<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Gobnaits Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005668</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Drewscourt, Ballyagran, Killmallock, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>063 82065</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:st.gobnaits@gmail.com">st.gobnaits@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St. Gobnaits Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>20</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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).
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: 12 December 2018 09:30
To: 12 December 2018 18:30

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

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

This inspection of St Gobnait's Nursing Home by an inspector from the office of the Chief Inspector was unannounced and took place over one day. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. There were 20 residents in the centre at the time of inspection. The inspector followed the experience of a number of residents with dementia within the service. As part of the thematic inspection process, providers were invited to attend information seminars. In addition, providers were issued with guidance on dementia care and the inspection process. The person in charge had completed the self-assessment tool on dementia care prior to the inspection. She said that she aimed to provide quality care for those residents with dementia who lived in the centre. She reviewed the care practices through audit and daily observation to ensure that it was relevant and safe. The person in charge and the senior nurse in charge were on duty on a daily basis and were well known to residents. Residents confirmed that they enjoyed living in the centre. They said that
they were happy with staff, their lives in the centre and their accommodation.

The inspector met with residents, visitors, the person in charge, the provider representative and a number of staff from all roles within the centre. The inspector observed practices using an evidence-based observation tool and reviewed documentation such as care plans, training records, complaints records and policies. A sample of staff files and residents' files were checked against the requirements of the regulations. The inspector found the premises, fittings and equipment were well maintained. There was a homely, warm atmosphere in the centre which was well decorated, bright and personal. All rooms were designed to maximise residents' privacy. Bedroom accommodation consisted of five double rooms and ten single rooms. There were three toilets shared by residents, three shared showers and a newly installed assisted bathroom.

The National Standards in place to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the judgment framework for dementia thematic inspections formed the basis for findings on the inspection. The inspector found that the centre was compliant with the regulations.
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:
Pre-admission assessments were undertaken by the person in charge to ensure that the centre had the capacity to care for the needs of any resident with a diagnosis of dementia. Residents and relatives, where appropriate, were involved in developing the care plans. These were based on knowledge of residents' life stories, medical and social needs. These care plans were updated at four-monthly intervals. The sample of care plans seen by the inspector was individualised and was seen to be implemented in practice. End of life care plans were being developed on an individual basis. The inspector found that a risk assessment for one resident required to be updated in relation to falls management as the management of the risk had changed.

Residents had access to a general practitioner (GP) service and appropriate treatment and therapies. Documentation seen indicated that residents' medicine was reviewed by the GP and residents were medically assessed at suitable intervals. ‘Shannon Doc’ services were accessed in the evening to support the GP cover. The pharmacist carried out a medicine audit in the centre regularly and was available to meet with residents. The inspector found that medication management was safe and staff were aware of their responsibilities in relation to guidance from their professional body.

A sample of care plans of residents' who had been diagnosed with dementia were reviewed. There was access to allied health care services such as physiotherapy, psychotherapy, palliative care, dental and dietician services. The chiropodist attended on a two-monthly basis. Relevant care plans were detailed and provided guidance for staff. Clinical assessments such as skin, cognition, mobility, pain and falls had been undertaken. The Malnutrition Universal Screening tool (MUST) was used to assess the risk of malnutrition. Residents' weight was recorded monthly. Residents who required modified diets were accommodated by staff and residents said that they had a choice of meals each day. Snacks were seen to be available all day and residents were seen to be facilitated to maintain their independence at each mealtime. Staff also helped residents with dementia, demonstrating kindness and gentle encouragement. There were opportunities for residents to participate in a number of activities which will be discussed later in the report.
**Judgment:**
Substantially 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:**
The policy on the prevention of elder abuse was seen to reference best evidence based practice. The inspector found that measures were in place to protect and safeguard residents. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records confirmed that staff had received training on the prevention of elder abuse. Residents spoken with said they felt safe in the centre and that staff were respectful and helpful.

There was an up-to-date policy in the centre to guide staff in supporting residents who exhibited behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD). Documentation was in place to indicate that distraction and de-escalation techniques were employed as a first response, if required. Staff spoken with were aware of this policy and had received updated knowledge and skills from the person in charge, who was the in-house trainer. Individualised care plans on behaviour issues were in place in a sample of residents' files viewed by the inspector. The inspector observed staff interacting with residents throughout the day. Staff were seen to intervene appropriately when any resident began to communicate restlessness or anxiety.

Residents who required bedrails were checked regularly when these were in use. There was evidence that consent of the resident or a representative had been sought when bedrails were recommended or requested by a resident. Bedrail use was minimal however and the person in charge stated that the centre aimed to be a restraint-free environment. The inspector observed that most residents had the use of low-low beds and for some residents specialised mats were placed next to beds to minimise the risk of falls. The inspector spoke with the provider representative and found that residents' finances were managed carefully in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate. Receipts were given to residents for hairdressing, shopping, pharmacy, chiropody and physiotherapy fees, where relevant.

**Judgment:**
Compliant
**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**  
Person-centred care and support

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

**Findings:**  
The person in charge stated that she met with residents and relatives on a daily basis. The inspector viewed documentation which indicated that residents were consulted about how the centre was run. Surveys were conducted on an annual basis. Residents with dementia were enabled to make choices and maintain their independence. There were opportunities for residents to participate in activities which suited their assessed needs and interests. Menu choices and seasonal changes were discussed with residents. Residents were seen to be consulted at meal times and the inspector observed that a choice of menu was available at each meal.

Televisions were located in all bedrooms and in sitting rooms. Residents had access to and views of the well maintained gardens. Residents were seen walking outside, appropriately dressed for the weather conditions, alone or accompanied by staff. The sensory garden had a sheltered seated area and grotto where residents could sit during the fine weather and enjoy the surroundings with visitors or with staff. A large crib and colourful, lighted decorations were seen in the garden for the Christmas season. Information on local events and photographs of celebrations were displayed around the centre. Daily newspapers were supplied to residents who availed of these at various times during the day. There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private. During the inspection visitors were observed spending time with residents in the dining room, in the bedrooms and in the sitting rooms. There was a variety of activities available to residents in the centre which were organised and facilitated by an activity coordinator who was based in the sitting room each day. The weekly activity schedule included music, board games, arts and crafts, knitting, gardening, newspaper reading, religious activity, sensory activity and various chair based exercise. The activities coordinator informed the inspector that residents who had been diagnosed with cognitive impairment had access to one to one interactions. The activity coordinator spent individual time with these residents, facilitating for example, music sessions and hand massage. Documentation was maintained in relation to the daily activities.

Life story information was available in each resident's activity file. This documentation included details of residents' individual interests, level of communication, preferences and background. This information informed the activity plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their privacy. Residents had a section in their care plan that covered communication needs, and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia. On the day of inspection
Local school children visited residents as part of an ongoing intergenerational project between the school and the centre. The person in charge stated that this had mutual benefits for all involved and residents really looked forward to the music, conversation and friendship which the children initiated. Residents were seen to become involved in the singing and music games which were organised.

Positive interactions between staff and residents were observed during the inspection. The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al., 1993). These observations took place in a section of the sitting room during the school concert, in the afternoon during an activity and in the dining room during mealtimes. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between carers and residents with dementia. During each session the observing inspector noted that interactions were positive and meaningful. Staff related to residents in a calm and gentle manner. Social conversation was encouraged and when residents wanted to engage in conversation or initiate singing, this was facilitated. Residents portrayed a sense of wellbeing by smiling and actively engaging with each other, the activity personnel and the children. The interactions during these sessions indicated ‘positive connective care’ as outlined in the QUIS tool. The observation in the dining area also indicated positive connective care for residents with dementia. Staff were observed to actively engage in conversation with all residents including those who had dementia who were supported with meals in the dayroom. Staff members were seen to offer all residents choice and spoke with residents about the day’s events. A number of residents who had dementia were seen to be independent when eating. There were sufficient staff on duty in the dining room and staff and residents engaged in social conversation. There was a calm and unhurried atmosphere with provided a sense of positive wellbeing for residents with dementia. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. Staff carefully supported residents who were using walking aids or when they required assistance to walk.

Some residents confirmed that they attended weekly religious service and daily prayer group. They had been assisted to vote and enjoyed going out on regular group outings. The next planned outing was to see the Christmas lights in the nearby town.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 04: Complaints procedures</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Person-centred care and support</td>
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| **Outstanding requirement(s) from previous inspection(s):** |
| No actions were required from the previous inspection. |
**Findings:**
The centre had an up-to-date policy and procedure for the management of complaints. The complaints procedure was displayed in a prominent place and a copy was included in the resident's guide and the statement of purpose. Residents were aware of how to make a complaint and the person in charge was the complaints officer. The provider representative monitored the complaints.

Residents spoken with by the inspector stated that they could raise any issue or concern with the person in charge or staff.

There was evidence that a record of complaints was maintained. This record included the details of the complaint, the results of any investigation, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint.

**Judgment:**
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
The inspector viewed an up-to-date staff training matrix which indicated that all staff had up to date training in fire safety, medication management, infection control and safe moving and handling.

A sample of staff files was reviewed. The inspector found that current registration with the relevant professional body was in place for nurses. Staff files demonstrated that Garda Vetting clearance was in place for volunteers and staff. Job descriptions and roles and responsibilities were available for volunteers.

Systems of communication were in place to support staff with providing safe and appropriate care. Communication boards and suitable pictures were available for use for any non-verbal resident. There were handover meetings each day to ensure good communication and continuity of care for residents. The inspector found staff to be well informed and knowledgeable regarding their roles and residents’ needs. The inspector observed that residents were familiar with staff members and engaged with them in personal conversations and laughter. Residents and relatives, spoken with, were positive about the communication they experienced with all members of staff.

The number and skill-mix of staff on the day of the inspection appeared adequate to
meet the assessed needs of residents. Staff spoken with by inspectors stated that they were happy with the staffing levels on both day and night duty. Staff rosters were in place and staffs supervision methods were appropriate.

**Judgment:**
Compliant

**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 design and layout of the centre promoted residents' independence and wellbeing due to its home like layout and design. Since the previous inspection renovations had been undertaken to upgrade and modernise bathrooms, flooring and items of furniture. Adequate storage was made available for residents' personal belongings. A safe environment was maintained for residents' mobility with handrails in corridors areas and suitable floor covering. The fact that each bedroom door was painted in a different colour and labelled in an individualised manner aided orientation for residents with dementia. In addition, the home-like layout and design created a sense of familiarity for residents with dementia who were seen to mobilise around between the communal day rooms. Adequate space was available to support residents' privacy. There was a variety of communal spaces available, including a sitting room and well furnished visitors' room. Personal and reminiscence items were displayed around the home, as well as in residents' bedrooms.

The size and layout of bedrooms was suitable to meet the needs of residents. The bedrooms, which consisted of single and double occupancy rooms, were spacious and decorated in a personal manner, for each individual. There were adequate toilets, a bathroom and sufficient commodes for the needs of residents. All residents including those with dementia dined together. The dining room was large enough to seat all residents and was located next to the kitchen. Colourful tablecloths, suitable table settings and flower arrangements were in place. Equipment was well maintained and service records were available to the inspector. Residents were positive in their comments in relation to the laundry arrangements and the linen cupboards were seen to be well stocked. There was a suitably equipped laundry and appropriate sluicing facilities in the centre.

The external gardens and grounds were well-maintained. The inspector noted that residents were facilitated to enjoy garden access throughout the year. In addition, the gardens were easily viewed through the large picture windows and glass-fronted porch area. Residents spoken with by the inspector expressed that they enjoyed the view. The gardens were independently accessible to residents with dementia and were furnished with antique farming implements, raised flower beds, suitable seating and a popular...
'grotto'. The raised flower beds were planted with fragment herbs which the person in charge said were used by staff to aid sensory activities with residents who had dementia. Residents spoken with confirmed that they enjoyed the peaceful, rural views and the seasonally decorated gardens which were particularly impressive as darkness set in.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: St. Gobnait’s Nursing Home
Centre ID: OSV-0005668
Date of inspection: 12/12/2018
Date of response: 10/01/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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:
Ensure that all care plans are updated when any changes occur particularly in relation to risk assessment for falls.

1. 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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
Review Falls Risk Assessment for the resident in question every 4 months or more often if needed.

**Proposed Timescale:** 11/01/2019