obstructed residents' access to handrails located on the parts of the circulating corridors where this equipment was placed.

Judgment:
Substantially Compliant

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure in place and it reflected the information outlined in the centre's statement of purpose. Lines of authority and accountability were defined and all members of the team spoken with were aware of their roles, responsibilities and their reporting procedures. The person in charge reported to the provider representative through the centre's operations manager. The provider representative reported to the provider board. Management meetings were held monthly and were attended by the centre's heads of department, the person in charge, the deputy person in charge and the operations manager. The person in charge attended a weekly teleconference with the provider representative, the clinical director and the operations manager. All aspects of the quality and safety of care and service were discussed at these meeting forums. The provider representative attended an annual meeting where the quality and safety of care and priorities for the following year were discussed. Team communication was promoted by the person in charge with meetings convened with the various staff grades at regular intervals.
Systems were in place to monitor the quality and safety of the service and the quality of life for residents. There was evidence that review of the service informed a number of improvements that positively impacted on the quality of care and life of residents in the centre. However, improvements were necessary in the following areas:

- Staffing levels
- Supervision of residents
- Prevention of pressure related ulcers.
- Access to appropriate activities.

Although additional senior staff were employed by the provider and improvements were made in other areas since the last inspection in February 2017, oversight of residents' clinical care and quality of life required further improvement. Inspectors' findings evidenced provision of insufficient staffing resources to meet the care, safety and quality of life needs of residents including residents with dementia on this inspection.

A report detailing review of the quality and safety of care and quality of life for residents in 2017 was available. The report detailed the priorities for 2018.

**Judgment:**
Non Compliant - Moderate

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**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:**

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sligo Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000363</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/04/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/05/2018</td>
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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:
Further improvement was necessary to ensure that all care plans were person-centred and reflective of the residents’ individual preferences and routines.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
All residents will have a care plan developed within 48 hours of admission to the nursing home, which reflects the assessed care needs of the individual resident, including their expressed preferences and choices. The care plans will be individualised and person-centred, developed in consultation with the resident or their designated representative, as appropriate, which will further guide the care delivery. We will ensure that each care plan is accurate and up to date; care plans are reviewed as the assessed care needs of each resident changes and/or at a minimum within a four-month period.

**Proposed Timescale:** 30/06/2018

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors were told that residents or their family on their behalf were consulted regarding care plan reviews but the records of the review meetings and the attendees required improvement.

2. **Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
All residents and their relatives (where appropriate) are encouraged and facilitated to be involved in the development and review of care plans. This consultation and review will be documented in the residents’ care plan. All care plans are formally reviewed as the assessed care needs of the resident change and at intervals not exceeding four months.

**Proposed Timescale:** 30/06/2018

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Improvements were necessary to ensure a high standard of evidence based nursing care was provided for residents at risk of falling or developing pressure related skin injury.
The care plans of residents assessed as at risk of dehydration did not state the optimal quantity of fluids they should drink within a 24-hour period. A protocol was also not available to inform staff on what action to take if a resident’s fluid intake was below a specified minimum level.

3. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnámhseachais.

Please state the actions you have taken or are planning to take:
All care plans are developed based on the assessed care needs of each resident.

Validated, evidence-based screening and assessment tools are routinely used by nursing staff to determine residents’ risk of falling. We will ensure that falls prevention strategies are implemented as part of the individual care planning process, including the maintenance of a safe environment in each resident’s bedroom, bathroom and in communal areas.
We will provide information and education to residents, relatives and staff about falls prevention. Staff will provide supervision and conduct regular safety checks on residents in an effort to reduce the incidence of falls. In the event of a resident falling, their falls risk is reviewed and additional strategies will be employed to prevent recurrence, such as the provision of assistive aids, including seat or mattress alarms as appropriate.

Validated screening tools are also used to assess residents’ skin integrity and to identify residents who may be susceptible to pressure ulcer development.
Care plans include measures to guide nursing staff to maintain residents’ skin integrity and to minimise the occurrence of pressure ulcers. We will closely monitor the care of residents who are at risk of compromised skin integrity and/or the development of pressure ulcers. If a resident develops a pressure ulcer, we will ensure that there are prompt interventions to provide appropriate care and treatment, in accordance with the EPUAP guidelines on management of pressure ulcers.

Where residents are assessed as being at risk of dehydration, the optimal quantity of fluids to be consumed in a 24-hour period will be indicated in the care plan and there will be guidelines for staff on appropriate actions to be taken if the resident’s fluid intake falls below expected optimal levels.

Proposed Timescale: 30/06/2018

Outcome 02: Safeguarding and Safety
Theme:
Safe care and support
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Although staff confirmed they frequently removed residents’ full-length bedrails to minimize the time this restrictive equipment was in place, the records confirming completion of this procedure were inconsistently recorded.

Records of completion of safety checks each time full-length bedrails were used was not documented.

4. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
A thorough holistic assessment is undertaken on each resident where there is a potential need for the use of restraint. Restraint is only used as a last resort after exploring all appropriate alternatives. All residents assessed as requiring bed rails will have appropriate documentation in place to assess the need for bedrail usage, to record bedrail usage and regular safety checks.

Proposed Timescale: 30/06/2018
Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Alternatives tried prior to implementing full-length restrictive bedrails were not recorded in the restraint register.

5. 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:
We will ensure that any resident assessed as requiring bedrails has appropriate documentation in place to record evidence that alternative measures were explored before resorting to bedrail usage. A restraint register will be maintained, in which the individual assessments, alternative measures considered, resident consent and regular periodic reviews will be recorded.

Proposed Timescale: 30/06/2018

Outcome 03: Residents' Rights, Dignity and Consultation
Theme: Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents with dementia were not sufficiently supported to engage in activities that suited their capabilities, interests and preferences.

6. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
All residents with dementia will be provided with sufficient opportunities to engage in meaningful activities and social engagement, based on their abilities, preferences and choices.
They will have individualised care plans, including a plan to meet their social care needs, wellbeing and quality of life issues.
We will seek regular feedback from residents and relatives where appropriate, to ensure that activities are meaningful, person-centred and tailored to the needs of the individual where possible.
Members of the nursing home team have received specific training in providing meaningful activities for residents with dementia and a Sonas Programme of activity is currently being implemented.
The Activities Co-ordinator will continue to deliver a programme of scheduled activities and the schedule will be prominently displayed. Residents will be consulted regularly about the schedule to ensure that there is sufficient variety and that the activities are based on their general interests and preferences.
All staff continue to engage with all residents in a meaningful, respectful and dignified manner in the course of their duties.

Proposed Timescale: 31/07/2018

Theme: Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents in some twin bedrooms did not have choice of television listening or viewing.

7. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
Through consultation with residents we will ensure that each resident is offered choice of TV listening and viewing as is reasonably practicable.
Proposed Timescale: 30/06/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure that residents' privacy and dignity needs were met in a small number of twin bedrooms on the ground floor.

8. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Residents in twin bedrooms have designated personal space and appropriate privacy screening to ensure that each individual resident's privacy and dignity needs can be safely and securely met at all times.

Proposed Timescale: 31/07/2018

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
As restated from the previous inspection, the number and skill mix of staff was not appropriate to the needs of the residents being accommodated in the centre.

Arrangements in place for supervising residents were not appropriate.

9. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
A review of staffing levels has been undertaken to ensure that the number and skill mix of staff is sufficient to meet the assessed care needs of all residents and takes account of the geographical layout of the building.
We will monitor the allocation, direction and supervision of staff to ensure that they are appropriately deployed in safely delivering high quality standards of health and social care to all residents.
**Proposed Timescale:** 31/08/2018  
**Theme:**  
Workforce  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Some staff had not attended mandatory refresher training.

10. **Action Required:**  
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**  
All staff have now received all mandatory refresher training as scheduled.

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**Proposed Timescale:** 30/05/2018

**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 layout and space in a number of twin bedrooms located along one corridor on the ground floor did not meet the needs of residents needing assistive equipment to support their care.

11. **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:**  
Residents who wish to reside in twin bedrooms and who require assistive equipment, including hoists, will be appropriately located in order to allow their care needs to be safely and comprehensively met.

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**Proposed Timescale:** 30/06/2018  
**Theme:**  
Effective care and support  

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
There was insufficient storage space provided for some residents' assistive equipment. Hoists and other items of residents' assistive equipment were stored at various points
along and at the end of circulating corridors.

12. **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:**
A review of the storage facilities has been undertaken and works will be carried out to facilitate the appropriate storage of residents’ assistive equipment.

**Proposed Timescale:** 30/09/2018

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong> Storage of hoists and other assistive equipment in circulating corridors was not identified as a risk to residents' safety in the risk register.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> The centre’s risk register has been updated to reflect the risk to residents of storing hoists and assistive equipment in circulating corridors.</td>
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<td><strong>Proposed Timescale:</strong> 30/05/2018</td>
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<th><strong>Outcome 08: Governance and Management</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
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<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong> There was insufficient staffing resources provided to meet the needs of residents.</td>
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<tr>
<td><strong>Action Required:</strong> Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.</td>
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Please state the actions you have taken or are planning to take:
The Person In Charge (PIC) has reviewed staffing levels and will ensure that the number and skill mix of staff takes account of the resident care needs based on dependency levels and number of residents in the home at all times. We will ensure that the centre has sufficient resources to meet the needs of residents in accordance with the Statement of Purpose. Resident safety and quality of care are central to all staffing decisions.

Proposed Timescale: 31/07/2018

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Improvements were necessary to ensure the monitoring system in place comprehensively informed a high standard of care and continuous quality improvement in the centre.

15. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
There are monitoring systems in place which will comprehensively inform the provision of a high standard of care and continuous quality improvement in the centre: The Person in Charge completes a weekly report which is a review of all aspects of quality, safety, capacity and capability. This report enables her to examine and respond to any anomalies, risks or hazards in relation to the safe operation of the centre. The Provider receives this report. The report forms the agenda for the monthly management team meeting which is chaired by the PIC, attended by representatives of each department in the centre and the regional Healthcare Manager. An action register is completed, based on quality improvements required. Progress updates on quality improvements are reviewed on a monthly basis. There is an annual review meeting which identified key objectives and a strategy for the coming year.

Proposed Timescale: 30/05/2018