

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oak View Nursing Home
Centre ID:	OSV-0000151
Centre address:	The Commons, Belturbet, Cavan.
Telephone number:	049 952 2630
Email address:	info@oakviewnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Omega Nursing Home Limited
Provider Nominee:	Maureen Dennehy
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	61
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.

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

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

The inspection took place over the following dates and times

From: 09 May 2016 08:45 To: 09 May 2016 18:10

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		Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to Health Information and Quality Authority (HIQA) along with relevant policies. The inspector reviewed these documents prior to the inspection.

The inspector met with residents, relatives, staff members, the person in charge and the provider. The inspector tracked the journey of residents with dementia. Care practices and interactions between staff and residents were observed. A formal recording tool was used for this purpose. Documentation to include care plans, medical records and staff files were examined.

As outlined in the Statement of Purpose the centre provides care for residents requiring long term admission, convalescent or a respite service which includes residents with dementia in each category.

The centre was fully occupied at the time of inspection with 61 residents being accommodated. Forty seven percent of the residents were identified with a dementia related condition as their primary or secondary diagnosis.

The centre provided a good quality service for residents living with dementia. The care needs of residents with dementia were met in an inclusive manner. The person in charge was proactive in the creation of an environment which enabled residents with dementia to live life well. There was a good standard of nursing care being delivered to residents.

The design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Residents had access to safe enclosed outdoor spaces.

A total of six Outcomes were inspected. The inspector judged two Outcomes as compliant. The remaining four were judged as substantially in compliance with the regulations.

Aspects of the service identified for improvement include, a review of the care assistant levels in one unit in the afternoon and evening time.

Further development of care plans for residents with dementia is required to ensure it is clear where the resident is on their dementia journey. The provision of additional visual cues or pictorial signage to help direct and orientate residents from their bedrooms to communal areas was identified as requiring improvement

The Action Plan at the end of this report identifies the areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres' for Older People) regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. These include improvements to premises and care planning process.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

Assessed needs were set out in individual electronic care plans. A paper based record was also maintained. A review of the written and the electronic records showed that an assessment was carried out within 48 hours of admission and reviewed at least four monthly thereafter.

There were 60 residents in the centre during the inspection and one resident in hospital. There were 20 residents with maximum dependency care needs. Seventeen residents were assessed as highly dependent and 19 had medium dependency care needs. Three residents were assessed as low dependency.

The majority of residents were in advanced old age. All residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Twenty one residents had a diagnosis of dementia and eight cognitive impairment.

A preadmission assessment was completed to ensure the centre could meet the needs of a prospective resident. On admission a comprehensive assessment of needs was completed. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example cognitive functioning, vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, mood and behaviour and continence.

In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. There was good linkage between assessments completed and developed plans of care. Care plans contained a 'key to me'. This detailed residents' life history and documented their likes, hobbies and interests. However, they were not well developed in all files examined and did not always inform the personalisation of some residents' plans of care.

Residents had care plans for promotion of choice in daily life, responsive behaviours

secondary to dementia. Personal hygiene care plans described well each resident's independence and what they could still do for themselves.

Nursing staff had worked to improve developing the care plans for residents with dementia or cognitive impairment since the last inspection. The majority of the care plans reviewed described well who the resident still recognised and the activities they could participate in. It was clear where the resident was on their dementia journey. However, further work is required to ensure the same standard of care planning is implemented for all residents in this area.

One resident with a diagnosis of dementia did not have a range of care plans to meet all identified needs. The resident was residing in the centre for three weeks. Plans of care were in place to meet physical care needs only. Care interventions to manage problems in relation the resident's dementia were not developed.

Where residents had religious or spiritual needs these were recorded in the care plans. It was set out how they would continue with them in the centre; for example, attending the services provided in the centre, or receiving sacrament of the sick from the visiting priest. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit, personal or spiritual wishes for end of life care were documented. There was evidence to show that residents and families were involved in developing the plans.

Transfer of information within and between the centre and other healthcare providers was found to be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were retained in files.

Residents had timely access to allied health professionals to include speech and language therapist, dietician and occupational therapist.

There were systems in place to ensure residents' nutritional needs were met. Residents' weights were checked on a monthly basis. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists. Nutritional intake records were in place, and completed where required. Information was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids.

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:

There were procedures in place for the prevention, detection and response to abuse. Residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

Staff demonstrated a good knowledge of adult protection issues. There was an ongoing program of refresher training in protection of vulnerable adults in place.

The use of psychotropic and night sedative medication was audited. There were regular reviews by general practitioners (GP) at least three monthly of all medications. The person in charge and nursing team were clear on the considerations they would give with regards to whether or not psychotropic medication was needed in consultation with the medical team.

There was evidence in care plans of links with the mental health services. Behaviours logs were being completed to identify triggers and to inform further planned reviews by the psychiatry team. Psychotropic medications were closely monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

There was a policy in place for managing responsive behaviours. Staff had received training on understanding and managing responsive behaviours. This included components of caring for older people with dementia or cognitive impairment. Staff spoken to by the inspector were knowledgeable regarding interventions that were effective in responding to altered patterns of behaviours including redirection and engaging with the residents. This was observed in practice when a resident became agitated at their evening meal. The resident was taken for a walk and diversional techniques engaged to redirect the resident. Further training is required for newly recruited staff in managing responsive behaviours and dementia care taking account of staff turnover.

A restraint free environment was maintained. There were no physical restraint measures (bed rails, lap straps or electronic monitoring devices) in use at the time of this inspection. All residents were provided with a low- low bed. Alternative options were continually explored. Additional mattresses were placed by beds, sensor alarms connected to the nurse call system were utilised and increased safety checks were in place for residents.

Residents could practice their religious beliefs. There was a visitor's room to allow residents meet with visitors in private.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

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

No actions were required from the previous inspection.

Findings:

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in three communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at three different times for intervals ranging from 30 minutes to 45 minutes in communal rooms of the dementia unit and main sitting in both other units. Observations were undertaken both in the morning and afternoon time.

In the first observation, the inspector found 70% of the observation period (total observation period of 30 minutes) the quality of interaction score was +2 (positive connective care) when residents moved to the dining room. The initial period of the observation scored +1 (task orientated care) when the residents were in the sitting room prior to breakfast. Residents were brought to the sitting room from their bedroom throughout the observation period. All residents were appropriately dressed. Resident were greeted as they arrived and assisted to their preferred seating area. Some residents were taking their nebuliser medication and loud noise was observed over a continuous period of time from the machines. During the observation period all residents moved from the day sitting room to the dining room for their breakfast. One resident helped set out the napkins on each table and assisted some residents who chose to wear a clothes protector. When spoken to later she confirmed this was task she liked to do each morning. Staff greeted all residents as they arrived and were asked about their choice of food or drinks. Breakfast was observed as a pleasant and interactive experience for residents. Discussion and conversation was encouraged by staff. Residents were complimented on their clothing and staff enquired if they slept well.

The second observation took place in the sitting/dining room of the dementia unit. The inspector concluded 100% of the observation period (total observation period of 45 minutes) the quality of interaction score was +2 (positive connective care). The majority of residents had gathered to partake in singing hymns for Mass later in the day. One resident played the organ and all residents were encouraged and supported to partake according to their interest and capacity. A quiz was completed and interspersed with reminisce conversation which was enjoyed by all residents. One resident chose not to participate and was seated in a smaller sitting area. The resident was noted to enjoy touching and admiring potted window plants and spoke of enjoying watching the fish in the tank. Staff engaged with residents based on their individual preferences and personalities. Staff spoke to residents about their background and families evidencing they knew them well as individuals.

The third observation period was undertaken in the sitting room on the first floor in the afternoon. The layout of the seating arrangements which included a row of chairs down

the centre of the sitting room restricted the safe movement of residents, particularly those who require aids to mobilise independently. This was identified as an area for improvement on the previous inspection. During the observation period a bingo game was played and some residents participated while others slept. The activity coordinator was not clearly visible to all residents participating in the game. At the same time medications were being administered to some residents. Other residents were engaged in a variety of individual activities to include reading the newspaper. The inspector concluded at the end of the 30 minute observation period 55% of residents experienced positive connective care, scores of +2 and 45% of residents experienced +1 (task orientated care),

Access to advocacy services was facilitated. Residents were facilitated to go on outings. At the end of each month residents attended 'The Forget Me not Club' in a local community centre. A survey of residents' satisfaction with the care service provided was completed. The information was reviewed and plan to review the areas identified for improvement was developed.

Resident's privacy was respected. They received personal care in their own ensuite bedroom. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private. Resident's capacity to make decisions and give consent is described in care plans. Staff took time to communicate with residents and were observed doing so in a kindly manner.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by the activities coordinators. The inspector spoke with the activity coordinator who confirmed the range of activities in the weekly program. The activity schedule provided for both cognitive and physical stimulation. Residents spoken with expressed satisfaction with the choice and variety of activities.

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:
There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. This ethos was outlined in the complaints policy. Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints and the complainant's satisfaction 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:

The staff level and skill mix in the dementia unit and the other unit on the first floor accommodating 27 residents was adequate to meet the assessed needs of residents.

The staff level in the unit accommodating 21 residents has four care assistants rostered from 8:00 am till 2:00pm, when the staff level decreases to two care assistants till 10:00pm with the exception from 16:45pm till 18:00pm when an extra care assistant is rostered to assist with the evening meal.

The inspector observed the care routines in the afternoon and evening time in the unit accommodating 21 residents and judged there was inadequate complement of staff when the staff level was reduced to two care assistants. Ten of the residents require the assistance of two staff and the use of a hoist to meet their moving and handling needs. Five residents were in frail health and provided with specialist chairs. Other had a diagnosis of dementia and some required full assistance with their meals.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and adult protection. Professional development training in nutrition, dysphasia and end of life care was completed by staff within the past 2years. All staff were trained in hand hygiene and best practice in infection control. Forty seven had a valid certificate in cardio pulmonary resuscitation techniques.

All the information required by Schedule 2 of the regulations was available in the staff files reviewed.

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 location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. It is laid out over two separate floors. There was a high standard of décor throughout and good levels of personalisation evident in residents' bedrooms.

The centre comprises of three separate units. A dementia specific unit on the ground floor accommodates a maximum of 13 residents. There is another unit on the ground floor with a maximum occupancy for 21 residents. Twenty seven residents are accommodated on the first floor of the building. Each unit has its own day sitting room and dining room.

Bedrooms accommodation comprises of 53 single and four twin bedrooms all with ensuite bathrooms. Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed and phone available to residents. Suitable lighting was provided and switches were within residents reach. There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience.

All parts of the building were comfortably warm, well lit and ventilated. Access to the centre, stairwells and service areas are secured in the interest of safety to residents and visitors. Bedrooms windows were at a low level and residents had good visible views of the gardens on the ground floor. There are two enclosed courtyards, landscaped and provided with garden seating. The doors were opened to allow free access.

The dementia unit sitting room was provided with a large mural on the wall of a scenic landscape. The wall of external courtyard garden had a mural of a countryside farming scene. The mural was visible through the windows of the sitting of the dementia unit. Tactile materials were provided to create areas of interest along the corridor. These features provided key visual cues and reminiscence prompts for residents and supported staff to redirect residents.

Clocks were provided in the majority of bedrooms in the two larger units. The clocks

were located in a position on the wall where they were clearly visible to residents while lying in bed. However, the majority of bedrooms in the dementia unit were not provided with clocks to help assist residents in orientation regards time.

Resident's names were displayed on their bedroom doors. There was limited visual cues or pictorial signage to direct resident from their bedrooms to communal areas particularly on the first floor where corridors interconnected and were of a long distance. The handrails around the building were not easily distinguishable from the wall as they were painted in a similar colour tone to the wall finish.

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:

PJ Wynne
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:	Oak View Nursing Home
Centre ID:	OSV-0000151
Date of inspection:	09/05/2016
Date of response:	20/06/2016

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Further development of care plans for residents with dementia is required to ensure it is clear where the resident is on their dementia journey and to ensure care plans describe well who the resident still recognises and the activities they can participate in.

Care plans contained a 'key to me'. However, they were not well developed in all files examined and did not always inform the personalisation of some residents' plans of

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

care.

One resident with a diagnosis of dementia did not have a range of care plans to meet all identified needs.

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).

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

Currently we have changed the way we document the resident's care plan to ensure we have personalised it so that all staff are aware of where the resident is in their dementia journey. We are working our way through them.

Proposed Timescale: 30/09/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Further training is required for newly recruited staff in managing responsive behaviours and dementia care taking account of staff turnover.

2. Action Required:

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

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

All training has been scheduled for all new staff.

Proposed Timescale: 31/08/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

There was an inadequate complement of staff when the staff level was reduced to two care assistants in the unit accommodating 21 residents

3. Action Required:

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

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

Staffing levels have been increased in the unit accommodating 21 residents.

Proposed Timescale: 20/06/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The layout of the seating arrangements which included a row of chairs down the centre of the sitting room restricted the safe movement of residents, particularly those who require aids to mobilise independently.

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:

The provider has been in contact with the architect with a view to see what could be done to the physical size of the sitting room. Also all residents are encouraged to utilise the other rooms which are not occupied daily, i.e. the library.

Proposed Timescale: 30/09/2016

Theme:

Effective care and support

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

The majority of bedrooms in the dementia unit were not provided with clocks to help assist residents in orientation regards time.

There was limited visual cues or pictorial signage to direct resident from their bedrooms to communal areas particularly on the first floor where corridors interconnected and were of a long distance.

The handrails around the building were not easily distinguishable from the wall as they were painted in a similar colour tone to the wall finish.

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:

Clocks have been placed in all bedrooms in the dementia unit.

Signage is currently been organised and the handrails are been painted.

Proposed Timescale: 30/09/2016