

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Holy Family Residence
Centre ID:	OSV-0000050
Centre address:	Little Sisters of the Poor, Holy Family Residence, Roebuck Road, Dundrum, Dublin 14.
Telephone number:	01 283 2455
Email address:	ms.holyfamily@lspireland.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Little Sisters of the Poor
Lead inspector:	Sarah Carter
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	59
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

From:	To:
12 March 2019 09:50	12 March 2019 17:30
13 March 2019 09:00	13 March 2019 13:30

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

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

Summary of findings from this inspection

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

Prior to the inspection, a request to complete the self-assessment and assess the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland was issued. The center assessed itself as compliant in outcome 2 safeguarding and safety; outcome 3 rights and dignity; outcome 4 complaints management and outcome 6 premises. The centre assessed itself as substantially compliant in outcome 1 health and social care, and outcome 5 staffing. The centre included its action plans on the self assessment

to reach compliance.

The inspector met with several residents and spoke with staff and volunteers during the inspection. The care plans of a number of residents with dementia was examined. Care practices and interactions between staff and residents living with dementia were observed.

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

The centre provided a service for up to 60 residents across 4 floors. At the time of the inspection just one vacancy existed. The centre provided long term care a community day care programme met on the ground floor. Care was provided for residents with a disability, varying levels of dependency and at end of life.

On the day of the inspection 9 residents were identified as having a diagnosis of dementia and 12 others were suspected of having dementia or were living with a degree of cognitive impairment. This represented 35% of the residents.

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

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

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

Low numbers of restraints were in use in the centre however some improvements were required to ensure the assessment of these measures included a description of alternatives measures that were trialed.

There were systems in place to support residents making choices about their daily lives and routines and staff were observed gently encouraging and reminding residents of what activity they might like to try or what was currently taking place. Residents' were observed to be well groomed, happy and occupied throughout the inspection.

Residents had a forum where they were able to provide feedback on the service received. If they had a complaint the policy was clear, and information about the process was available on the noticeboards throughout the centre and a suggestion box was strategically located between the two floors. The policy itself was left out for anyone to read in the library area.

The premises were purpose built; and one floor had recently been renovated in recent years to enhance the environment. There were a range of rooms and various open spaces off corridors for social gatherings. There was access to a garden area surrounding the centre through the main doors at the reception area, and there were accessible balconies on the upper floors, that the inspector was informed were open in the warmer months. The garden and the balconies had a range of seating.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

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

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

Over half of the residents who had dementia or were suspected of having dementia and a cognitive impairment had their care plans reviewed by the inspector. The inspectors was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans implemented. The care plans were person centered, and clear and could guide staff to provide appropriate interventions. There was evidence they were reviewed regularly and if a residents condition changed.

The centre had assessed itself as substantially compliant in this outcome; listing that they wished to routinely include residents in care plan reviews. Evidence on this was limited; some records were seen indicating resident involvement, some did not. This is an area that required improvement to ensure consistent practices from staff.

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

Admission arrangements and practice included a pre-admission assessment. On admission of a resident a documented assessment of the residents immediate needs was completed. There was evidence of a range of validated assessment tools being used to monitor areas such as the risk of falls and malnutrition, cognition, mobility status and skin integrity. The development and review of care plans was done in consultation with residents or their representatives. Each resident's care plan was subject to a formal review at least every four months.

A record of the residents wishes for end of life care was recorded and outlined in a related care plan.

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

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

Residents had good access to GP services, and out-of-hours medical cover was provided. A full range of other professional services available on a referral basis included speech and language therapy (SALT), dietician services, chiropody, and psychiatry of later life. Residents' records reviewed showed that some residents had been referred to these services when required and results of their appointments already attended were recorded in the residents' clinical notes and associated care plans.

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

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

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

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety.

There was a policy and measures in place for the prevention, detection and response to abuse of residents. Staff spoken with were clear what actions to take if they observed, suspected or had abuse reported to them. Training records confirmed almost all staff had received recent training in how to safeguard residents. The small number of staff who required refresher training, were scheduled to complete it very shortly after the inspection. The person in charge promoted dignity and respect of residents in the centre and this was seen to be put in to practice by the staff team.

At the time of the inspection no resident was demonstrating responsive behaviours. Staff had received relevant training and were able to describe the techniques they would use with residents with dementia and behavioural and psychological signs and symptoms of dementia (BPSD). Inspectors observed good communication and staff interaction with residents who had dementia which resulted in positive outcomes were they supported residents to remain engaged in their surroundings. There was a policy in place covering the management of responsive behaviour and where necessary there were links with the local geriatrician and psychiatric services. There was no recent use of psychotropic medication to manage responsive behaviours for the inspector to review.

Overall the use of restrictive practice in the centre was minimal. There was a policy the use of restrictive practices that set out the procedure to use when considering if a restriction would result in a positive outcome for residents. When restrictions were required, the policy required a clear record of the decision making process including other less restrictive measures trialled formed part of the process. However in care plans reviewed that related to the use of bed rails, alternatives to bedrails were not routinely captured. This had been identified in audits in the centre at the end of 2018 and again in early 2019.

Systems and arrangements were in place for residents to manage their own finance where possible. The centre was not a pension agent for any of its residents.

Judgment:

Substantially 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:

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

Residents had the right to make choices about how they spent their day, and these were promoted and respected by staff. Inspectors found that residents, including residents with dementia, were empowered and assisted to enjoy a meaningful quality of life in the centre. Residents were consulted regarding the planning and organisation of the centre mainly through residents' meeting was held every two months. The inspectors reviewed the minutes of these meetings and found that items such as staffing levels, the food served and activities provided were discussed. A newsletter was published regularly with updates and photographs of the activities that had taken place in the centre.

Residents were supported to practice their religious beliefs, and a daily roman catholic mass took place in a large chapel in the centre. The chapel was accessible for residents who used wheelchairs and could be accessed from two separate floors. A number of residents had backgrounds in different religious orders and they were facilitated to engage in activities relating to their spiritual beliefs, time for reading, contemplation and individual prayer.

Residents' privacy and dignity was respected by staff, and the inspector observed resident's bedroom doors both open and closed as per their choices, and staff knocking on doors prior to entering.

An open visiting policy was in place, with plentiful space for visitors and residents to meet outside of the residents bedrooms. There was a pleasant coffee dock available on the ground floor, open throughout the day where tea coffee and some snacks were available. A large library space was also available on the ground floor, providing a selection of seating, daily newspapers and a computer that could enable residents' to receive video calls to their friends and families. There were also noticeboards in key areas of the centre advertising activities, residents meetings and information posters and leaflets that would be of interest to the residents.

A comprehensive activity programme was in place, which was informed by assessments of residents' preferences, interests and capabilities. This included a variety of activities, including those suitable for residents with dementia. Residents who had dementia were not separated from other residents and had access to all activities. There was some dementia specific groups that took place, in the form of Sonas groups.

The inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record these interactions at five minute intervals in a dining-room close during a lunchtime meal. 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 inspectors' observations concluded that, for the majority of the observation period, positive connective care was provided to residents by staff with a minimal number of instances of task oriented care. Throughout the inspection, staff members were courteous and kind when addressing residents and visitors, and sufficiently respectful and discrete when attending to the needs of residents. It was evident that staff were very knowledgeable regarding the residents they cared for.

Residents were well-groomed and inspectors found that efforts were made to ensure

that residents with dementia were dressed in accordance with their preferences. This included ensuring residents who wished to wear make up, were reminded and assisted with it if they wished. Residents' property was well maintained in the centre and residents had access to discrete lockable storage in their bedroom area for their own belongings.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a policy and procedure in place for the management of complaints. A summary of the complaints process was displayed in the centre and the complaints management policy was also left freely available in the library area.

Residents who spoke with the inspector were aware of the complaints process and could describe how raise a complaint if they wished.

A complaints log was maintained by the person in charge, who served as the centre's complaints officer. The complaints log also included "concerns" which were defined as verbal complaints or comments that residents and visitors may have raised. The inspector reviewed this log and found that the details of the complaints, the investigation of the complaints and the action taken in response to the findings were recorded. The complainant's satisfaction with the outcome of the complaint was also recorded. Complaints were resolved quickly within the timeframes set out within the centre's policy.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

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

There was a full complement of staff on duty on the day of inspection. The staff team included the person in charge, an assistant director of nursing, nurses, health care assistants, activity, catering, administration and household staff. Overall numbers of staff had changed the previous year. This was discussed with the management team who provided assurances that this related to the overall decrease in the dependency levels of residents. The management team had taken steps including changing the way residents were allocated to nurses and adapting the locations of staff at different times of the day. The person in charge and the registered provider representative considered residents dependency levels as a key criteria prior to admitting residents to the centre, to ensure adequate care could be provided in line with current staffing resources.

An on-going training plan was in place. The provision of mandatory and relevant staff training was evident. Staff spoken with were familiar with the policies and procedures related to their area of work, and also the importance of effective communication with residents living with dementia and their families. Staff were able to provide feedback on what training they had completed in relation to their role and responsibilities. There was training scheduled for the weeks following inspection to offer staff refresher training.

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

Several volunteers worked in the centre and in the sample of files reviewed volunteers had a description of their role, and Garda vetting disclosures. Volunteers were also invited to attend safeguarding and fire training, and any volunteer who assisted in the dining experience received additional training.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The centre's premises is suitable for its stated purpose and residents were being

supported to live in a safe, comfortable and homely environment.

The centre comprises of 60 single bedrooms across 4 floors. Some bedrooms have full ensuite facilities, some have ensuites with a wash hand basin and a toilet. On the ground floor, there was a large a dining room, several seating areas, including seating areas at the reception, which provided communal space for residents to engage in activities and meet with visitors. As mentioned previously in the report there was a coffee dock facility also available on the ground floor. There were also smaller dining rooms, spacious day rooms and further seating areas on the upper floors of the centre. There were good amounts of toilets and bathrooms spread throughout the centre.

Movement between the floors was facilitated by two separate lifts.

Overall, the premises was clean and well-maintained, with suitable heating, lighting and ventilation. The heating system had been upgraded in recent months.

The inspector found some improvement was required in relation to the appropriate storage of assistive equipment. Different types of equipment was observed to be stored in main bathrooms of the upper floors.

Residents' bedrooms were nicely decorated and were personalised with residents' furniture and possessions. Each bedroom contained storage space including wardrobes and a bedside locker with a lockable drawer. Many residents had their name displayed on their bedroom doors. All bedrooms had call bells that were accessible to the residents, and call bells had been installed in day rooms, which was an action from the last inspection. Day rooms had a variety of seating and some recliners available for residents if they wished to relax. Seating was organized around a large fireplace and there were large TVs available.

A variety of different signage was displayed throughout both floors to support residents to navigate the premises. The menu was displayed at the dining rooms, however as residents made their meal choices the day before it would be of benefit to display the days menus to prompt residents and assist them to recall what they had requested. Handrails were in place on corridors and in bathrooms throughout the centre. Flooring varied throughout the centre, with some carpet and some smooth flooring in place. Residents were observed mobilising in an unrestricted fashion throughout the centre.

The centre does not a secured separate garden area, but has a large amount of gardens with mature trees around the perimeter of the centre. The upper floors had access to spacious balcony areas, and the inspector was told that these were accessible in the warmer months. Seating was observed in the garden and on the balconies. The main garden was accessible via the main doors at reception, and reception staff had a resource available to them to inform them if a residents was at risk of wandering.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sarah Carter
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Holy Family Residence
Centre ID:	OSV-0000050
Date of inspection:	12/03/2019
Date of response:	15/04/2019

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 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:

Action required to ensure that alternative measures trailed prior to the use of a restrictive practice are documented.

1. 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

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

website of the Department of Health from time to time.

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

All tried or propose alternatives will be documented in the care plans

Proposed Timescale: 15/04/2019

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:

Suitable storage areas for adaptive equipment are required.

2. 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:

Storage space has been provided for adaptive equipment.

Proposed Timescale: 15/04/2019