

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Villa Marie Nursing Home
Centre ID:	OSV-0000437
Centre address:	Grange, Templemore Road, Roscrea, Tipperary.
Telephone number:	05 052 3197
Email address:	info@villamarie.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Villa Marie Nursing Home Limited
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	0

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:
27 May 2019 09:00	27 May 2019 16:00
28 May 2019 09:00	28 May 2019 14:30

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	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and 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 in Ireland.

While this centre does not have a dementia specific unit, the inspector focused on the care of residents with a dementia during this inspection. Ten residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspector met with residents, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool (called Quiz). The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The inspector also followed up on issues identified during the last inspection which were found to have been addressed.

Overall, the inspector found that the management team and staff were committed to providing a quality service for residents including residents with dementia.

The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout. The building was secure and residents had access to an enclosed garden area which was easily accessible. Signs and pictures had been used to support residents to be orientated and find their way around the centre.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Staff continued to strive to improve the type and variety of activities to ensure that meaningful and interesting activities were provided for all residents. Detailed social, mental and emotional well being care plans had been documented for all residents and staff were observed to use this information when engaging with residents.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with a diagnosis of dementia were particularly caring and sensitive.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around as they wished.

The collective feedback from residents was one of high satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

There were no actions following this inspection.

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:

The inspector found that a high standard of evidence-based health and social care was delivered to residents. Information collected about each resident on admission and throughout the residents' stay in the centre was used to develop a person-centred care plan. Nursing and care staff spoken with were familiar with and knowledgeable regarding each person's up-to-date needs.

There were policies in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The person in charge advised the inspector that the pre-admission assessment would consider if the centre would be able to meet the needs of prospective residents. When considering admissions to the nursing home, she would consider if the residents needs would be met in the centre and the likely impact on existing residents.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, continence and oral health.

The inspector noted that care plans were in place for all identified issues. Care plans were found to be comprehensive and informative. Each resident had a daily life plan of care which outlined clear guidance for staff in areas such as personal hygiene, nutrition and elimination, medication management, sleep and rest, mobility, communication, maintaining respect and dignity, social, mental and emotional well being and end of life care. Care plans were in place for some residents requiring specific care such as using bedrails and at high risk of falls. Care techniques to address the symptoms of dementia had also been included in the care plans. Care plans were person centered and individualised. There was evidence that the residents and their families were actively involved in the assessment and care planning process.

Residents had access to general practitioner (GP) services and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medications were regularly reviewed, and individually prescribed. Staff had a good knowledge of the residents' medication requirements and administration of medication was seen to be safe. The systems in place were in line with professional guidelines. Use of psychotropic medication was limited and only used within best practice guidelines.

A full range of other services was available including speech and language therapy (SALT), occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody, optical and dental services were available. A physiotherapist visited weekly. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' files.

The inspector was satisfied that residents' weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Care plans in place were found to be person centered and comprehensive. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There was a large written menu boards in the dining room which clearly displayed what food choices and dishes were available for each meal. Mealtimes in the dining room were unhurried, social occasions in domestic style settings. Meals appeared to be wholesome and nutritious and served in an appetising manner. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. A variety of assistive plates were provided for some residents so that they could eat their meals independently. The inspector noted that staff assisting residents with advanced dementia were caring and sensitive. Nursing staff supervised the mealtimes.

A variety of hot and cold drinks, as well as snacks and fruit were offered and encouraged throughout the day. Residents told the inspector that they could have something to eat or drink at any time including night time. Residents spoken with were complimentary regarding the quality and choice of food offered.

There were no residents with pressure ulcers at the time of inspection and a reported low incidence of wound development in the centre. The inspector noted that the risk of developing wounds was assessed and reviewed on each admission. Appropriate preventative interventions including pressure relieving equipment was in use. Staff had access to support from the tissue viability nurse as required.

The inspector reviewed the files of residents who had recently fallen and noted that the

falls risk assessments and care plans had been updated post falls in line with the centres falls protocol. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds and crash mats were in use for some residents. The physiotherapist visited the centre on a weekly basis and reviewed residents with mobility issues and post falls.

The inspector was satisfied that caring for residents at end of life were regarded as an integral part of the care service provided.

There was a comprehensive end-of-life policy in place. Staff confirmed that support and advice was available from the palliative home care team. Religious sacraments were available to all residents as desired. Most staff had completed training in end of life and palliative care. The person in charge had completed a post graduate Diploma in Palliative care. Families were facilitated to be with a resident when they were at end of life. Resident's individual wishes regarding their preferred priorities of care were outlined in their care plans.

The activities coordinator, staff and volunteers continued to provide a range of meaningful and interesting activities for residents. There was ongoing consultation with residents as regards their preferred interests along with suggestions for new ideas. Residents were free to join in an activity or spend time in their rooms or other communal areas in the centre. Residents spoken with stated that they enjoyed the variety of activities taking place, some stating that there was always something going on. The inspector observed that all residents including those with dementia were encouraged and supported appropriately to partake in all activities. Some residents mentioned that they particularly enjoyed bingo, daily exercise classes and art and crafts. Many residents spoken with stated that they enjoyed being involved in a number of competition leagues including card games and boccia (a precision ball game related to bowls).

The programme of activities supported residents in developing and maintaining links with the community. There were regular visits from local musicians, school students and volunteers. Some residents attended local coffee mornings and residents had recently been invited to partake in a competition by the local Boccia Club.

The inspector noted that staff interaction with residents was person-centred and respectful. Verbal consent was observed to be sought from residents prior to all care interventions.

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:

The inspector was satisfied that appropriate measures were in place to safeguard residents in the centre. There was a policy and procedures in place in relation to safeguarding vulnerable adults. All staff had received training in relation to safeguarding and demonstrated awareness and understanding in relation to identifying and responding to safeguarding issues. Residents reported that they felt safe within the centre.

The person in charge confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services in the centre. Garda vetting was available in the sample of staff files reviewed by the inspector.

The finances of residents were not managed in the centre, however small amounts of money and some items of value were sometimes kept for safe-keeping on behalf of residents. These were securely stored and two staff signatures were used to record receipt of these items. All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.

Residents with dementia were provided with person-centred support that promoted a positive approach to the behavioural and psychological symptoms of their dementia. Staff spoken with demonstrated an awareness of recognizing the underlying causes of these symptoms and developing an appropriate care plan. A restraint-free environment was promoted within the centre. Interventions such as beds that could be lowered to a low level and crash mats were among the alternatives used to reduce the risk.

Many staff spoken with and training records reviewed indicated that staff had attended training on the management of responsive behaviour and restraint.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff.

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 inspector was satisfied that residents were consulted in the organisation of the centre, that their privacy and dignity was respected and their rights upheld.

Residents' committee meetings continued to be held on a regular monthly basis and were facilitated by the activities coordinator. Minutes of meetings were recorded. Issues discussed at the most recent meeting included activities and upcoming events, the upcoming election and facilities for voting, food and menus and specific requests from residents. There was evidence that issues raised by residents at previous meetings had been acted upon. Regular resident satisfaction surveys were completed in regard to the care and service provided. The results of surveys indicated positive feedback. The inspector observed that the management team and staff consulted with residents including residents with dementia throughout the days of inspection.

Residents had access to advocacy services and the contact details for the local SAGE (support and advocacy service for older people) advocate were displayed.

The inspector noted that the privacy and dignity of residents was well respected. Residents were accommodated in single or twin bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity, to spend quiet time in another of the communal day areas, walk about independently or sit and have a drink or snack while chatting with staff in the dining room. The activities coordinator visited the local shop each day and residents could place an order for any items that they would like.

Residents' religious rights were facilitated. The local priest visited weekly and celebrated mass in the centre. Holy communion was offered regularly by a number of Eucharistic ministers. Staff supported residents to say the rosary on a daily basis. The person in charge advised that residents of varying religious beliefs were facilitated as required.

The person in charge told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house and some were supported to vote in their home constituency during the recent elections.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the centre.

Residents had access to information and news, daily and weekly local newspapers, notice boards, radio, television and Wi-Fi were available. A selection of newspapers was

available and some residents were observed to enjoy reading them.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The 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 observations took place for a total of one and half hours during of the inspection day. An overview of the observations is provided below:

The inspector found that for 100% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care). Staff knew the residents well and they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks and food, choice of preferred place to sit and choice to partake in activities. Residents were observed to enjoy the company of staff, some smiling, laughing and being affectionate towards staff. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating.

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:

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure containing large font was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman. There was a comment box also available in the front reception area.

The inspector was satisfied that all complaints were documented, reviewed, investigated, and complainants were responded to.

All complaints were reviewed by the person in charge to ensure learning and to bring about improvements in the service.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

On the days of inspection there were 30 residents living in the centre. Residents' dependency levels were assessed using a recognised validated tool. There were five maximum, eight high, 11 medium and seven residents of low dependency level, one resident was in hospital at the time of inspection.

The inspector was satisfied that there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents. Staff delivered care in a respectful, timely and safe manner. There was one nurse and five health care assistants on duty during the morning time, one nurse and three care assistants on duty during the afternoon and evening and one nurse and two care assistants on duty at night time. There was an additional care staff to assist with breakfasts in the morning time. The person in charge was normally on duty during the day time Monday to Friday. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included the activities coordinator, catering, housekeeping and maintenance staff. Residents and staff spoken with were satisfied the staffing levels on duty.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. The inspector reviewed a sample of staff files including recently recruited staff which were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for staff nurses. Details of induction, orientation and training certificates were noted on staff files.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2019. All staff had completed up to date mandatory training. Recent training included personal care, restraint and restrictive practice, diabetes awareness, catheter care, nutrition and hydration, infection control, hand hygiene and food safety management.

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 inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The premises were well maintained, clean and nicely decorated. There was a good variety of communal day space such as the dining room, day room and visitor's room. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature. Additional seating was provided in the hallways.

Bedroom accommodation met residents' needs for comfort and privacy. Residents were accommodated in both single and twin bedrooms, many with en suite shower and toilet facilities. Each bedroom had sufficient storage space for residents personal belongings including a secure lockable storage unit. There was adequate numbers of assisted toilets, bath and shower rooms. Assisted toilets were located near the day rooms. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

Corridors were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were bright and well lit. Floor covering was safe, non slip and consistent in colour conducive to residents with a dementia.

Appropriate directional signage was provided on doors and corridors, there was a sign with a word and a picture for bathrooms, dining room, day rooms and garden. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

Residents had access to two enclosed paved and landscaped garden area. Suitable garden furniture, parasols and colourful raised flower beds were provided. The garden area was easily accessible from the day areas.

The building was secure. The external doors were fitted with key codes, CCTV cameras were in operation on external doors and internal corridor areas for additional security. There was a policy in place and clear signage displayed indicating the use of CCTV.

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:

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