



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Adare and District Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Croagh, Limerick
Type of inspection:	Unannounced
Date of inspection:	13 and 14 June 2018
Centre ID:	OSV-0000404
Fieldwork ID:	MON-0022282

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Adare and District Nursing Home is part of the Mowlam group of nursing homes. It is a purpose built centre registered to provide care to 84 residents. It is situated in Croagh village close to all local amenities. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre comprises of two units; the 'main house' and 'the Willows. The main house had a two storey section in the foyer that houses two apartments. The Willows is a separate memory care unit which can provide accommodation for up to 35 residents in a mixture of single and twin bedrooms. There is good communal space provided with a number of sitting rooms, dining rooms, quiet rooms and outdoor space in the form of enclosed gardens.

The centre provides 24-hour nursing care with a minimum of four nurses on duty during the day and two nurses at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Current registration end date:	02/06/2020
Number of residents on the date of inspection:	81

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 June 2018	10:30hrs to 17:40hrs	Caroline Connelly	Lead
14 June 2018	08:50hrs to 15:00hrs	Caroline Connelly	Lead

Views of people who use the service

The inspector spoke with the majority of the residents throughout the inspection. Residents said they felt safe and well cared for and knew the names of the person in charge and staff whom they considered to be approachable and helpful.

The majority of residents reported satisfaction with the food and said choices were offered at meal times. They were particularly complimentary about the home baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals.

Residents who the inspector spoke with were very happy with the activities and said they particularly enjoyed the music sessions, exercises and bingo. Other residents said they liked when the pop up shops came to the centre allowing them to choose, try on and buy new clothing. Residents spoke of the regular trips out accompanied by staff which they enjoyed and looked forward to. Residents were very complimentary about staff, saying staff were very caring and helpful and that it is the staff that make the place. A number said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from on the previous inspection had been addressed and rectified.

The centre was operated by Mowlam Healthcare services who was the registered provider. There was a clearly defined overarching management structure in place, the provider representative is supported in his role by a senior management and operational team which includes a human resource team, a finance team, estates, a director of care services and healthcare managers who each oversees several centres. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by a full time Assistant Director Of Nursing (ADON), two Clinical Nurse Managers (CNM), a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The provider representative and management team

displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of all aspects of resident care utilising key performance indicators, staff appraisals and provision of staff training.

There was a company audit management system in place which identified a timeline of audits to be completed during the year. The inspector reviewed audits completed by the person in charge and staff in areas such as infection control, medication management, health and safety, catering, dining experience, person centred care, care plans, health and wellbeing and falls audit. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge and ADON regularly received feedback from residents and relatives via the residents forum and through relatives meetings that have recently commenced and have proven to be a great success. The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2017. This review was made available to residents and relatives in an easy to read format.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. This enabled staff to provide evidence-based care to residents. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision at all times.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews. The inspector saw that these were followed through in practice with robust recruitment and induction in place.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of four nurses on duty during the day and two nurses at night, with a regular pattern of rostered care staff. Cleaning, catering and laundry staff were also on duty on a daily basis. Staffing levels were seen to have increased since the previous inspection and in line with residents increased dependency levels.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as dementia care, nutrition and continence care. Nursing staff also attended clinical training such as wound care, phlebotomy, medication management and end of life care. There was evidence that training was scheduled on an ongoing basis. The ADON had completed a masters degree in dementia care and there was evidence of the introduction of innovative practices particularly in the dementia care unit. Other staff had completed train the trainer courses and were providing in-house training to staff.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place which was further enhanced by the introduction of senior care staff since the previous inspection. This has assisted with staff supervision and induction of new staff. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care and, although they did contain details of the service to be provided and the fee to be paid, they did not detail the room occupied by the resident as required by the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size

and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to HIQA in accordance with the requirements of legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that a ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The centre provided in-house physiotherapy and occupational therapy

services. Each resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre one full day per week and provided exercise classes for residents. The centre have recently increased the presence of occupational therapy services to three hours weekly. This specialist service is used currently to review residents in the memory care unit with complex needs. Following a detailed assessment and review by the multidisciplinary team comprehensive plans of care are put in place to assist residents with specific needs.

The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met. Improvements were seen in all aspects of medication management

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Resident surveys had been undertaken. There was evidence of consultation with residents and relatives and the annual review was made available to all.

There was evidence that the centre is deeply rooted in the local community with local choirs and schools regular visitors to the centre. Residents had taken regular trips to the local park accompanied by the staff. A varied and interesting social programme was seen and residents' photos and art work was displayed throughout the centre. There were new notice boards, full of colourful user friendly information about activities and events happening in the centre. Residents spoke of the many trips out to places of local interest which they looked forward to. In the memory care unit the social care practitioner role had continued to ensure the social care needs of residents were met. The inspector saw some different activities taking place during the inspection from small group activities, baking, music, to a exercise session in the main lounge. The inspector saw there had been an increase in activities available and the ADON had introduced a number of initiatives including tactile boards and dementia specific activities. The centre produces a regular newsletter which contains all the news of what has gone on in the centre and what is planned. It contained numerous photographs of residents staff and families involved in and enjoying activities and life in the centre. Advocacy services were available to residents as required.

The physical environment in the memory care unit was designed in a way that was consistent with some of the design principles of dementia-specific care. Signage and cues were used to assist with perceptual difficulties and orient residents. For example, bedroom doors were all painted individual colours, toilets, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. There were items such as red crockery and black toilet seats to assist residents identify these items. The corridors were wide and bright and allowed for freedom of movement. There were seating areas along the corridors with focal points of interest near them. Age appropriate music was playing in the area and

books with photographs for reminiscence were set out. The premises was undergoing substantial refurbishment at the time of the inspection upgrades to the outdoor garden areas included new fencing to ensure secure but easier access for all residents. New flower beds and garden furniture were planned. The centre was being redecorated with new curtains and bedding and new flooring was being laid in parts of the centre. The dining room in the memory care unit was renovated and opened up to a larger brighter space which was seen to be enjoyed by the residents.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly and the fire alarm board had been moved since the last inspection and was now more accessible to all. An emergency plan had been developed an appropriate response was in place for all emergency situations.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area and in the designated visitors' room. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked storage space in residents bedrooms. Improvements were seen in the personalisation of many rooms since the previous inspection and further rooms were being redecorated at the time of the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises and external gardens were undergoing a substantial programme of refurbishment at the time of the inspection. Overall the premises were generally

suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met, meals and meal times were observed to be an enjoyable experience.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular

servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and regular detailed fire drills were undertaken at different times of the day.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place and the inspectors saw improvements in place since the previous inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational therapist, dietician, speech and language, podiatry and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Although there was a very clear system in place in the management of residents' finances and in the invoicing for extra items as outlined in the contract of care. Residents monies handed in for safekeeping were securely stored and regularly audited by the person in charge. However there were a number of transactions that did not have a verifying signature to protect the resident and staff member.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities were available in the main house and in the memory care unit.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Adare and District Nursing Home OSV-0000404

Inspection ID: MON-0022282

Date of inspection: 13 & 14/06/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The resident's bedroom number will be stated in the contract of care. All current and new contracts of care will be reviewed to include the resident's bedroom number by the 31.8.2018 To ensure compliance- the question on room identity will be included in the bi-annual administration audit.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Monies received or given to the resident will be signed and witnessed by two staff members. The person in charge and the administrator will check signatures and balances weekly. All accounts verified by two as of the 9/7/2018.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/07/2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	09/07/2018