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:	The Rock Nursing Unit
Centre ID:	OSV-0000623
Centre address:	Ballyshannon, Donegal.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
27 July 2017 08:30	27 July 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	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced inspection with a special focus on the provision of dementia care. The Inspector wished to evaluate the quality of life for residents with dementia living in the centre. The Inspector focused on six outcomes that had direct impact on dementia care and followed up on three actions from the previous inspection completed in July 2016. The action with regard to care planning was completed, however the other two were partially complete, these related to the premises and auditing. The inspector found there were issues of non compliance in relation to the design and layout of areas of the premises as regards the requirement to protect and promote the privacy and dignity of residents as some residents were accommodated in multi-occupancy rooms. A new build which will amalgamate the Sheil and the Rock Community Nursing Units is planned. The auditing system has been reviewed and further review is on-going.

The Person in Charge had attended information seminars given by HIQA regarding dementia inspections. The centre did not have a dementia specific unit. At the time of this inspection, of the 21 residents accommodated, six had a formal diagnosis of dementia and nursing staff stated that approximately two other residents had cognitive impairment. No resident was under 65 yrs of age.

The inspector tracked the journey of a number of residents with dementia within the service. An observational tool (QUIS) in which social interactions between residents and care staff are coded as positive social, positive connective care, task orientated care, neutral, protective and controlling or institutional care/controlling care was used by the inspector. The results reflect the effect of the interactions on the majority of residents (This is discussed further throughout the report). A mental state assessment is completed on all residents on admission and repeated at regular intervals. This looks at memory or other mental abilities and helps to diagnose dementia and assess its progression and severity. It also is used to assess changes in a person who has already been diagnosed with dementia and can help to give an indication of how severe a person's symptoms are and how quickly their dementia is progressing.

At the request of the HIQA the provider had submitted a completed self assessment on dementia care to the Authority together with relevant policies and procedures prior to the inspection. The provider had assessed the compliance level of the centre and had rated the centre to be substantially complaint with Health and Social Care, Safeguarding and Safety, Residents' Rights, Dignity and Consultation, Complaints Procedure and Management, Suitable Staffing and moderately non compliant with Safe and Suitable Premises.

The inspector found that the residents were well known by staff, and the care needs of residents with dementia were met. There was a very relaxed atmosphere in the centre where residents had good input into how they spent their days. Residents were relaxed and encouraged to maintain their interests and independence. There was an emphasis on person centred care and the residents being at the core of the planning and delivery of care. Residents looked well cared for and told the inspector they were "very well cared, the staff were kind and caring, and the food was always good".

A high percentage of staff had completed dementia training courses of varying levels. One nurse had enrolled on the dementia champion course and was due to commence this in September 2017. She planned to take a lead in dementia care in the centre on completion of this course. The activity therapist had completed training in Sonas (a therapeutic activity for residents who are cognitively impaired) and staff and residents were complimentary of this new activity. Pre admission assessments were conducted by the person in charge which considered the health and social needs of the potential resident.

At the feedback meeting at the end of the inspection, the findings were discussed with the director of nursing and the person in charge. Matters requiring improvement are discussed throughout the report and set out in an action plan at the end of this report in order to comply with 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.

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:
This outcome relates to assessment and care planning, access to healthcare, medication management, nutritional care and end of life care.

At the last inspection one action was detailed under this outcome. This was to ensure that care plans are consistently reviewed in response to changing needs. This had been addressed. The provider rated this outcome as substantially complaint on the self assessment tool (SAT). Areas identified as requiring review in order to achieve compliance were care planning, specific dementia activities and staff development in dementia care. All three areas had input and the inspector found that this outcome was compliant. Reminisance therapy, pet therapy and sonas therapy was available.

The Inspector followed the pathway of residents with dementia and tracked the journey from referral, to admission, to living in the centre. Pre admission assessments were completed to identify residents' individual needs and choices. There was evidence of communication with family members and the referring agency/person. An admission policy was available and the inspector found that this was reflected in practice. On review of residents' care files inspectors found that their hospital discharge documentation was available.

Comprehensive assessments and a range of additional risk assessments had been carried out for all residents and staff had developed care plans based on the risks and care needs identified. Care plans reviewed contained sufficient detail to guide staff in the delivery of care. Dementia care plans were in place detailing the functionality and ways in which their independence could be maintained. Care plans were reviewed on a four monthly basis.

Residents' nutritional needs were well met. Residents were screened for nutritional risk on admission and this was reviewed regularly thereafter. Nutritional care plans were in place. Some residents had food and fluid intake and output charts in place. These provided sufficient detail to be of therapeutic value and in most cases the 24-hour intake/output was totalled and reviewed by nursing staff.

The Inspector observed residents having their lunch in the dining room. Adequate staff were available to assist and monitor intake at meal times. Some residents choose to dine in their own bedrooms, and this was facilitated. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids was available to catering and care staff. Residents confirmed that they enjoyed the food. The kitchen was open 24hrs per day and snacks were freely available. Residents told the inspector that they could have a drink and/or a snack any time they asked for them.

Access to allied health professionals to include dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology physiotherapy and psychiatry of later life was available. There was evidence in the medical files of good access to the General Practitioner. Dental referrals were actioned as required. Policies and procedures were in place to guide and support staff with regard to medication management. Controlled drugs were stored appropriately and records were available demonstrating that they were counted at the end of each shift. A sample of prescription and administration records was reviewed by the inspector. These contained appropriate identifying information including residents' photographs and were clear and legible. Appropriate procedures were in place for the return of unused /out of date medications. There was evidence that medication was reviewed quarterly.

Arrangements were in place to review accidents and incidents. A comprehensive falls prevention programme was in place. All staff were trained in falls prevention. Residents at risk of falling were assessed using a validated falls assessment tool. Falls prevention care plans were in place. These provided guidance to staff in the delivery of safe care and what detailed aids such as sensor mats to mitigate the risk of further falls for the resident. Evidence was available that post-fall observations including neurological observations were undertaken to monitor neurological function after a possible head injury as a result of a fall.

Systems were in place to prevent unnecessary hospital admissions. Staff had been trained in sub-cutaneous fluid administration and the centre described good links with the palliative care team. Observations such as blood pressure, pulse and weight were assessed on admission and according to assessed need thereafter.

Systems were in place in relation to transfers and discharge of residents and hospital admissions. The Inspector saw in some files reviewed that residents had on occasions been admitted to the local acute hospital. There was good evidence available of communication between the centre and acute care services when a resident was being transferred for care.
A letter detailed the specific reason as to why the resident required admission together with a letter from the medical practitioner (when the medical practitioner reviewed the residents in person prior to transfer) accompanied the resident. Discharge letters for residents who spent time in acute hospital care and letters from consultations detailing findings following out-patient clinic appointments were available. Residents were usually accompanied by a relative to their out-patient clinic appointments and hospital admissions. Where this was not possible a staff member would attend.

Staff had attended training in End of Life Care. Staff provided end of life care to residents with the support of their General Practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives these were documented.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The provider rated this outcome as substantially complaint. The inspector found that this outcome was complaint. Areas that required reviewed identified by the provider had been addressed. These included ensuring that staff were aware of the safeguarding policy and of the contact details of the safeguarding team for the local area.

The policy on safeguarding vulnerable adults at risk of abuse has been enacted. Staff spoken to by the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place. Regular refresher sessions are scheduled regularly and the person in charge told the inspector that they talk about safeguarding regularly at handover and staff meetings. The person in charge confirmed that all staff had Garda Síochána vetting in place.

There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. A review of incidents since the previous inspection showed that there were no allegations of abuse had been recorded. Staff spoke with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse.

There were policies in place about managing behaviour that challenges, BPSD (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice.

The Inspector reviewed the use of restraint within the centre. Risk assessments were completed for residents who had bed rails in place. All bedrails were in use as enablers. Care plans were in placed detailing the enabling function of the bedrail. No resident who

had a diagnosis of dementia had a bed rail in place. All had crash mats and low-low beds.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The provider rated this outcome as substantially complaint. The provider found that this outcome was complaint. Areas that required reviewed identified by the provider had been addressed. These included reviewing to activity programme and ensuring the activity coordinator attended training in Sonas, and erection of signage to enhance orientation.

A range of activities were available, including afternoon teas, baking reminisance, sonas flower arranging, bingo, exercise class, chatting review of the local paper and going for walks. The inspector met with the activity co-coordinator. She explained the assessments she carried out to ensure that a comprehensive social care history is available to assess residents' interests and preferred activities. She also confirmed that she does group and individual activities. A minority of residents choose to spend long periods of time in bed due to their dependency and frail physical state. The activity coordinator confirmed that she attends residents in their bedrooms and that care staff also complement this.

Residents were facilitated to exercise their civil, political and religious rights. Mass was celebrated weekly in the centre. Special dates for residents are acknowledged and celebrated.

There were no restrictions on visitors and residents could meet visitors in private. On the days of inspection visitors were observed spending time with residents in the sitting room. A quarterly newsletter was produced which was available to residents and relatives. An independent advocacy service was available.

Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated there was a high level of positive interactions between staff and residents. Staff chatted with and responded positively to residents and were observed to engage residents well in conversation. While staff were going about their work they chatted with residents in a pleasant informal way.

Residents spoken with were complimentary of the activities offered. Consumer group meetings which included resident and relatives were held quarterly. Minutes of these meetings were available. Items discussed included social activities and the day to day running of the unit.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The provider had rated this outcome substantially compliant and the inspector also found it was substantially compliant.

The person in charge displayed a positive attitude towards the management of complaints.

A comprehensive complaints policy was available which outlined the duties and responsibilities of staff. The complaints procedure was displayed on entry and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process. A comments box was also available.

The inspector reviewed the complaints log. There were five complaints recorded since the last inspection. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome However there was no evidence whether the complainant was informed of the appeal process in case they wished to utilise same. As detailed under outcome three there is an opportunity for families members to meet with the person in charge and discuss any issues with regard to the running of the centre.

Judgment:
Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The provider had rated this outcome substantially compliant and the inspector also found it was substantially compliant.
At the time of this inspection the centre had 21 residents residing in the centre, five of which were maximum dependency, 14 were high dependency and two were assessed as medium dependency. The inspector found that staff delivered care in a respectful, timely and safe manner. Staff displayed a very good knowledge of person centred care and were aware of the wishes of residents. There was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents. Staff were supervised according to their role and there were always staff nurses supervising care assistants. The person in charge worked full-time. When she was not on duty there was always a senior nurse identified as being in charge of the unit.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care and nursing staff. The staffing complement included activity coordinator, catering, housekeeping and administration staff.

A varied programme of training was in place for staff. Staff spoken with and records reviewed indicated that all staff had completed training in fire safety and most care/nursing staff had completed training in safe moving and handling. Two care assistants who had recently returned from leave did not have up to date refresher manual handling training in place Courses attended by staff in the last two years included safeguarding vulnerable adults, dementia care courses, management of behaviours that challenge, infection control, medication management, and nutritional care courses. Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available.

The inspector reviewed staff personal files of four staff members and found that schedule two documents to be held in respect of each member of staff were incomplete. In one nursing staff file and one carer there was no documentary evidence of their qualifications even though their application for the post stated they had the qualification.

There were no volunteers attending the centre at the time of this inspection.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The action with regard to accommodating residents in multi occupancy rooms remains live. The current building poses a challenge to the delivery of care in line with the Statement of Purpose. However, staff have made significant efforts to ensure the centre is homely and the dignity and privacy of residents is respected to the best of their ability given the constraints of the environment. Signage was available throughout the centre to assist residents with orientation. Bedrooms and communal areas were very clean, well ventilated and comfortably warm. Adequate equipment was available for use by residents. Staff were trained to use equipment, and equipment was appropriately stored.

Planning permission has been obtained for a new build that will amalgamate the Rock Community Nursing Unit and the Sheil Community Hospital. It is proposed that construction will commence in late 2018 with completion in late 2020.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Action Plan

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

Provider's response to inspection report[1]

Centre name:	The Rock Nursing Unit
Centre ID:	OSV-0000623
Date of inspection:	27/07/2017
Date of response:	28/09/2017

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 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome However there was no evidence whether the complainant was informed of the appeal process in case they wished to utilise same.

1. Action Required:

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

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

Please state the actions you have taken or are planning to take:
A new complaints form has been developed with appeals process, phone number inserted. All staff, residents and visitors have been informed
Proposed Timescale: Immediately

Proposed Timescale: 13/09/2017

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two care assistants who had recently returned from leave did not have up to date refresher manual handling training in place

2. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Manual handling training has been booked for September 2017

Proposed Timescale: 30/09/2017

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Schedule two documents to be held in respect of each member of staff were incomplete. In one nursing staff file and one carer file there was no documentary evidence of their qualifications even though their application for the post stated they had the qualification.

3. 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:
Staff files have been reviewed and all staff have been requested to provide relevant documentation for personal files.

Proposed Timescale: December 2017

Proposed Timescale: 31/12/2017

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:
The action with regard to accommodating residents in multi occupancy rooms remains live. The current building poses a challenge to the delivery of care in line with the Statement of Purpose.

4. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
All staff are aware of the limitations of the building and ensure privacy and dignity are protected for our residents. Planning permission has been granted for new Ballyshannon Nursing Unit.

Proposed Timescale: 30/06/2021