

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Queen of Peace Centre
<b>Centre ID:</b>	OSV-0005506
<b>Centre address:</b>	Garville Avenue, Rathgar, Dublin 6.
<b>Telephone number:</b>	01 497 5381
<b>Email address:</b>	peter.jones@orwellhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Orwell House Limited
<b>Lead inspector:</b>	Helen Lindsey
<b>Support inspector(s):</b>	Gearoid Harrahill
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	45
<b>Number of vacancies on the date of inspection:</b>	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: 09 May 2018 09:30 To: 09 May 2018 15:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
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	Non Compliant - Moderate	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Substantially Compliant

**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the 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 previous table outlines the self-assessment and the inspector's rating for each outcome. The provider had identified a number of areas they were working on to drive improve, but overall inspectors found good levels of compliance.

Inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked. 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.

The centre provided a service for people requiring long term care and support and also dementia care. On the day of the inspection 45 residents were accommodated in the centre. Around one third of residents had a dementia diagnosis, and about one third of other residents had some symptoms but no formal diagnosis. There was no dementia specific unit in the centre, residents were supported to use the premises as suited them.

Residents reported that they enjoyed the activities provided in the centre, and that they liked the way their chosen routines were respected. They were also very positive about the way staff supported them and described them as very kind. There was good access to a range of allied healthcare professionals and their recommendations were seen to be implemented in practice. Care records were written in a person centred way and focused on residents' skills and abilities. Inspectors observed that staff interacted with residents by respecting their skills and providing support as detailed in their plans. Staffing levels met the needs of the residents on the day of inspection, and training opportunities reflected the care needs of the residents, to ensure staff had the relevant skills to address those needs.

The premises were laid out in a way supported residents' privacy and dignity in that all bedrooms were single rooms, some with en-suite. There were rooms for social gatherings and a lounge diner for mealtimes and relaxation. There was access to a garden through the ground floor and it provided a pleasant environment with a number of places to sit, all accessed by a level access path. Improvements were commencing on the premises and the provider was satisfied they would address areas that required improvement such as the decor and number of accessible showers and toilets.

One area for improvement was noted in relation to the premises. This is outlined in the report and the action plan at the end of the report.

**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:**

Residents' wellbeing and welfare was being maintained and evidence-based nursing care was being delivered.

The inspector reviewed a range of resident's records. Records showed that each resident received an assessment prior to admission to ensure their needs could be met in the centre. On admission a full assessment was completed and a set of care plans were developed for each health and social care need. The records detailed residents' skills and abilities, likes and dislikes and provided clear information about how their needs were to be met. There was also a clear focus on supporting independence and supporting residents' rights, for example prompts to check residents agree to any care or support provided. Staff were seen to be putting this in to practice when inspectors were observing in the centre. Records showed there were meetings with resident, and where appropriate their families, to discuss the care being provided and any changes that may have occurred. Residents who spoke with inspectors said the staff were very kind and did a good job.

Communication care plans set out residents' skills and abilities, and how to communicate most effectively. They also described how any health conditions may be affecting the resident and how that may impact on their communication skills, for example if they had dementia and their abilities may be different at different times.

Each resident was assessed in relation to their nutritional needs, and an appropriate plan of care was put in place. A review of care plans showed some residents were on a modified diet as prescribed by a speech and language therapist. Arrangement for the provision of meals had recently changed in the centre but where specific diets were required inspectors observed they were provided. Residents' feedback to inspectors that after a couple of changes to the menu they were now happy with the new arrangements and quality of meals and snacks provided.

There were clear processes in place to ensure any changes in residents healthcare needs were identified and addressed. Nursing staff were available on each floor of the centre and could respond to any requests for support from the healthcare assistants or

the residents. Handovers were completed at the beginning and end of each shift to ensure any details were passed over to the next staff team. A range of nursing tools were used to review residents needs, and when their results changed inspectors observed that appropriate referrals were made to allied healthcare professionals, for example the dietician or speech and language therapist. Reviews were carried out every four months or more frequently as required.

A general practitioner (GP) visited the centre on a regular basis and the out of hours service was used when needed. Residents were able to keep their own GP if they preferred.

End of life care was discussed with residents, and where appropriate their families, and where they had particular wishes they were recorded. Staff described that residents would be supported in the centre where possible if it was their wish and that there were links with the local palliative care support services to offer additional support if required..

**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:**  
There were appropriate measures in place to ensure residents were safeguarded and protected from suffering harm.

Residents who spoke with inspectors said they felt safe in the centre. The management team and staff were clear on the signs of abuse and what to do if it was reported to them. Their feedback was in line with the centre's policy that provided clear definitions of abuse and the action to take if it were observed, reported or suspected. All staff had completed safeguarding training in the centre and were clear about the 'zero tolerance' approach of the provider.

At the time of the inspection no residents had responsive behaviour but there were clear policies and procedures in place for staff to follow. Care plans were seen to reflect residents' needs clearly and staff were able to describe what would be included if any residents needs changed and they needed support to manage their anxiety and stress. Staff training also included how to support residents with responsive behaviour and ensure the safety of all resident in the centre.

There was a policy on the use of restrictive practice. A review of the documents completed to support the decision making process for restraints used showed the policy was being followed in practice. The person in charge explained the process of reviewing

any restraint being used, for example bed rails, and how they ensure where they were used it was the most effective solution for the resident and how other options were trialled before they were approved for use.

There were clear records for finances in the centre. Each resident had a safe in their bedroom and could use it to store any personal items. Where the provider was acting as a pension agent any payments were going in to a resident account prior to any fees being paid to the provider. Where residents required support with finances there were arrangements in place to ensure they had prompt access to their money when needed and records gave a clear report of income and outgoings.

**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:**

Residents' privacy and dignity was being respected in the centre, and there were a range of opportunities to take part in meaningful activities depending on their interests.

There was a clear and simple schedule of activities in the centre for seven days a week. Two staff members were allocated to coordinate activities, and were present at weekends as well as weekdays. Activity sessions were also provided by external music performers who were popular with residents. The activity sessions made use of different areas of the centre which allowed for a change of setting from the rest of the day or a quieter space with less distraction. The activities coordinator kept simple logs of residents who engaged in group or one-to-one activities and interactions, and this allowed the provider to identify where interest of engagement may be dropping for some or all residents and whether alternatives could be arranged which may be more suitable to residents' interest and capacities. The provider advised inspectors that options for facilitating outings were currently under discussion.

Regular resident committee meetings were held in the centre. Residents had the opportunity to provide feedback and suggestions to aspects of the service including activities, meals and general aspects of living in the centre. A standing agenda item kept residents and their representatives informed and updated on the progress and plans for premises redevelopment works due to begin in the centre in the coming months.

Resident feedback was generally accepted and taken seriously with regard to the running of the service. For example, residents had been introduced to a meals selection similar to the provider's sister centre, but this was reverted back to a menu more preferred by the residents in this designated centre.

The centre and its residents are quite religious and residents were supported to practice their religion with multiple mass times each week, rosary sessions in the oratory, and frequent visits by the parish priest and local nuns. Residents who wished to exercise their right to vote were facilitated to do so in the centre.

Inspectors observed interactions between staff and residents which were friendly, patient and respectful. Communication generally followed good practice of dementia-friendly engagement, using the resident's name and eye contact to get the person's attention before asking questions, engaging in conversation or explaining what they were doing in assisting with movement. Inspectors spent a period of time observing dinner and how residents were engaged with and assisted. Those who required staff assistance to eat had this provided in a subtle manner, and residents were able to enjoy their meals at their own pace. Dinners were plated and served with respect of each resident's preferences and dietary requirements, and residents were facilitated to be independent to add extra food, gravy or salt themselves as they would in their own home, rather than staff doing everything if not necessary. Care assistants and catering staff displayed good examples of visually facilitating choice in meals by showing residents one of each dessert option when asking which they would prefer to have. Residents who chose to eat their meals away from the dining room were facilitated to do so and were served with the same attention as those in the communal setting.

**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:**  
Complaints and feedback from residents and relatives were taken seriously and addressed in a prompt manner. The centre had a policy on responding to, recording and managing complaints received from residents, relatives and members of the public. A copy of the complaints procedure was posted in the centre and this identified the person responsible for managing complaints received as well as information on independent appeals.

Verbal and formal complaints received were logged and detailed by the person who received them so that a clear record was kept. Verbal complaints and matters which were resolved locally without having to be escalated to the complaints officer were recorded with the same level of detail as formally submitted written complaints. All entries in the complaint log contained information on the immediate actions taken, learning for staff practice to reduce chance of reoccurrence, and a note on the satisfaction status of the complainant on the closing of the matter.



Complaints were collated and reviewed on a regular basis by the management of the centre. The reviews identified the trends the complaints relate to, to establish the areas of focus for staff learning and practice development.

**Judgment:**  
Compliant

### *Outcome 05: Suitable Staffing*

**Theme:**  
Workforce

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

**Findings:**

The number and skill mix of staff in the centre was suitable and sufficient to meet the number and needs of the residents living the designated centre. A roster clearly identified shift times for each type of staff was maintained in the centre.

Staff displayed a good knowledge of the residents' preferences and personalities, and spoke with residents in a patient and friendly manner. Where direct assistance was required, staff were observed doing so subtly and with respect to the resident's privacy and dignity. Staff were familiar with residents who did not require such direct assistance and as such, did not unnecessarily interfere with residents capable of independently mobilising or helping themselves to their meals.

Inspectors reviewed a random selection of personnel files and found them to contain all documentation required under Schedule 2 of the regulations, including evidence of Garda vetting and proof of qualifications. Regular appraisal and supervision meetings took place in the centre for all staff.

There was a clear matrix of training provided to staff in the centre, including the dates by which training needed to be updated for each person. All staff were up to date in mandatory training such as safeguarding of vulnerable adults, fire safety and manual handling. Nursing staff were trained in medication management and cardio-pulmonary resuscitation (CPR). A large portion of staff had received training in caring for people with dementia or responsive behaviours, and the person in charge advised that a focus for 2018 was rolling out Management of Actual or Potential Aggression (MAPA) training to build on this and enhance how staff respond to and deescalate incidents of behaviours associated with dementia for the wellbeing of themselves and the residents.

**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:**

Overall the centre was laid out to meet the needs of residents, however improvements were required in relation to the number of assisted toilets, showers or baths available. Improvements were also required in relation to the décor in some areas.

The centre had previously been provided over three floors but renovations are now taking place in the centre and so at the time of the inspection the ground floor was vacant and works were due to commence to refurbish the area. The provider set out plans to make improvements throughout the centre over time.

The development works had commenced with the redesign of the main communal areas. The first and second floor now had a sitting and dining area on each floor with a kitchenette to support mealtimes to support the homestead model of care. This change supported residents to have access to drink making facilities if they wanted to use them and had reduced the need for residents to use the lift so many times during the day travelling to the ground floor for meals. An existing lounge area and oratory had been altered to provide the spaces. The oratory was still available and the area could be opened out to support more residents as required. There were other communal areas in the centre available for social activities and gatherings.

The garden was accessible from the ground floor and provided a number of seating areas, with a well maintained path to support those who liked to walk around but needed a level surface, for example those with walking frames.

There were some signs in the centre to support resident in finding their way, residents names were on their bedroom doors, and there was some use of colour to orient residents in the centre, for example different floors had different colour schemes by the lift areas and bathrooms had red doors with picture and word signs. If residents liked to walk around then the layout of the centre would support that with freedom of movement and a lift between floors.

All bedrooms were single, and some had an en-suite facilities. They provided residents with a bed, seating, alarm call, storage space, and a lockable safe. A number of residents had added to this by bringing in their own furniture, and all residents had personalised their rooms to taste. For residents without en-suite facilities there were toilets and showers on the first and second floor. While there were sufficient numbers of toilets only two toilets in the centre were accessible if residents required the use of a hoist or wheelchair. There were three showers and one bath available for those without en-suite. The provider was aware of this and it was an area to be improved as set out in the renovation plans.

The flooring in the centre was seen to be non slip, and floors were level through the centre reducing the risk of trips and falls. There were handrails along corridors and grab rails in bathrooms to support residents' mobility in those areas. All areas of the centre were seen to be clean and well presented on the day of the inspection. The recently renovated areas of the centre were well decorated, however other areas required improvements as paint was chipped and scuffed in a number of areas.

**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:***

Helen Lindsey  
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 report<sup>1</sup>

<b>Centre name:</b>	Queen of Peace Centre
<b>Centre ID:</b>	OSV-0005506
<b>Date of inspection:</b>	09/05/2018
<b>Date of response:</b>	12/06/2018

### 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 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:**

There was a limited number of accessible toilets and showers in the centre for residents who did not have an en-suite.

#### **1. 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

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

designated centre.

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

As noted in the report, we have commenced with the reconfiguration and modifications required to bring the centre to a level commensurate with current best practices and requirements, this dealt with the immediate issues such as day spaces on each floor with residents, rewiring and implementation of new phone, wifi and computer systems to accommodate greater and improved provisions for the benefit of the residents.

Notwithstanding the already undertaken actions, we were grateful for the time the inspectors took to look at our proposed amendments to the building which we have recently received planning permission for, which we have since sent to the authority for their information. The revised works would allow for provision of all single ensuite rooms on all floors, with some rooms having doors directly to the garden on the ground floor and balconies on the upper floors. We will have an assisted bath to accommodate residents with more complex needs but the ensuites will be set out in such a way to best accommodate all residents. The refurbishment will also involve improvements to electrics (with emphasis on lighting) and heating (introduction of low surface temperature radiators throughout or other) and plumbing.

In order to assist our current residents as best as possible, we are phasing the works so that they will not be discombobulated in any way. It is the intention to adjust floor by floor to maintain a level of isolation from the work, when the presently vacant ground floor is complete, current residents on the upper floors may avail of the new rooms. These works will take a period of time but the outcome is desirable for both the quality of life for residents and the working environment for staff.

It would be intended to complete these works over a 3 year timeframe, June 2019 complete renovation of ground floor single ensuite rooms. June 2020 for 2nd floor single ensuite rooms & June 2021 1st floor single ensuite rooms, however the current residents ought to benefit within a year. The ratios of residents without an ensuite would decrease within this first year.

**Proposed Timescale:** 30/06/2021