Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Aras Mhuire Nursing Facility
Centre ID:	OSV-0000114
Centre address:	Beechgrove, Drogheda, Louth.
Telephone number:	041 984 2222
Email address:	nursemanager@arasmhuire.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aras Mhuire Limited
Provider Nominee:	Doreen McEvoy
Lead inspector:	Mary O'Donnell
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	2

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 Quality 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:
07 November 2016 13:30	07 November 2016 18:30
08 November 2016 10:00	08 November 2016 12:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Compliant

Summary of findings from this inspection

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 scored the service against 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. The previous table compares the self- assessment and inspector's judgment

for each outcome.

The centre is mainly a residential home for religious missionary sisters and lay people can also avail of residential, convalescence and respite services provided. The inspector met with residents and staff members and she tracked the journey of four residents with dementia within the service. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed. The inspector also followed up on the areas of non -compliance found on the previous inspection on 23 July 2015. The 10 action plans developed to bring the service into compliance had been completed.

On the day of inspection 10 of the 28 residents in the centre were deemed to have a dementia related condition. The centre did not have a dementia specific unit. Staff were skilled to support residents and to provide person-centred care. The centre was purpose built and residents had single rooms with full en suite facilities. Residents had access to appropriate communal facilities and to two secure landscaped gardens. Refurbishment works to extend the kitchen and enhance the dining room were in progress. Aspects of the environment could be improved to support people with dementia including the use of colour and signage for individual bedrooms.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment and care plans were in place to meet their assessed needs. The service was in the process of transiting to a computerised system for assessments, care planning and residents records. The health needs of residents were met to a high standard. Residents had access to medical services and a range of other health services and evidence-based nursing care was provided. The service had made significant progress towards creating a restraint free environment. There was evidence of good interdisciplinary approaches in the management of behaviours that challenge with positive outcomes for residents. The service functioned in a way that supported residents to lead purposeful lives. Positive connective care was observed during the formal observation periods. Collaboration and respect for residents was very evident and the daily routine was organised to meet the needs of individual residents.

These issues are discussed further in the body of the report and the actions required are included in the action plan at the end.

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 Quality 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.
Residents had the option to retain the services of their own general practitioner (GP) if they wished to do so. However the majority of residents were with a local GP who visited the residents twice weekly and more frequently if required. Residents also had access to out of hours medical services and to allied healthcare professionals including dietetic, speech and language, dental, physiotherapy, occupational therapy, ophthalmology and podiatry services. Residents also had access to the local palliative care team and mental health of later life services. Timely access to community physiotherapy and occupational therapy services was an issue and the provider had made alternative arrangements to ensure that these services were accessed by residents when required. A pharmacist visited the centre regularly to participate in medication reviews and was available to meet with residents.

The inspector focused on the experience of residents with dementia and tracked the journey of four of residents with dementia. She also reviewed specific aspects of care such as nutrition and falls prevention.

There were systems in place to optimise communications between the resident/families, the acute hospital and the centre. The person in charge visited prospective residents in hospital prior to admission. All residents' files held relevant information on discharge

letters from hospital. Inspectors examined the files of residents who were transferred to hospital from the centre and found that appropriate information about their health, medications and their specific communication needs were included with the transfer letter. A new resident who was recently admitted told the inspector that she welcomed the opportunity to visit the home and pick her room before she came to live there.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also a pain assessment tool. This could be enhanced with the use of a tool for residents who were non-verbal. A care plan was developed within 48 hours of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a four monthly basis or to reflect the residents' changing care needs. There was documentary evidence that residents had provided information to inform the assessments, care plans and care plan reviews. Nurses, health care staff, residents and relatives who spoke with inspectors demonstrated appropriate levels of knowledge about care plans. Gaps were found in care planning documentation on the previous inspection. The care plans examined on this inspection were found to be comprehensive. They were in the early stages of transitioning from a paper based to a computerised system. The person in charge told the inspector that they had identified aspects that needed to be refined or which required further development to maximise the benefits of the computerised system. Training for staff had begun and would be on-going to ensure that all staff were familiar with the system.

Staff provided end of life care to residents with the support of their GP and the community palliative care team. The inspectors reviewed a number of 'End of life' care plans that outlined the physical, psychological and spiritual needs of the residents. Single rooms were available for end of life care and one resident was receiving end of life care at the time of inspection. Engagement with residents including residents with dementia began at an earlier stage to elicit their wishes and preferences for their future care needs including end of life care.

Residents were routinely assessed for their risk of developing pressure related ulcers. Care plans to manage the risk were in place and specialist pressure relieving equipment provided. None of the residents had a pressure sore or a wound at the time of inspection.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained. Inspectors joined residents having their supper in the dining room, and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The assistant director of nursing discussed the nutritional

needs of each resident with the catering manager on a monthly basis. Inspectors found that residents on diabetic and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Mealtimes in the dining room were social occasions and staff sat with residents while providing encouragement or assistance with the meal.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and reviewed following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to prevent further falls and to mitigate the risk of injury should a fall occur. Incidents and near misses presented an opportunity for reflective practice and new leaning to manage risk. Audit reports showed the incidence of falls was less than one a month in 2016.

On the previous inspection the storage and handling of medicines and medication administration practices required improvement to ensure they were safe and in accordance with current guidelines and legislation. The inspector found that the action plan to address this had been completed.

All Nurse's will completed on line Training in Safe Medication Practice. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Residents had access to the pharmacist who also participated in the four monthly reviews of medications. Practices in relation to prescribing, ordering, receiving, administering, storing and returning unused medications were informed by robust medication policies.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. There were robust systems in place to safeguard residents' money. Restraint was rarely used and when employed it was done in line with national guidelines. Staff adopted a positive, person centred approach towards the management of behaviours that challenge.
The inspector found that since the previous inspection the person in charge had created

a 'Security Register' where a record of daily checks on security equipment such as sensor alarms and alarm bracelets.

Additional equipment such as low beds and sensor alarms had been purchased to reduce the need for bedrails. Consequently bedrail usage was very low and alternatives were trailed before bed rails were used. Two residents had bedrails in place and these were for safety reasons. Appropriate risk assessments had been carried out and care plans were in place to monitor the use of bedrails. However improvements were required in relation to formal documentation of two hourly checks when bed rails were in use.

The inspector found that appropriate measures were in place to protect residents from being harmed or abused.
Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff who spoke with the inspector displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. There were no current allegations of abuse but the inspector followed up on a previous allegation and found that it had been reported and managed in line with the policy.

Because of an underlying condition some residents showed behavioural and psychological signs of dementia (BPSD). Staff were familiar with appropriate interventions for individual residents. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Measures had been taken to control environment factors, such as noise in the dining room. Organic causes such as infection were treated and residents were also referred for assessment by mental health of later life and geriatrician reviews. Some residents were prescribed antipsychotic or mood altering medications to treat an underlying condition. The inspector found that the use of PRN (as required) medications was carefully monitored and used as a last resort when other person centred interventions had been trialled.

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:

The ethos of the service upheld the rights, dignity were respect for each resident. The nursing assessment included an evaluation of the resident's social and emotional wellbeing. All staff optimised opportunities to engage with residents and provide positive connective interactions. The daily routine was organised to suit the residents. Prayer and religious services continued to be an important aspect of daily life and activities available to residents with dementia reflected the capacities and interests of each resident.

Two activity co-ordinators were rostered to provide recreation and engaging activities for residents on a daily basis. In addition to activities held in the centre, outings were organised to local events and areas of interest during the year. There was evidence that such outings had been chosen in collaboration with residents, and that residents were satisfied with activities that were arranged. Group activities were organised such as exercise classes, board games, music sessions and painting. Residents had access to aromatherapy and spa days were organised for the day the hairdresser came. The public library called to the centre on a regular basis to refresh the stock of books in the centre's library. Staff created opportunities for one-to-one activities, for residents who were unable or unwilling to participate in groups. A 'Key to Me' document containing information about each resident's history, hobbies and preferences was used to inform the planning of activities. The sisters in the local convent had begun the life story work prior to sisters being admitted to the centre. The inspector found that all the files examined held a 'life story' and/or a 'key to me' booklet which provided valuable information for staff to reminisce and engage in a person centred way with residents.

The inspector spent two hours observing staff interactions with residents, including residents with dementia. These periods of observation took place in the dining room and day room and the vast majority of interactions were rated as positive connective care. Staff who spoke with the inspector attributed this to the culture within the centre, the training they had on dementia and the knowledge they had about each resident. Staff showed the inspector the rummage boxes they created with residents.

There was evidence to support that residents with dementia received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors before entering, and drawing the curtain on the bedroom window when providing personal care. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private.

There was evidence that residents with dementia were consulted about how the centre is run, and the services that are provided. People who stay for respite were invited to complete a feedback form and there was evidence of improvements made based on their feedback. Residents' meetings were held every 3 months, but residents were also consulted about important decisions. Meetings were held so that residents could select the stained glass for the oratory. Residents chose the style of text to be used on signage throughout the centre. They had been consulted to determine the improvements they wished to see when the refurbished dining facilities were completed. The Chaplin also met with residents when planning religious services.

The centre had developed a number of methods of maintaining residents' links with their local communities. Phones were installed in each bedroom, and some residents used

laptops for emails and Skype. Daily and local newspapers were provided for residents. The activity co-ordinator also read the daily papers to residents and facilitated discussions about interesting topics.

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:
A complaints process was in place to ensure the complaints of residents including those with dementia were listened to and acted upon. The process included an appeals procedure and was posted prominently in the centre. The complaints procedure met the regulatory requirements as per Schedule 4.

Residents who met the inspector were clear about who they would bring a complaint to. Records reviewed showed that complaints were recorded and managed in line with the policy. information from complaints formed part of the quality improvement process. The pastoral care sister was the nominated person to oversee that all complaints were responded to and to ensure that all the appropriate records were maintained.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Staffing
Action plans to address non-compliances identified on the previous inspection were completed. All staff had attended training in safeguarding, fire safety with simulated fire evacuation procedures and missing persons drills.

The Training Matrix had been reviewed, and systems were in place to ensure that all

staff had attended the required mandatory training.

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, and in particular residents with a dementia. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The person in charge told the inspector that volunteers were not used in the centre.

A recruitment policy in line with the requirements of the regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete. The inspector saw that a checklist was in place to ensure that all staff files met the requirements of the regulations. Garda Clearance was present in the staff files reviewed and the person in charge confirmed that all staff were Garda Vetted.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty. Part time staff who knew the residents provided relief cover for planned and unplanned leave. Residents who spoke with the inspector were complimentary of the staff and the care provided. Staff and residents were satisfied that there were adequate staff on duty over a 24 hour period and at weekends.

There was a varied programme of training for staff. Records confirmed that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, patient handling and fire safety and behaviours that challenge. A training matrix was maintained. Other training provided included training in dementia care and infection control.

An induction programme was in place for new staff and less experienced staff were rosterd to work with more experienced staff. Annual appraisals were done and professional development needs were identified. Staff were supported to develop expertise in specific areas such as infection control, dementia care and continence management. Staff who spoke with inspectors said they valued the support and expertise which these staff provided. All the nurses had completed an on-line programme in medication management. In addition the pharmacist provided in- house workshops on specific aspects related to medications. A recent workshop covered the use of analgesia to treat various types of pain.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The purpose built single story nursing home is situated in the town. The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The inspectors found the centre to be warm, well maintained and suitably decorated.

The dining room and kitchenette were being refurbished so that meals could be prepared on site instead of being delivered from a central kitchen within the complex. In the interim the sun room had been converted to a dining room and the foyer and another corridor area were used as sitting rooms. This interim arrangement afforded residents adequate communal space while the refurbishment works were being completed. They were due for completion in January 2017.

There was ample communal space including a day room, a dining room, a sun room and a complimentary therapy room. There was a large oratory, a room to meet with visitors in private and a hairdressing salon on site. Residents had access to two secure well maintained outdoor areas with raised flower beds and seating areas.

Corridors and door entrances used by residents were wide and spacious to facilitate movement and aids used and required by residents. Matt flooring throughout helped to minimise glare and was suitable for people with dementia. There were plenty of seating bays where residents congregated. Handrails and grab rails were provided where required in circulating areas and in bathrooms.

Bedroom accommodation was provided with 30 single rooms with en suite facilities including an accessible shower, toilet and wash hand basin. All bedrooms had a call bell and a telephone by the bedside and many of the residents had clocks and calendars in their bedrooms. Bedrooms were spacious enough to accommodate personal equipment and devices required by existing residents. Residents had a locked facility for safe storage in their rooms.

Staff had made progress towards creating a dementia friendly environment and this was apparent on the inspection. Examples of this include symbols and signage to orientate residents and most of the bedrooms were personalised to suit the individual resident. Pictures and photographs which depicted life in Africa were a reminder of the years that the majority of the resident had spent on the missions.
Further improvements were discussed with the inspector, such as unique identifiers or pictures to help residents to identify their bedroom and the use of contrasting colours to optimise functioning and support way finding.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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 action plans developed to address areas of non compliance were found to be completed.

The 'Missing Person Policy' had been reviewed in August 2015. All staff had signed to indicate that they had read and understood the policy. Staff who spoke with the inspector had participated in missing person drills and were familiar with the policy and procedures should a resident be reported missing.
The inspector noted that additional signage had been placed at the entrance to alert visitors to the risk of vulnerable residents leaving when visitors entered the building.
The inspector examined the register where daily checks of safety and security systems were documented. These included checks to ensure that all the senor mats were functioning properly. None of the residents was using a sensor bracelet at the time of inspection.

The person in charge had a system in place to analyse incidents that occurred in the centre. Care plans examined had been amended to reflect additional control measures to minimise the risk of the incident being repeated or of injury to the resident. Records of the three monthly health and safety meetings showed that incidents and accidents were discussed.

The chipped shelf in the sluice room had been replaced by a suitable racking system and all excess stocks were removed.

The Fire Evacuation Policy was reviewed in March 2016. Fire training records showed that all staff had attended fire safety training. Three monthly fire drills were now carried out which focused on the various zones in the centre. The records of fire drills included the names of the staff who attended, the zone evacuated and the time it took to complete the evacuation. There was evidence of learning from the file drills. A fire drill planned for the end of November was to simulate night time conditions. All staff interviewed were familiar with the fire evacuation procedure from all parts of the building to the assemble points.

The inspector saw that the fire exits were all clear and emergency lighting and fire equipment had been serviced in line with regulatory requirements.

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'Donnell
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Aras Mhuire Nursing Facility
Centre ID:	OSV-0000114
Date of inspection:	07/11/2016
Date of response:	24/11/2016

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 is failing to comply with a regulatory requirement in the following respect:
The two hourly checks when bed rails were in use were not formally documented in line with the policy.

1. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Please state the actions you have taken or are planning to take:
We intend to fully review our use of restraint policy, as per Schedule 5: National Standard 3:5 and in accordance with National Policy as published by the Department of Health.

Proposed Timescale: 20/12/2016

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Further improvements were identified such as unique identifiers or pictures to help residents to identify their bedroom and the further use of contrasting colours to optimise functioning and support way finding.

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:
We are committed to providing more personalized signage, and use of contrasting colours, in order to enhance, the living experience for our Resident's with Dementia.

Proposed Timescale: 31/01/2017