

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tearmainn Bhride Nursing Home
Centre ID:	OSV-0000399
Centre address:	Brideswell, Athlone, Roscommon.
Telephone number:	090 648 8400
Email address:	info@tbnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aidan, PJ and Teresa Curley T/A Tearmainn Bhride Nursing Home
Provider Nominee:	Aidan Curley
Lead inspector:	Marie Matthews
Support inspector(s):	Geraldine Jolley
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	4

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 inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 June 2017 09:30 To: 13 June 2017 18:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant
Outcome 08: Governance and Management		Compliant

Summary of findings from this inspection

This unannounced inspection was completed to focus on the theme of dementia care to evaluate their quality of life for residents in the centre with dementia. Inspectors focused on six outcomes that had direct impact on dementia care and followed up on the actions from the previous inspection completed in May 2016. All actions had been completed. 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 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) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The provider had assessed all outcomes as compliant with the exception of complaints.

The centre provides care to 29 residents requiring long term care and support. There were 4 vacancies on the day of the inspection. There was no dementia specific unit and all residents lived together in the centre. 40% of residents had a dementia diagnosis and a further two residents had some element of cognitive impairment.

The inspectors met with residents, relatives, and staff members during the inspection and followed the journey of residents with dementia. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Residents were complementary about the care they received and spoke positively of the support provided by staff. Inspectors observed that the staff were aware of residents needs and person centred in their approach. Residents were encouraged to maintain their independence skills with support from a physiotherapist and a range of the support of staff. Complaints were responded to promptly however minor changes were required to update the complaints policy. Similarly there were systems in place to safeguard residents from abuse but the safeguarding policy required review.

The premises was well laid out and a secure garden was available that residents could access independently however parts of the premises required repainting and there were no emergency call bells in communal areas used by residents. Bedroom doors did not have self closing devices fitted and the provider was asked to address this and to provide assurance from a competent person that the centre was fire compliant.

Residents' rights were respected and this was seen through the range of choices available to people in the centre about how and where to spend their time. There were appropriate numbers of staff with the skills to meet the needs of the residents to a good standard and staff were supported to continually develop skills through an ongoing program of training.

The observation carried out in one of the communal areas was generally positive and inspectors found that staff engaged positively with residents and availed of opportunities to communicate with residents. Further improvement was required to ensure that the residents with dementia were facilitated and encouraged to engage in meaningful activity. These matters are discussed further in the report and 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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

There were 25 residents accommodated at the time of the inspection. 3 residents were assessed as having maximum care needs, 11 had high care needs, 7 had medium care needs and 3 were assessed as having low care needs. Residents had a range of healthcare problems associated with old age and the many had more than one medical condition. Ten residents had a formal diagnosis of dementia and two had had some element of cognitive impairment. Some residents were under the care of mental health services and psychiatry of later life.

Preadmission assessments were completed by the person in charge prior to admission to the centre to determine any areas of risk such as susceptibility to weight loss or skin damage or of sustaining a fall. The inspectors found that appropriate assessment tools were used to assess residents following their admission and each resident's health was monitored on an ongoing basis and that their health and social care needs were met to a good standard. There were clear procedures in place for promoting residents' health which included encouraging mobility and falls prevention through the input of a physiotherapist, monthly monitoring of the residents weight and vital signs, appropriate pressure area care to prevent pressure ulcers and nutrition monitoring.

Four GPs attended the centre and the person in charge confirmed that residents could retain their own GP or choose from one of the four who attended the centre. Inspector saw that residents were reviewed regularly. There was a system in place to ensure each resident's medication was regularly reviewed to ensure appropriate therapeutic levels were maintained. There was good input evident from allied health professionals including speech and language therapists, dieticians and chiropodists. A physiotherapist was employed and inspectors observed him interacting with residents and working with residents to promote their mobility.

10 residents had a diagnosis of dementia. Inspectors saw that the diagnosis was supported by completion of a CT scan in the sample of care files reviewed. Staff were observed to consult and involve residents including those with dementia in day-to-day activities. Where residents had a diagnosis of dementia this was clearly stated in their

communication care plan. However, the care plan did not provide any guidance on the level of cognition the resident retained or how the dementia impacted the resident. The communication care plans also detailed the most effective way to communicate with the resident.

The inspectors observed that the meals served looked appetising and residents spoken with were complementary regarding the quality and variety of food available. The menu was displayed in the dining room on a white board and offered a choice at each mealtime. Drinks and snacks were provided between meals and included homemade bread, scones and cakes. The dining room was located beside the kitchen and the day room and residents could smell the aromas as food was prepared which helped stimulate their appetites. Residents were offered regular drinks. Where residents required support to eat and drink this was seen to be offered discreetly and in a sensitive manner. Each resident assessed on admission for their needs in relation to nutrition and hydration. The person in charge said that a food diary was commenced if weight loss was detected to monitor dietary intake. There were no residents been monitored for weight loss at the time of the inspection.

A dietician and speech and language therapist attended the centre regularly to assess residents and the inspectors saw that their advice was included in the resident's nutritional care plan and implemented in practice. Inspectors saw residents receiving fortified drinks, and food of altered consistency to meet their needs where it had been recommended by the dietician or speech and language therapist.

The sample of medication sheets reviewed was clear, legible and distinguished between PRN, short-term and regular medication. The signature of the GP was present for each drug prescribed. Medication was being crushed for some residents prior to administration due to swallowing difficulty and this was identified on their medication charts.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Measures were in place to safeguard and protect residents from abuse. A centre specific policy on safeguarding was available and inspectors saw that this had been updated to reflect the Health Service Executive (HSE) reporting arrangements. All staff had attended updated training on safeguarding vulnerable adults and the staff spoken with

displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The person in charge confirmed that there had been no allegations of abuse reported.

There were policies in place about managing behavioural and psychological signs and symptoms of dementia (BPSD) and restrictive practices. The policy required review to provide more specific guidance on how to manage BPSD so as to minimise the residents anxiety. Information to assist staff to manage BPSD was found in communication care plans rather than in specific behaviour support plans. There was good guidance as to what might trigger the behaviour however, they require review to ensure they also included reactive strategies .

A restraint free environment was promoted and the inspectors saw that less restrictive options were trialled before instigating a restraint. A policy on restraint use was in place to guide practice. There were risk assessments completed for the 5 residents who had bed rails in place. Three bedrails were in use to support the resident or at their request. The inspectors saw that the enabling function was recorded.

The inspector reviewed the system in place to manage residents' money and found that appropriate measures were in place and implemented to ensure resident's finances were fully safeguarded and transparent records were available.

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:

Screening was provided in all shared rooms and 'care in progress' signs were used to ensure residents could undertake personal activities in private.

Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated there were mostly positive interactions between staff and residents. Staff chatted with and responded positively to residents when they initiated conversation and spent time encouraging residents to voice their views and opinions. There was one period in the afternoon where inspectors observed that no staff were present and most interactions were task orientated. This was relayed to the person in charge following the inspection.

Inspectors saw that that residents were consulted on the day to day running of the

centre. Quarterly resident meetings were held with residents. The last meeting was attended by 13 residents occurred on the 3 March 2016. Minutes of these meetings supported that residents were involved, in discussing activities, the food and their views of the service provided. Residents' privacy and dignity was respected. Residents had access to two independent advocates who attended the centre.

The provider ensure that there were social activities provided to ensure residents had meaningful occupation. A range of activities were available, including crafts, gardening, cards, passive exercise classes, word quizzes and going for walks on the grounds of the centre. Inspectors observed that residents were given the choice to join in organised activities and if they did not wish to this was respected. Two residents had recently celebrated an anniversary told the inspectors how the provider had organised a party in the centre for their friends and family. Residents were encouraged to remain actively engaged in their community. Two residents were booked to go on the diocesan pilgrimage to Lourdes during the summer.

A social care history was completed for all residents which included their interests. A social calendar was also present to prompt staff to mark special dates however inspectors saw that these were sometimes not completed.

Residents were facilitated to exercise their civil, political and religious rights. Mass was celebrated weekly in the centre. There were no restrictions on visitors and residents could meet visitors in private. Some residents chose to spend time in watching TV in the smaller sitting room or in their bedrooms according to their own individual preferences.

Inspectors observed that staff chatted with residents as they met them throughout the centre checking with them and as they accompanied them to the bathroom or dining room. Inspectors found that staff knew residents well and were familiar with their care needs, routines and patterns of behaviour. This contributed to the relaxed atmosphere in the centre.

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 centre specific complaints policy was in place and a summary of the complaints procedure was displayed at reception. The policy included details of an independent appeals process. The person in charge said that most complaints were resolved locally.

The inspectors reviewed a copy of the centres complaints log. Details were recorded about each complaint and the investigation completed. Inspectors saw that complaints were responded to in a timely manner. The complaint record indicated whether or not the complainant was satisfied with the outcome. None of the residents spoken with by inspectors raised any concerns with regard to the care or provided.

Residents with dementia had access to an independent advocate to represent them. On review of the centres policy it did not reference the advocates' details and or include details of the ombudsman in the event that the appeals process was unsuccessful.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

There were effective recruitment procedures in place, and a random selection of staff files were checked by one of the inspectors to ensure that all the requirements of Schedule 2 of the Regulations had been met including Garda Vetting and appropriate references. Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available. Training records were reviewed and evidenced that all staff had been provided with training in fire safety, moving and handling and safeguarding vulnerable persons.

The person in charge worked full time. All care staff reported to the nurses. The nurses in turn reported to the person in charge. There was a planned and actual staff roster in place. It included the names and the times of staff shifts for each staff grade. The person in charge worked from 9.00 to 16.00 Monday to Friday. The normal allocation of staff was 1 nurse and 4 care assistants in the morning; one nurse and three care assistants during the day until 4pm; one nurse and two care assistants in the evening until 10pm and one nurse and one care assistant at night. The person in charge confirmed that most staff were now rotated onto the night rota. For those who were not rotated she confirmed that she came in a night from time to time to ensure clinical supervision. The person in charge said that additional staff were deployed where necessary if a resident was ill or required one to one care. Residents reported satisfaction with the staffing levels available to them.

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 building was purpose built to meet the needs of older people. The premises was clean on the day of inspection but some maintenance was required to enhance the aesthetic appearance and ensure infection control. The centre is laid out on one floor and all rooms are accessible. Residents with dementia were integrated with other residents. Inspectors found that the environment was calm and relaxed and conducive to the provision of dementia care.

Access to the centre was restricted through a buzzer system for the safety of residents. There was one main communal room which adjoined the centres dining room. A small oratory, a visitors room and smaller sitting room used as a smoking room were available to residents. The inspectors spoke with some residents during the inspection who said they preferred to sit in the quieter sitting room.

There were ample windows in the building and residents could look outside from their bedroom or from any of the communal rooms. The corridors throughout had handrails on each side which were painted in a contrasting colour to improve visibility. These provided residents who paced as a result of their dementia with an area to walk. Inspectors observed that some walls, skirting boards, window- sills and bed tables had become damaged and worn which detracted from the appearance of the centre and made them difficult to clean.

Bedroom accommodation comprised 15 single bedrooms, of which, two had en suite bathroom facilities. There were 12 double rooms. In general, the rooms were decorated in a homely manner with furniture and pictures. Curtain were provided in shared bedrooms to help improve privacy. Bathroom and toilet doors were painted in blue to help aid recognition and there was improved signage and visual prompts since the last inspection to help orientate residents. Some bedrooms were personalised with family pictures. However, bedroom doors of residents with dementia were not personalised in any way which would further enhance the building for residents with dementia and make them more easily identifiable to all residents.

Assistive equipment such as hoists, wheelchairs and chair alarms were provided for residents and these were well maintained and appropriately stored. Emergency call bells were provided in each bedroom and in toilets and bathrooms but inspectors observed that there was no call bell provided in the communal areas.

The centre has a well-maintained garden to the front and rear of the premises and

residents were observed walking on the grounds on the day of the inspection. The garden to the rear was secure and contained outdoor seating and raised plant beds which some residents said they helped to plant.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were systems in place to manage and document accidents and incidents. The inspector reviewed a sample of accidents records. Details of the incident and the actions taken in response to the incident were recorded and the inspector saw that interventions were put in place to prevent a reoccurrence. Staff had up-to-date training in movement and handling and in the use of assistive equipment such as hoists.

The arrangements for the prevention and containment of fire required review. While there was suitable fire fighting equipment including extinguishers, fire doors, fire blankets, emergency lighting and alarm equipment, bedroom doors did not have self-closing devices fitted. There were service records of the equipment maintained that confirmed regular servicing took place and they were in good working order. All fire exits were unobstructed and records were available to verify that daily checks were completed by nursing staff.

Fire evacuation procedures were prominently displayed in the centre. All staff had been trained in fire safety management, which they completed on an annual basis. The staff were knowledgeable of their role and the evacuation of residents in the event of a fire. There were fire drills completed regularly and at a minimum every six months. This was confirmed by records read, which included any outcomes and observations to bring about improvement in efficiency of evacuation.

Judgment:

Substantially Compliant

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

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

Findings:

There were systems in place to monitor the quality and safety of care provided to residents. The inspector read a sample of audits completed during the year. The audits were completed for a number of key performance indicators (KPIs) such as falls, wound care, weight management, restrictive practices, medicine management, and complaints, pressure relief settings. An annual report on the safety and quality of care provided to residents was available. The inspectors reviewed the report which covered areas such as healthcare, protection of residents, resident's satisfaction with the service, risk, staff training, menu options and residents. The report included a quality improvement plan to address the areas identified for improvement and inspectors saw that where issues were identified for improvements, these had been completed or were in progress.

There was a clearly defined management structure in the centre. The provider was based in the centre most days of the week and regularly met the person in charge. They had discussions and meetings on the operation of centre. There were minutes of regular staff meetings available. The person in charge attended all meetings. There was evidence that residents were consulted about the running of the centre with Two independent advocates visiting the centre.

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:

Marie Matthews
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:	Tearmainn Bhride Nursing Home
Centre ID:	OSV-0000399
Date of inspection:	13/06/2017
Date of response:	14/07/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Care plans reviewed did not provide any guidance on the level of cognition the resident retained or how the dementia impacted the resident

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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:

Update Care Plans

Proposed Timescale: 31/07/2017

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:

The policy and care plans on managing behavioural and psychological signs and symptoms of dementia (BPSD) did not provide sufficient guidance to staff to assist them to manage BPSD so as to minimise the residents anxiety.

2. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

Policy Updated

Care Plan to be reviewed

Proposed Timescale: 31/07/2017

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

On review of the centres policy it did not reference the advocates' details and or include details of the ombudsman in the event that the appeals process was unsuccessful.

3. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Policy Updated

Proposed Timescale: 14/07/2017

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:

There were no emergency call bells provided in all rooms used by residents.

4. 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:

Call bell system to be review and improved

Proposed Timescale: 31/10/2017

Theme:

Effective care and support

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

Some walls, skirting boards, window- sills and bed tables were damaged and worn and required refinishing.

5. 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:

Audit of environment to be completed

Necessary work carried out

Proposed Timescale: 31/10/2017

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Bedroom doors did not have self-closing devices fitted.

6. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Review of fire safety measure to be completed. Self-closing devices to be fitted.

Proposed Timescale: 30/11/2017