

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adare and District Nursing Home
Centre ID:	OSV-0000404
Centre address:	Croagh, Limerick.
Telephone number:	069 644 43
Email address:	manageradare@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Lead inspector:	Caroline Connelly
Support inspector(s):	Maria Scally
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	71
Number of vacancies on the date of inspection:	13

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.

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:
03 August 2016 10:30	03 August 2016 19:00
04 August 2016 08:50	04 August 2016 17:10

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

Outcome	Provider's self assessment	Our Judgment
Outcome 05: Absence of the person in charge	Not applicable	Compliant
Outcome 17: Residents clothing and personal property and possessions	Not applicable	Non Compliant - Moderate
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Not applicable	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate
Outcome 09: Statement of Purpose	Not applicable	Compliant
Outcome 10: Suitable Person in Charge	Not applicable	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.

During this inspection the inspectors focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspections carried out on in February 2014 and November 2015 to monitor progress on the actions required arising from those inspections. There was a new person in charge and assistant director of nursing appointed since the last inspection so interviews were conducted with them during the inspection. They both demonstrated adequate knowledge of the regulations and standards and a commitment to provide person centred care to the residents. The inspectors met with residents, relatives, and staff members during the inspection and the provider and regional manager attended the feedback meeting at the end of the inspections. The inspectors 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. The inspectors 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 centre had a dementia specific unit which could accommodate 35 residents, on the day of the inspection there were 30 residents diagnosed with dementia living in the unit. There were also 19 residents in the main house with a formal diagnosis of dementia and a further two suspected of having dementia. Inspectors observed that many of the residents required a high level of assistance and monitoring due to the complexity of their individual needs but also observed that some residents functioned at high levels of independence. Overall, the inspectors found the person in charge, staff and management team were committed to providing a high quality service for residents with dementia.

The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was generally enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. However the inspectors did find during the inspection that there was a requirement for further dementia specific activities to enhance the social aspects of care in the centre particularly in the dementia specific unit. The centre had recently created the role of social care practitioner who's responsibility was to ensure that all the social care needs of residents are met. Inspectors found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding most aspects of life and care in the centre. However they did identify that there were issues with the laundry service and staffing levels which will be discussed in the body of the report.

The person in charge and provider had carried out on-going improvements to create an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Bedrooms were seen to be generally personalised

and in the dementia unit all bedrooms doors were painted in individual colours to assist residents find their room. Brightly coloured crockery had been purchased along with black toilet seats to ensure easier identification of these by residents with dementia. The inspectors found the residents were enabled to move around as they wished and there were good walkways with areas of seating and interest on the corridors. Signs and pictures had been used in the dementia specific unit to support residents to be orientated to where they were. Further consideration to signage was required in the main unit.

The previous person in charge had submitted a completed self assessment tool on dementia care to the Health Information and Quality Authority (HIQA) with relevant policies and procedures prior to the inspection. The previous person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors did not concur with the centres' judgments on three outcomes but did so on two outcomes. Although progress was made by the provider in implementing the required improvements identified on the inspections undertaken in February 2014 and November 2015, some of the findings at that time were again evident on this inspection. Such as issues with medication management and laundry facilities. These are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
There was a new person in charge in post since the previous inspection. The authority had received the correct notification in relation to the absence of the previous person in charge and the appointment of the current person in charge.

There were suitable arrangements in place should the person in charge be absent from the centre. There was a recently appointed Assistant Director of Nursing (ADON) and two recently appointed Clinical Nurse Manager (CNM). The ADON was appointed to deputise for the person in charge in her absence and had held the role of CNM in the centre prior to this promotion. He was interviewed by the inspectors during the inspection and was found to have the relevant experience in nursing the older adult. He was currently undertaking a Masters degree in Dementia care. He demonstrated adequate knowledge of the legislation and the standards but acknowledged that as he was very new to the role he was only becoming familiar with his role and responsibilities.

The CNM's were also part of the management team to support the person in charge and ADON and take charge of the centre in their absence.

Judgment:
Compliant

Outcome 17: Residents clothing and personal property and possessions
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

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

Findings:

The centre had a policy on the protection of residents' accounts and personal property in place which had last been updated in February 2013. This policy itself required review and updating at intervals not exceeding three years and so required updating.

Inspectors found evidence that residents' clothes were not being cared for adequately in the centre. The system for the management of the laundering of residents' personal clothing was inadequate. On the first day of inspection, inspectors observed that the laundry room had a large pile of unlabelled clothes in one corner. Staff stated that these would be returned to residents when they identified who they belonged to. A sample of clean clothes which had returned from the external laundry contractor were viewed by the inspector; however, none of the three items looked at had any labelling to identify which resident owned them. There was a label machine in the laundry room for the labelling of residents' clothes.

Some residents and relatives indicated dissatisfaction in regards to the management of laundry in the centre and a relatives' survey completed in March 2016 indicated that some relatives were dissatisfied with the laundry services. Arrangements were in place to facilitate residents if they wished to have their personal laundry done by their relatives if they so wished and a number of relatives did take the laundry home. Issues in relation to laundry and the safe return of residents clothing was identified at the previous inspection.

Storage in relation to laundry also required review. Clean linen was stored in the bathroom of the dementia unit which required review in accordance with infection control best practice. A laundry bin was also seen to be stored in one of the two-bedded rooms and some items of clothing belonging to a resident was found in the nurses' station in the dementia unit.

Inspectors observed that there was adequate storage provided for residents' personal possessions. Each resident also had access to separate locked storage for valuables.

Judgment:

Non Compliant - Moderate

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, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 71 residents in the centre on the days of this inspection, 38 residents has assessed maximum dependency needs, 21 had high dependency needs, eight residents had medium dependency needs and four residents had low dependency needs. 49 residents had a formal diagnosis of dementia and a further two residents had a suspected diagnosis of dementia.

There was evidence of timely access to health care services facilitated for all residents. General Practitioners (GP) visited regularly and were available in the evenings and out of hours and this was confirmed by residents. There were policies in place to ensure that relevant information was shared between providers and services for when the resident was admitted to, transferred or discharged from the centre.

All referrals and appointments were recorded and blood tests were completed as per the GPs instructions. Some nurses had received training in venepuncture and regularly took blood in the centre. A physiotherapist visited the centre twice weekly and was available more frequently if required. The inspectors met the physiotherapist during the inspection. An occupational therapist could also be accessed via the physiotherapist service provider. Inspectors also saw that residents had access to chiropody, dental, optical, dietetic and speech & language services as required. Access to mental health services was from HSE and there was evidence of regular reviews by a specialist nurse and psychiatrist for residents that required same.

Inspectors reviewed care plans for residents and these were seen to be person centred and reviewed at least three monthly. Residents and/or their relatives confirmed their involvement in the development of care plans. Care plans were maintained on an electronic system and there were facilities in the centre for care staff to update resident files after care was delivered. Care plans were easy to follow, up to date and were individualised. There was a comprehensive assessment of all activities of daily living and appropriate risk assessments were completed in the care plans reviewed such as mobility and nutritional risk assessments. Inspectors reviewed a selection of care plans for some residents with a dementia and found them to be person centred and comprehensive. The inspectors also saw "key to me" information and support plans that had been completed for residents in the dementia unit which included detailed information on residents likes, dislikes, hobbies and interests. These support plans were seen to include very detailed person centred information on how and what the resident likes to eat, areas of risk for the resident, areas the resident finds difficult, and other things staff need to know about the resident. These support plans were maintained in folders on the unit and were made available to all staff to ensure the care provided is in compliance with the resident's wishes and plan of care.

Good wound care management was evident in the centre and there was evidence that wound care was evidence based. The person in charge had undertaken specialist wound care training and shared her expertise with the nursing staff. Inspectors saw that

attention was given to promoting continence and assessments were completed to ensure correct use of continence products. Training records indicated that a number of staff had received training in continence promotion.

The centre-specific policies on medication management were made available to the inspector. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Medicines for residents were supplied by a community pharmacy and residents had access to their pharmacy of choice. Records examined confirmed that the pharmacist was facilitated to meet his/her obligations as per guidance issued by the Pharmaceutical Society of Ireland.

Medicines were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Medication administration was observed and the inspector found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection.

A sample of medication prescription records was reviewed. Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart. The maximum dose for some 'as required' medicines was not specified by the prescriber. The inspector saw on one residents chart that there a pain relieving medication prescribed on a regular basis and also on an as required basis which if given as prescribed could lead to excess medication being administered. The issues around maximum dose for as required medications and individual prescriptions for crushed medications were identified at the last inspection. The person in charge was in the process of introducing new prescription sheets but these were not in place for all residents at the time of the inspection.

There had been an on-going reduction in the use of psychotropic medications and the inspectors reviewed a sample of care plans for residents who were prescribed 'as required' psychotropic medicines for the management of challenging behaviour. Care plans clearly outlined a proactive approach to behaviour that challenges including the identification of specific triggers and the use of reassurance and distraction techniques. Evidence based tools were used to record the antecedent, behaviour and consequence (ABC) of each incident. Evidenced based pain assessment and relief had been introduced as first option in response to responsive behaviours. It was clearly outlined that psychotropic medicines only be administered when all alternative less restrictive measures have been considered. Staff with whom the inspector spoke were knowledgeable in relation to the care plan in place and were observed to implement the measures outlined. Multi-disciplinary input was sought when appropriate.

The inspectors saw that there were suitable arrangements in place to meet residents end of life needs including the needs of residents with dementia. Each resident's needs were determined by comprehensive assessment with care plans developed based on identified end of life needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. The community palliative care team were available to provide care, support and advice. A number of staff had undertaken end of life training and specialist palliative care training.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate nutrition and hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining rooms was observed by inspectors to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. 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 inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Judgment:

Non Compliant - Moderate

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 centre had general measures in place to safeguard residents and protect them from abuse.

There were policies and procedures in place for the prevention, detection and response to abuse. Inspectors spoke with a number of staff who confirmed they had received training in adult protection and were able to answer questions satisfactorily about what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Residents indicated that they could speak to

a number of staff if they had any concerns and confirmed that they felt they were well looked after at the centre.

Staff training records indicated there was a commitment to ongoing training on safeguarding and training records indicated that the majority of staff had received training in adult protection and safeguarding. However there were a number of new staff that had not received this training and a number of staff required refresher training in safeguarding and protection.

The provider facilitated some residents in the management of their finances and inspectors reviewed the systems in place to safeguard residents' money. Inspectors viewed that money handed in for safekeeping did not have double signatures and at times did not have a signature in place. Inspectors found in the dementia specific unit that there was a resident's purse in the safe which contained money and valuables and there was no record of this being kept. There was clear not documentary evidence of financial transactions and balances for all residents. Overall inspectors found that the systems in place for the management of residents finances was not sufficiently robust to protect residents or staff.

Inspectors reviewed the policies on meeting the needs of residents presenting with responsive behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a reduction in the use of bedrails, there were 10 residents using bed rails at the time of inspection and the inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents. The inspectors reviewed a sample of files of residents using bedrails and found that risk assessments detailing alternatives tried and considered as well as care plans guiding care were documented. Regular checks of all residents were being completed and documented.

Inspectors observed that residents generally appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, noise free environment and allowing residents choice of daily routines however they said this can be difficult at times due to the size of the dementia specific unit which could accommodate up to 35 residents. Inspectors reviewed a sample of files of residents presenting with responsive behaviours and noted that comprehensive care plans were in place to guide staff in addition to behavioural support plans. There was evidence of regular involvement of psychiatric services including specialist nurse review and review by the psychiatrist as required. There had been a reduction in the use of chemical restraint and a full review is undertaken when as required anti-psychotic or sedating medications are used. This was also the subject of audit.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care and in dealing with responsive behaviours. However training records showed that there were a number of staff that had not received up to date training in responsive behaviours as is required by legislation.

Judgment:

Non Compliant - Moderate

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' religious preferences are facilitated through regular visits by clergy to the centre with mass held once a week and the administration of sacrament of the sick. Residents were facilitated to exercise their civil, political and religious rights. Inspectors were told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. Inspectors observed that some residents were spending time in their own rooms, watching television, or taking a nap whilst others were in communal rooms or sat in the foyer of the centre.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. Inspectors 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 hairdresser visited a number of days per week and there were two hairdressing saloons available, one in the dementia specific unit and one in the main house.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspectors that they were always made welcome and that there were plenty of areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the staff and were assured they would be resolved.

There was evidence that residents were consulted about how the centre was run.

Residents were consulted through a residents' forum normally held every two months. Inspectors saw minutes of the last forum that was chaired by an activities coordinator. One resident told inspectors of how he could identify issues that would be actioned following the meeting. Inspectors saw evidence that more trips out had happened as a direct result of resident feedback. They had recent trips to a wildlife park and to Knock. Inspectors found that the centre had links with the local community and the community had attended funerals of residents who died in the centre and were invited in for a social event during the summer. Local schools visited the centre as part of their 'Gaisce Awards' and local societies in Adare visit the centre throughout the year. The main foyer had a notice board that displayed the day, date, month and season and photographs of previous activities were displayed throughout the centre.

The social care practitioner role had been put in place to ensure the social care needs of residents were met. The centre had an extensive programme of activities on display and the inspectors saw some different activities taking place during the inspection from small group activities to a pop up shop where a local department store set up in the centre enabling resident to choose, try on and buy new clothing without having to leave the centre. As part of the inspection, inspectors spent periods of time observing staff interactions with residents. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. Inspector spent time observing interactions during the early morning, prior to, and after lunch and in the afternoon. These observations took place in the communal room in the main house and in the dementia specific unit. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents. However inspectors observed that a number of residents spent periods of time without any social stimulation. There is currently only one activity co-ordinator employed and the person in charge and CNM reassured the inspectors that the second post for a specialist activity co-ordinator for the dementia specific unit was currently advertised and they planned to be up to full complement in the coming weeks.

Judgment:
Substantially 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 summary of the complaints procedure is displayed prominently in the centre. This required updating to reflect the name of the current complaints officer; however, this was updated on the second day of inspection to reflect that the person in charge is the

person nominated to deal with complaints.

Inspectors reviewed the complaints log detailing investigations, responses and outcome of any complaint and found it to be satisfactory. There was a nominated person who held a monitoring role to ensure that all complaints were responded to.

The inspector reviewed the policy for responding to complaints which had last been reviewed on 7 September 2015 and found that it met regulatory requirements. Inspectors spoke with residents who stated they would be confident that if they made a complaint it would be dealt with appropriately.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspectors throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspectors saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place however not all staff had received up to date training in fire safety, safe moving and handling and as outlined in outcome three not all staff had safeguarding vulnerable persons and training in responsive behaviours. Other training provided included, dementia specific training, infection control, end of life, care planning and food safety. As outlined previously a number of staff had completed or were in the process of completing the Masters degree in dementia care and they were providing

dementia training to the staff and promoting evidenced based innovative practice. The inspectors saw that other formal training courses had been booked and were scheduled for the coming months.

The inspectors looked at staff files to assess the compliance with documents required under Schedule 2 of the Care and Welfare Regulations 2013 and found that staff files required improvement. The inspectors found that there were a number of unidentified gaps in CV's, photo identification missing and there was no vetting disclosure available for a staff member who had been in post since March 2016.

There was an actual and planned roster available and there was a nurse on duty at all times on both units with a second nurse shared between the units during the day time. Relatives and staff reported a lack of staff in the dementia specific unit. The needs of the residents in that unit were generally assessed as high to maximum dependency and residents required a lot of assistance with activities of daily living and in particular assistance with the social aspects of care. Inspectors found that there was a lack of social stimulation at times during the two days of inspection as staff were busy seeing to the physical needs of the residents. The inspectors required that the staffing levels were reviewed to ensure there were sufficient staff to meet the needs of the residents taking into account the size and the layout of the centre.

Judgment:

Non Compliant - Moderate

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

The centre comprised of two single floor units; the 'main house' and 'the Willows'. The main house had a two storey section in the foyer that housed two apartments. The main house was divided into two wings; 'Sycamore' & Birch and the Willows was a separate dementia specific unit which could provide accommodation for up to 35 residents in a mixture of single and twin bedrooms. There was generally good lighting, handrails and heating throughout the centre. There was good communal space provided with a number of sitting rooms, dining rooms, visitors' rooms. In the dementia specific unit there was a spacious sitting room with a smaller relaxation room also available.

The physical environment in the dementia unit was designed in a way that was consistent with some of the design principles of dementia-specific care. Signage and cues were used to assist with perceptual difficulties and orient residents. For example, bedroom doors were all painted individual colours, toilets, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. There were also newly acquired items such as red crockery and black toilet seats to assist residents identify these items. Feedback from staff in relation to colour specific items for residents with dementia has been positive and in line with evidenced based findings. The corridors were wide and bright and allowed for freedom of movement. There were seating areas along the corridors with focal points of interest near them. Age appropriate music was playing in the area and books with photographs for reminiscence were set out. Posters were made up about events of interest such as the 1916 rising. Residents' art work were prominently displayed throughout the unit and colourful murals along the corridor provided interest and talking points. There were four dining areas in the centre, two of which were used for residents who required some assistance at meal times. The size and layout of bedrooms was adequate and some twin rooms were being used as single rooms due to the needs of some residents. Each bedroom had en-suite toilet, shower and wash hand basin and had sufficient storage for personal belongings.

There was a functional call bell system in operation and staff appeared to respond promptly to residents that called via this system. Inspectors saw that residents had access to equipment that promoted their independence and comfort. There were contracts in place to service equipment such as the hoists, call-bell system and on-going repairs to beds and special mattresses and up-to-date service records were available for all equipment on the day of the inspection. There were suitable staff facilities for changing and lockers were available for storage. There were suitable hand-washing facilities and there were separate toilet facilities for catering staff.

There were two apartments on the first floor of the centre for more independent living, both of which were occupied on the day of the inspection. Residents had access to safe and secure gardens which were well maintained, the garden in the dementia unit was completely enclosed and provided a tranquil place for residents to walk around in.

There was a maintenance person employed for 25 hours per week in the centre. A maintenance book for staff to log maintenance requests was maintained and was signed off by the maintenance person when an action was taken. However the inspectors identified a number of issues with the premises during the inspection that that required attention.

The inspectors noted that there was a strong unpleasant odour in various rooms and on corridors in the centre.

There was a lack of storage for equipment and equipment was seen to be stored in day rooms bedrooms smoking room and the oratory during the inspection.

The décor required attention as the inspectors noted paint off the walls in a number of areas of the centre.

Clean linen was seen to be stored in a cupboard in a bathroom in the dementia specific unit.

Although the signage was good in the dementia specific unit, the signage in the main

house required review.
Judgment: Non Compliant - Moderate

Outcome 09: Statement of Purpose

Theme: Governance, Leadership and Management
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Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. Most items listed in Schedule 1 of the regulations were detailed in the statement of purpose; however, the management structure outlined required updating to reflect the two new clinical nurse managers in place in the centre and the change in personnel in relation to the assistant director of nursing post. Also, arrangements for dealing with reviews of the resident's care plan were not outlined as required by Schedule 1. The inspector noted that the statement of purpose was made available for residents, visitors and staff to read. An updated statement of purpose was sent to the inspector following the inspection and this was found to meet the requirements of legislation.

Judgment: Compliant

Outcome 10: Suitable Person in Charge

Theme: Governance, Leadership and Management
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Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependent people. There had been a change to the person in charge since the previous inspection and the inspectors undertook an interview with the new person in charge during the inspection. She had been in post May 2016 and demonstrated knowledge and understanding of the Regulations and the National Standards as well as clinical knowledge to ensure suitable and safe care.

Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. There was evidence that the person in charge had a commitment to her own continued professional development and had undertaken post graduate training in tissue viability and wound care along with other relevant education and on-going training.

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:

Caroline Connelly
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:	Adare and District Nursing Home
Centre ID:	OSV-0000404
Date of inspection:	03/08/2016
Date of response:	07/09/2016

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 17: Residents clothing and personal property and possessions

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy in relation to residents' personal possessions requires review and updating at intervals not exceeding three years.

1. Action Required:

Under Regulation 7 (1) you are required to: Put in place written operational policies and procedures relating to residents personal property and possessions.

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:

The written operational policies and procedures relating to resident's personal property and possessions have been reviewed and updated. All staff are aware of updated version.

Proposed Timescale: 06/09/2016

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The system for the management of the laundering of residents' personal clothing was inadequate.

2. Action Required:

Under Regulation 13 (b) you are required to: Provide adequate facilities for residents to wash, dry and iron their own clothes if they wish to do so, and make arrangements for their clothes to be sorted and kept separately.

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

There is an in-house laundry service available to launder residents' personal clothing. A staff member has been identified to ensure appropriate labelling of residents clothing. The responsible person will ensure that all residents' personal belongings are identified, labelled and stored appropriately.

The Person-in-Charge will monitor compliance with these procedures to ensure that the improvements in the laundry service are maintained.

Proposed Timescale: 06/09/2016

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:

Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart.

The maximum dose for some 'as required' medicines was not specified by the prescriber.

The inspector saw on one residents chart that there a pain relieving medication prescribed on a regular basis and also on an as required basis which if given as prescribed could lead to excess medication being administered.

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The resident's GP has now signed each individual prescribed drug ordered to be crushed in accordance with the centre's policy and procedure.

All prescriptions now include the maximum dose of PRN medications that can be administered in a 24-hour period.

Prescriptions have been reviewed to ensure that medication has been prescribed appropriately, either as a regular dose or as a PRN dose with a maximum dose in 24 hours indicated. This will safeguard against excess pain relieving medication being administered.

Monthly medicines audits are conducted by the Person-in-Charge and/or Assistant Director of Nursing. Action plans are identified to address any areas of non-compliance. The Pharmacist also conducts a regular audit to ensure compliance with medication management policies and procedures.

Proposed Timescale: 06/09/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had up to date training in the management of responsive behaviours.

4. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Further education and training on managing responsive behaviours has been provided to all staff.

Proposed Timescale: 06/09/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were a number of new staff that had not received training in detection and prevention of and responses to abuse and a number of staff also required refresher training.

5. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Training on the detection and prevention of and responses to abuse has been provided to all new staff and refresher training has been provided to staff for whom an update was required.

Proposed Timescale: 06/09/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The systems in place for the management of residents finances was not sufficiently robust to protect residents or staff.

6. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

There is now a comprehensive and robust system in place to ensure accuracy and completeness in recording of residents' finances, which will ensure that all transactions are witnessed, co-signed and dated.

All staff are aware of the revised procedures and the Person-in-Charge will monitor compliance

Proposed Timescale: 06/09/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inspectors observed that a number of residents spent periods of time without any social stimulation.

7. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

All residents are given an opportunity to participate in a broad range of meaningful activities that promote physical, and mental health and wellbeing, while respecting the resident's right to opt out of communal activities. A range of activities is provided, based on the individual interests and preferences of residents, according to their PAL and social assessment (A Key to Me).

Proposed Timescale: 06/09/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspectors found that the staffing levels were not sufficient to meet all the needs of the residents taking into account the dependencies of residents and the size and the layout of the centre.

8. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The Person-in-Charge will ensure that the staffing levels and skill mix are appropriate to the number, dependency and assessed care needs of the residents, taking account of the size and geographical layout of the centre. This will ensure the delivery of high-quality, safe and effective services for all residents.

Proposed Timescale: 06/09/2016

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspectors looked at staff files to assess the compliance with documents required under Schedule 2 of the Care and Welfare Regulations 2013 and found that staff files

required improvement. The inspectors found that in some files there were a number of unidentified gaps in CV's, photo identification was missing and there was no vetting disclosure available for a staff member who had been in post since March 2016.

9. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All Garda vetting documentation of new staff is current and up to date.
All staff CV's have been reviewed to ensure no gaps in employment history
Photo ID of all staff is in place.

Proposed Timescale: 06/09/2016

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:

The inspectors identified a number of issues with the premises during the inspection that that required attention.

The inspectors noted that there was a strong unpleasant odour in various rooms and on corridors in the centre.

There was a lack of storage for equipment and equipment was seen to be stored in day rooms bedrooms smoking room and the oratory during the inspection.

The décor required attention as the inspectors noted paint off the walls in a number of areas of the centre.

Clean linen was seen to be stored in a cupboard in a bathroom in the dementia specific unit.

Although the signage was good in the dementia specific unit, the signage in the main house required review.

10. 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:

A cleaning specialist has reviewed the products in use in the centre and recommended alternative cleaning products. A new cleaning regime has now satisfactorily addressed the issue of odour.

Arrangements for deliveries of stock have been reviewed to avoid items being placed

temporarily in communal areas.

Areas requiring decorative upgrade have been highlighted to the Facilities department for action and a repainting plan is being finalised.

Linen has been removed from the cupboard in the bathroom and relocated to an appropriate designated storage area.

An interior signage specialist has reviewed the signage requirements of the home and additional signage has been ordered for the centre.

Proposed Timescale: 30/11/2016