

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Good Counsel Nursing Home
Centre ID:	OSV-0000416
Centre address:	Crossagalla, Kilmallock Road, Limerick.
Telephone number:	061 416288
Email address:	emmetbeston@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Good Counsel Nursing Home Limited
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 April 2018 11:00	24 April 2018 17:15
25 April 2018 09:00	25 April 2018 15:45

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

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

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days. The inspector met and spoke with residents, relatives, staff and management including the person in charge. Of the 28 residents who were residing in the centre on the days of the inspection, approximately 10 were cognitively impaired or had a confirmed diagnosis of a dementia related condition. The centre did not have a dementia specific residential

unit and resident care was integrated throughout the centre. The inspector reviewed a number of care plans of residents with dementia and cognitive impairment, including processes around assessment, referral and monitoring of care. The inspector observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The provider had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form 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. The provider's self assessment and the assessment of findings on inspection are set out in the table below for ease of reference. The provider had been responsive in taking action to address areas for improvement that had been identified on previous inspections. A new extension had been built that provided a separate smoking area for residents. The training programme was well monitored and all staff had received current training as required. Overall a very good level of compliance was assessed during the inspection with some areas for improvement identified in relation to developing the environment and improving signage and colour contrast to enhance orientation for residents who might be cognitively impaired. In relation to residents' healthcare and nursing needs the inspection findings were very positive with evidence that residents' needs were comprehensively assessed and relevant resources accessible for referral as necessary. The inspector noted that interaction between staff and residents with dementia or a cognitive impairment was familiar and reassuring appropriate to the circumstances. Staff were seen to demonstrate an awareness of the particular needs of residents with impaired cognition and an understanding of how to communicate in a way that provided supportive care.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

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

Effective arrangements were in place to meet the health and nursing needs of residents with dementia or a cognitive impairment. All residents were appropriately assessed on admission by a suitably qualified person. Care plans were developed in line with admission assessments and residents' changing needs. The person in charge explained how the care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity. A sample of care plans was tracked on inspection and it was found that timely assessments were carried out in keeping with regulatory requirements, though in some instances the calculations using a cognition assessment tool were inconsistent and required review. Of the cases reviewed appropriate care plans were in place around all activities of daily living. Specific plans were in place for individual issues identified such as nutrition and mobility. Individualised care plans reflected personal habits and residents who smoked, for example, had a care plan and risk assessment around the management of their preferences in this regard.

Relevant policies were in place on food and nutrition. Catering staff were trained and understood the particular needs of all residents at the time of inspection. Communication systems between catering staff and care staff included relevant information about the individual dietary and nutritional needs of residents. Members of care staff spoken with understood how to follow the directions of a nutrition and hydration care plan including the modification of meal consistencies and instructions on fluid thickening, for example. Residents who required full assistance with their meals were seen to be supported appropriately in a manner that was discreet and attentive. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Meals were seen to be freshly prepared and thoughtfully presented. Home baking was also provided. Snacks and refreshments were seen to be provided regularly throughout the duration of the inspection.

There was good evidence that practice and systems to prevent unnecessary hospital admissions were in place; these included attendance and review by the general practitioner (GP) as well as the regular recording of clinical observations. Records and discussion confirmed that residents had regular access, or as required, to allied healthcare professional services such as speech and language therapy, physiotherapy, chiropody and dental and optical services. The centre also had effective access to community mental health services.

A policy on the provision of care at end-of- life was in place that provided directions on the delivery of care to meet the physical, emotional, social, psychological and spiritual needs of the resident. Management demonstrated a commitment to providing person-centred care for residents and all staff had received relevant training in palliative or end-of-life care, as appropriate to their role. Arrangements were in place to support families and residents experiencing bereavement and memorial services also took place at the centre. The inspector reviewed a sample of end-of-life care plans for residents with dementia or cognitive impairment, information included dated entries of recorded wishes and subsequent reviews and consultation with families.

Processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Medication prescription and administration records were maintained appropriately and contained the necessary biographical information of the resident, including a photograph. The inspector reviewed protocols with a member of nursing staff who explained storage and administration practice that was in keeping with guidelines and good practice. Where residents with a cognitive impairment might be confused and possibly refuse medication, alternative times and administrators might be trialled; if refusal persisted appropriate arrangements were in place to record the circumstances and refer for review by the GP as appropriate.

Based on observations, feedback and a review of documentation and systems, the inspector was satisfied that, overall, there were suitable arrangements in place to ensure that the health and nursing needs of all residents, including those with dementia or cognitive impairment were appropriately met.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:

Safeguarding policies and procedures specific to the centre were set out in writing and provided guidance to staff on the appropriate action to take in response to incidents or allegations of abuse. Regular training on safeguarding and safety was provided by the centre and all staff had received current training. Those staff members spoken with by the inspector were able to explain safeguarding protocols including the reporting systems in place. Residents spoken with by the inspector commented positively of their experience of care and stated that they felt safe and well minded in the centre. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

Where possible residents managed their own finances either independently or with the support of family and the centre did not administrate any individual accounts. Systems were in place to safeguard residents' finances with a record maintained of individual transactions where entries were recorded and receipts maintained. A sample of these records was checked and the figures reconciled with the balance of funds held.

A policy and procedure was in place on the management of challenging behaviour and all staff had received relevant training. The provider had self-assessed substantial compliance in this outcome with training identified as an area for improvement, at the time of inspection the training programme had been fully implemented. Staff had also received training in relation to dementia care and the management of related behaviours and psychological symptoms of dementia (BPSD). Through observation and a review of care plans it was evident that staff were knowledgeable of their residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Staff were seen to reassure residents and divert attention to reduce anxieties as appropriate. A policy on restraint provided guidance to staff on the definition of different types and use of restraint in keeping with relevant national guidelines and best practice. Where restraints such as bed-rails were in place their use had been assessed and nursing notes indicated a process of regular monitoring was in place.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The provider had implemented improvements that had been identified on the previous inspection and residents were now provided with information and access to an independent advocate. Improvements identified through the self assessment had also

been implemented and arrangements were in place to provide information about community services. Regular resident meetings took place and the families of residents were involved in consultation processes around the care of relatives with impaired cognition.

At the time of inspection approximately one third of residents at the centre had a diagnosis of dementia or were presenting with symptoms of a cognitive impairment. A dedicated member of staff had nominated responsibility for a regular activation programme and the inspector saw that this was a diverse programme that was designed to meet the needs of all residents. Recreational activities to support residents with dementia or a cognitive impairment included musical events and activation with physical exercise and game playing as well as activities with a sensory and tactile focus. Staff were familiar with the backgrounds and interests of residents and were able to demonstrate how residents were facilitated to use technology, such as laptops, to access interests and communicate with families. Residents who could went on outings with the support of staff if required. The weekly activity schedule included morning and afternoon arrangements for activities such as music, song, Sonas and exercise time. On the days of inspection regular activities were seen in progress. A number of residents gathered in the day room for a game of skittles on one morning. Other staff members joined the group and engaged with small groups reading articles from local papers and discussing the news. In the afternoon residents were seen partaking in a music session. At another time a mass service took place in one of the communal areas that was attended by both residents and visitors. On the days of inspection visitors attended the centre regularly and residents were seen to receive their visitors sometimes in their rooms or in the available communal areas. Management confirmed that there were no restrictive visiting arrangements. Minutes of recent resident meetings outlined the provision of information to residents on topics such as staff changes, upcoming events and activities and mealtimes.

The inspector saw that staff engaged with all residents in a person-centred manner. Mealtimes were a positive social experience - staff were seen to enquire as to the preferences of all residents and offer alternatives where residents might change their minds. This included attentive communication and efforts to encourage resident engagement as appropriate. Staff were mindful around the mood and attitude of residents with a cognitive impairment and the inspector noted that staff were considerate of residents' needs providing appropriate support when residents experienced any confusion. Residents and staff engaged easily with each other and communication was seen to be friendly and interactive.

Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. This monitoring occurred during discrete 5 minute periods in 30 minute episodes. Two episodes were monitored in this way and during these periods of observation it was noted that residents with dementia or cognitive impairment had their social needs met in an appropriate and consistent manner. One observation period took place in the dining area around lunchtime when communication between staff and residents was familiar and friendly. Exchanges related to preferences around snacks for example or where to sit and visitors that might be coming. A positive result was recorded throughout this period with staff engaging meaningfully with residents on a consistent basis. The second

period took place during an activation session the following afternoon. Again staff were seen to engage positively with residents, offering drinks and snacks and taking time to explain what they were doing and find out what residents wanted or needed. Both residents and visitors spoken with commented positively on their experience of care at the centre and were complimentary of both staff and management.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

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

Findings:

The provider had responded to areas of improvement identified on previous inspection and processes around the recording of complaints were complete and in keeping with related policy and procedures. The complaints procedure was clearly displayed for reference in the reception area. Residents and visitors spoken with understood who was in charge and how to make a complaint though most commented that staff and management were helpful in resolving any issues that might arise as they occurred. There was also an opportunity for residents to give feedback at resident meetings when areas for improvement could be identified and suggestions made for preferences. The inspector reviewed the record of complaints and noted that entries recorded the necessary information as required by the regulations in relation to the complaint and complainant, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome.

Judgment:

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:

Management had addressed actions around training needs and vetting documentation that had been identified on the last inspection and as part of the thematic self-assessment analysis. A training matrix was in place that monitored due dates for mandatory training and all staff had received current training in keeping with regulatory requirements. Recruitment and vetting procedures were in place that verified the qualifications, training and security backgrounds of all staff. A sample of staff files was reviewed and documentation, including the necessary vetting disclosures, was maintained as required by Schedule 2 of the Regulations.

The provider also fulfilled the role of person in charge, directing care with the support of senior nursing staff. A person participating in management provided additional support in relation to administration and practice development through training. Arrangements were in place to ensure that information about the changing needs of residents was communicated effectively and staff handovers took place as necessary. Supervision arrangements included appropriate accountability with a qualified nurse on duty at all times. Security protocols were in place for controlled drugs and systems of monitoring also included regular audits and stock checks.

The inspector discussed training development with management who explained that the needs of residents with dementia or a cognitive impairment were considered in planning training provision. Staff were provided with additional training around dementia, communication and the management of responsive behaviours. The inspector spoke with staff who were able to explain their understanding of evidence based good practice, such as the benefit of validated assessment tools in developing care plans, for example. Staff were familiar with the standards and regulations and were aware of their statutory duties in relation to the general welfare and protection of vulnerable residents.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

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

Findings:

The centre was located on a substantial site set back from the main road on the outskirts of Limerick city. Resident accommodation was available on the ground floor of the single-storey, purpose-built centre. Ample parking facilities were available to the front and side of the premises.

Action identified on the previous inspection in relation to premises issues had been addressed; a new extension had been completed that provided a suitable environment

for residents who wished to smoke that was appropriately equipped and furnished as required.

The provider had made additional improvements that included the provision of assistive hand-rails at both the front entrance area and also at the double-door exit for residents onto the garden area. Call-bells were easily accessible in all rooms. The centre was comfortably furnished with effective heating, lighting and ventilation throughout.

Accommodation for up to 28 residents was laid out along a central corridor on the ground floor. The communal sitting area and visitors' room were located near the entrance to the centre. Resident accommodation comprised 20 single and four twin bedrooms. All were appropriately furnished providing adequate storage for personal belongings and enough room for assistive equipment to be used safely if necessary. Privacy screens were provided in shared bedrooms. The centre was clean and nicely decorated with a regular programme of maintenance in place, though in parts of the centre flooring was quite worn and bathroom fittings in some instances were damaged and required replacing. Residents had access to a large, bright dining area that was attractively laid out with seating for individuals and small groups. Meals were served from the adjacent kitchen that was appropriately equipped to cater for the size and occupancy of the centre. The laundry area was well equipped and suitable in design to meet its purpose, with sufficient space and facilities to manage all laundering processes. Storage facilities were appropriate to manage both individual belongings and assistive equipment.

The bedrooms of residents were seen to be personalised to varying degrees in keeping with the individual preferences of residents. Appropriate consideration was given to ensuring that residents who might have a cognitive impairment could easily reference cues around time and date and clocks and calendars were displayed in most rooms and communal areas. Bathroom and toilet facilities were appropriately located throughout the premises. Residents had the option of using an assisted bath if they wished. Separate facilities were available for use by staff. Residents had access to a central garden area with lawns and a fountain. This garden area was secure and provided walkways for exercise and a seating area. Corridors were wide and provided grab-rails to support residents when mobilising independently. Many parts of the centre had been recently painted and relevant signage around bathrooms and dining areas were in place to assist residents with orientation around the centre. The provider understood the advantages of colour contrasts and visual stimuli in supporting residents with a cognitive impairment and these features were part of ongoing improvement plans.

Judgment:
Substantially 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:

Mairead Harrington
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:	Good Counsel Nursing Home
Centre ID:	OSV-0000416
Date of inspection:	24/04/2018
Date of response:	05/06/2018

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 Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

In some instances the calculations using a cognition assessment tool were inconsistent and required review.

1. 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

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

the Chief Inspector.

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

The error identified has been rectified and all other assessments rechecked to insure they are accurately calculated.

Proposed Timescale: 04/05/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

In parts of the centre flooring was quite worn and bathroom fittings in some instances were damaged and required replacing.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The flooring identified will be replaced by 29/06/2018.

All damaged or stained bathroom fittings will be replaced by 20/07/2018.

Proposed Timescale: 20/07/2018