

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Ardeen Nursing Home |
| Centre ID: | OSV-0000406 |
| Centre address: | Abbey Road, Thurles, Tipperary. |
| Telephone number: | 0504 22094 |
| Email address: | maryfogarty1@yahoo.co.uk |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Ballincaorigh Limited |
| Lead inspector: | Mairead Harrington |
| Support inspector(s): | None |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 39 |
| Number of vacancies on the date of inspection: | 1 |

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 2 day(s).

The inspection took place over the following dates and times

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|---------------------|---------------------|
| From: | To: |
| 12 April 2018 11:00 | 12 April 2018 18:00 |
| 13 April 2018 09:00 | 13 April 2018 16:00 |

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

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

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days. The inspector met and spoke with residents, relatives, staff and management including the person in charge. Of the 40 residents who were residing in the centre on the days of the inspection, approximately 19 were cognitively impaired or had a confirmed diagnosis of a dementia related condition. The centre did not have a dementia specific residential

unit and resident care was integrated throughout the centre. The inspector reviewed a number of care plans of residents with dementia and cognitive impairment, including processes around assessment, referral and monitoring of care. The inspector observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The provider had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People. The provider's self assessment and the assessment of findings on inspection are set out in the table below for ease of reference. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents with dementia or a cognitive impairment was noted during the inspection. All staff demonstrated an understanding of the particular needs of residents with impaired cognition and also a commitment to the delivery of person-centred care to all residents. The provider had been responsive in taking action to address areas for improvement that had been identified on previous inspections. The layout of a six-bedded room had been reduced to four and was now equipped with a new en-suite bathroom facility. Overall a very good level of compliance was assessed during the inspection with some areas for improvement identified around arrangements for the provision of privacy in the multi-occupancy room. This issue is further explored in the body of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome mainly sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is covered in greater detail at Outcome 3.

Care planning arrangements were consistent with those assessed on the previous inspection and the centre provided regular and effective access to allied healthcare services such as speech and language therapy and physiotherapy. A sample of care plans for residents with a cognitive impairment was tracked during the inspection; these were well laid out and contained all the necessary information to support the delivery of care. Residents were assessed by an appropriately qualified member of staff both before and shortly after admission. Care plans were developed in line with admission assessments and provided guidance to staff on details of care. Validated tools were used to assess residents' level of needs and ability in relation to these activities of daily living, such as mobility, eating, drinking, sleeping and personal care. Attendance and consultation with residents by the medical practitioner was a routine aspect of care. Consultancy services for gerontology were available on referral as required. Care plans contained oral assessments that identified issues in advance for referral and review by the dentist. A chiropodist attended the centre regularly. Access to optical services was provided. Residents with dementia, who presented with related behaviours and psychological symptoms, had relevant care plans in place that reflected input and review by a medical practitioner. Daily narrative notes accurately reflected the circumstances of the resident. Moving and handling charts had been completed for residents with mobility needs and related care plans provided information on how the resident should be provided with assistance when moving and the type of specialist equipment to be used, if necessary. At the time of inspection, there were no residents at the centre presenting with wounds or pressure sores.

Residents with dysphagia (swallowing difficulties) had been referred for assessment as appropriate and, where recommended, specific plans of care were in place that provided instructions on the consistency of food and drink to be provided. Staff were able to describe the needs of individual residents and had received relevant training on how to

prepare meals in keeping with care plans. Staff were observed providing attentive care at mealtimes. Residents were encouraged to eat independently where they could. Meal time was unhurried and staffing levels were appropriate, allowing one-to-one assistance as necessary. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Catering staff also confirmed that they had relevant information on each resident available to them for reference when preparing meals. Meals were seen to be freshly prepared and home baking was also provided. Residents had regular access to snacks and refreshments and these were seen to be offered, and made available, on a regular basis in the course of the inspection.

There was a comprehensive policy on the provision of care at end-of- life that provided directions to staff on best practice in meeting the needs of residents and their families at this time. The inspector discussed end-of-life care arrangements with the person in charge who confirmed that the services of a palliative care team were accessible. Individualised support was provided for residents and their families to facilitate attendance and participation in funeral services. Care planning on file for residents with dementia or cognitive impairment included information on residents' wishes and their personal preferences around access to spiritual support and pastoral care. Management made all efforts to accommodate the needs of residents and their families at times of palliative care.

The inspector reviewed processes for the handling of medicines that were safe and in accordance with current guidelines and legislation. Prescription and administration records were securely maintained and included a photograph, as well as relevant biographical information. Practice around the administration of medicines was safe and in keeping with guidelines. Times of administration were recorded and signed as necessary. Compliance aids were in place for reference by administering staff. Where medicines were refrigerated, a record of temperatures was maintained and monitored. A signature bank of prescribing staff was in place for reference. No residents were self-administering at the time of inspection. The administering nurse explained that, if a resident refused a medicine, it would be re-offered at a slightly later time; if refusal persisted, the information would be recorded on the administration sheet and referred to the prescriber for review.

Care plans were reviewed regularly on at least a four monthly basis. There were recorded entries that reflected consultation with residents and their families as appropriate. Based on observations, feedback and a review of documentation and systems, there was good evidence that suitable arrangements were in place to ensure that the health and nursing needs of residents with dementia, or a cognitive impairment, were appropriately met.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

There had been no change to the policies and protocols in relation to the safe management of residents' finances since the last inspection. A sample record reviewed was in keeping with protocols and the cash balance reconciled with the figures documented. Where pension agency arrangements were in place documentation was appropriately maintained. The centre did not administer individual accounts for residents and no resident finances were managed through any business account. A record of invoices was maintained for services provided at the centre and contracts set out fees and additional costs for services.

Measures to safeguard residents included appropriate policies and protocols as well as a regular training programme for staff. All staff had received current training in recognising and responding to abuse. The inspector met with residents during the inspection and all said they felt safe and well minded in the centre. Staff members spoken with by the inspector understood their duties in relation to the protection of residents and were able to explain the appropriate actions that should be taken in the event of an incident or allegation.

Relevant policies were in place that provided guidance to staff around dementia care and the management of related behaviours and psychological symptoms. The sample of care plans reviewed included specific care plans where relevant that gave appropriate consideration to the management of anxieties and agitation by residents with dementia or a cognitive impairment.

Staff and management articulated an appropriate understanding around the use of restraint as a last resort. A review of care plans, and discussion with the person in charge, indicated an ongoing reduction in the use of restraint measures, such as bed-rails. Staff and management explained that this was due to an emphasis on training, education and the trialling of alternatives whenever possible. Where restraints were in place their use had been assessed in relation to both need and potential risk and monitoring processes were in place that recorded incidents of use.

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:

There were no restrictive visiting arrangements and the inspector saw a good number of visitors throughout the inspection. Visitors were encouraged to spend time with residents in any area of the centre they preferred. The inspector met and spoke with several visitors who provided very positive feedback about their experience and observation of care at the centre. This feedback confirmed that communication with staff and management was good and that information was regularly shared as appropriate.

Residents were seen to be comfortable and familiar with all members of staff and management. The inspector saw that staff understood the individual needs of residents with dementia or a cognitive impairment and were considerate of those who had particular preferences around mealtimes and sitting arrangements, for example. Staff were seen to enquire as to the preferences of residents with dementia and also to accommodate those preferences where residents might choose to change their minds about their choices. Staff took their time when providing assistance to residents who were experiencing confusion and explained circumstances in a way that residents could easily understand. Both staff and visitors were seen to observe courtesies that appropriately considered the privacy needs of all residents. These features of communication showed that the centre promoted a person-centred culture of care.

Staff spoken with were aware of their responsibilities for the wellbeing of residents and understood the importance of meaningful activation and social stimulation as important features of care for residents with cognitive impairment. Throughout the inspection staff were seen to chat and engage with residents in a caring and respectful manner. The atmosphere at the centre was lively and communicative with lots going on in relation to activities. Visitors and residents were also seen coming and going at various times throughout both days of inspection. The centre provided a dedicated activities coordinator and the inspector saw a variety of activities taking place that included dementia focused pastimes to engage residents with a cognitive impairment. Illustrated information was available to assist in explaining choices for residents who might have a communication difficulty. Recreational activities included arts, crafts, bingo, word games and there was a regular 'party day' every Thursday with music, dance and song. Residents seemed happy, relaxed and comfortable in the centre and those spoken with complimented all the staff on their attentive care. The centre provided residents with access to an oratory where services took place regularly and a broadcast system was in place for residents to hear these services in their room if they wished.

Staff and management were conscientious in ensuring the rights of residents were promoted and measures to protect these rights included the provision of information to residents on how to access independent advocacy services. Regular resident meetings took place and there was good communication with the families of residents. As described in the Outcome 6 there had been improvements to the layout of accommodation and a six-bedded room had been reduced to a maximum occupancy of four residents. While this improvement was significant, the continued use of a multi-occupancy bedroom did not afford residents the necessary privacy to engage freely in communication and the conduct of personal activities.

Aside from routine observations, as part of the overall inspection, a validated observational tool was used to monitor the extent and quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule, or 'QUIS' (Dean et al, 1993). This monitoring occurred during discrete 5 minute periods in 45 minute episodes. Two episodes were monitored in this way. One observation was undertaken in the late afternoon in the main day room. Some residents were playing card games at a table in one part of the room while several staff were assisting residents and preparing for tea service. Several residents with a greater cognitive impairment were sitting on another side of the room where a healthcare assistant was engaging in individual communication and care. The inspector noted that interactions between staff and all residents during this period showed consistently positive and connective care. For example, one resident was being encouraged with her memorabilia box while another was assisted appropriately to mobilise to the bathroom. As tea-time approached a number of staff came to assist residents individually mobilise to the dining room or provide them with their tea where they were sitting. Another period of observation took place the following day just before lunch-time. During this period again it was observed that residents with dementia or cognitive impairment had their social needs met in an appropriate and consistent manner. Residents were seen to be consulted around choice and engaged in conversation in a dignified way that respected their personhood.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The complaint policy had been revised in October 2017 and identified the person with responsibility for oversight of the process and independent review. A copy of the complaints policy and procedure was on display in the reception area of the centre and this information was also provided for reference in the residents' guide and statement of purpose. Management and staff confirmed that all residents were consulted regularly in relation to day-to-day needs and preferences and that if any issues were identified they were addressed on an ongoing basis. Information about complaints was recorded and the inspector reviewed a complaints log that included all the necessary information as required by the regulations. Processes of audit and review were also in place to identify any relevant learning for improvement. Management had proactively identified the provision of information as part of the admission process as an area for improvement that was being implemented at the time of inspection.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

A planned and actual staff rota was in place. Staffing levels were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. The delivery of care was directed through the person in charge supported by a senior staff nurse who was a nominated person participating in management. Appropriate supervision arrangements were in place and a qualified nurse was on duty at all times. The person in charge was also able to demonstrate monitoring processes that included competency assessments and appraisal processes for staff.

There was a regular programme of training and all staff had received current training in mandatory areas such as safeguarding, manual handling and centre-specific fire procedures and prevention. Management demonstrated a commitment to the continuous professional development of staff that included the provision of dementia specific training. Other training was provided around care for residents with dysphagia and nutrition in relation to dementia, for example. A significant number of staff had attended dementia related training in April 2017. Staff spoken with understood their statutory duties in relation to the general welfare and protection of all residents and in particular the needs of residents with cognitive impairment and dementia related communication needs. New staff underwent a suitable induction training programme and were appropriately mentored in their role. A comprehensive induction training programme was also in place for new staff.

Documentation was well maintained in relation to staffing records as required by Schedule 2 of the regulations. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Where volunteers were engaged at the centre appropriate supervision and documentation was in place.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:

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

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

Findings:

The centre was located on the outskirts of Thurles town. The building was set back from the main road in well maintained grounds with adequate parking facilities. The layout of the centre and its grounds was in keeping with the statement of purpose and designed in many respects to meet the needs of those with a cognitive impairment. A conservatory area at the back provided a comfortable sitting area where residents could take in the view of the gardens and surrounding countryside. Residents and visitors had access to a secure outside area that was decorated with ornaments and planted with flowers and shrubs. Residents were seen to exercise independently here on safe walkways and seating was also provided. Inside the use of décor was considerate of the needs of those with a cognitive impairment. Flowers were displayed throughout the centre and seating was arranged for convenience in access areas. The centre was comfortable, homely and very well decorated with pictures, paintings and soft furnishings throughout. The centre also provided residents with access to an oratory where services and reposals could be held.

The centre provided accommodation for up to 40 residents with 39 in occupancy at the time of inspection. Accommodation was laid out over two floors and access was facilitated by a chair-lift. Management had been responsive in implementing improvements since the last inspection and a six-bedded room had been reconfigured to accommodate a maximum of four residents. The layout of this space had also been improved by creating a small sitting area as well as providing an en-suite bathroom and shower. Bathrooms and circulation areas were appropriately equipped with grab-rails. All en-suite facilities had also been fitted with call-bells in response to action required from the previous inspection. Residents' rooms were comfortable and personalised to varying degrees with individual belongings and memorabilia. Individual accommodation provided adequate space for the use of assistive equipment if necessary, and also space for the storage of personal belongings and a secure locker.

The main communal sitting area was bright and open plan with large windows to the front of the building. There was a separate quiet area with seating for residents and their visitors if they wished. The dining area was well laid out and opened onto the conservatory area where residents could also take their meals. Staff facilities for changing and storage were located on the first floor.

Kitchen facilities were appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage laundering processes. In relation to the specific needs of residents with dementia, the development of orientation signage in some areas of the premises could be developed further to support the requirements of those with a cognitive impairment. Management had also identified areas for improvement in relation to the use of visual cues and contrasting colours to outline doorways or provide direction, for example.

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| Judgment: Compliant |
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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:

Mairead Harrington
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

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|----------------------------|---------------------------|
| Centre name: | Ardeen Nursing Home |
| Centre ID: | OSV-0000406 |
| Date of inspection: | 12/04/2018 and 13/04/2018 |
| Date of response: | 22/05/2018 |

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 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:

The continued use of a multi-occupancy bedroom did not afford residents the necessary privacy to engage freely in communication or the conduct of personal activities.

1. Action Required:

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

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

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

Four residents occupy our multi-occupancy room, which is bright and spacious with adjoining en-suite as per Reg. 293/2016 1B.

We have conducted surveys with our residents regarding privacy and dignity. All our residents are happy. All our screening was upgraded in 2016.

However, as we endeavour to promote privacy and dignity we plan to further upgrade our facility ie. By dividing the room thus providing 2 double rooms, facilitating 2 residents per room with adjoining en-suites. The current measurement of room 13 is 52.87 (m2).

Plans and costing for the above proposal will be in place within the next twelve months with a view to commencing work in 2020 with completion by 30/11/2021.

Proposed Timescale: 30/11/2021