

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cuan Chaitriona Nursing Home
Centre ID:	OSV-0000334
Centre address:	The Lawn, Castlebar, Mayo.
Telephone number:	094 902 1171
Email address:	admincuan@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home
Provider Nominee:	Philip Darcy
Lead inspector:	Geraldine Jolley
Support inspector(s):	Shane Grogan
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	58
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: 04 August 2016 10:00 To: 04 August 2016 19:00

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		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		Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection that focused on dementia care. The purpose of this inspection was to determine the standard of care and quality of life for residents with dementia living in the centre.

The inspectors observed the delivery of care, read documentation relevant to admissions, discharges, assessments and care plans and viewed the premises layout. They also spoke to staff, residents and visitors throughout the day. The inspectors found staff working in the centre were committed to the care of dependent people and to promoting their wellbeing and independence. They were well informed about the care needs of individual residents and conveyed a good understanding of the varied ways dementia impacted on the lives of residents. The inspectors observed care practices and interactions between staff and residents. A formal assessment tool was used to do this and inspectors found that interactions were positive and meaningful. Staff were observed to undertake their duties in a respectful and courteous manner. They gave residents time to consider decisions about activities, where they wanted to sit and what to eat at meal times. Residents were greeted by

staff when they met and visitors were warmly greeted throughout the day. The inspectors were told by residents that staff worked hard to ensure they “were content” and “happy with everything”.

The building is purpose built and provides a bright, comfortable and stimulating environment that meets the needs of dependent people including people who have dementia. The person in charge was proactive in the creation of an environment which enabled residents with dementia to live life well. A number of changes had been introduced to make the building more “dementia friendly” and more suited to the individual needs of residents with dementia. One of the features that had a positive impact according to staff had been the introduction of the “butterfly room” which had been furnished in traditional style and had varied items of memorabilia to prompt memory. A small number of residents were cared for in this area and staff had found that the small scale space, home like environment and the staffing allocation had resulted in residents being more comfortable, able to eat better and independently and have more dedicated staff time. Throughout the building there were features that contributed positively to helping people with dementia maintain their independence. Hallways were wide and unobstructed, there was good contrast in the colours used for floors, walls and handrails. Ensuites in bedrooms were visible from beds to prompt residents to use these facilities. The inspectors noted that while there was meaningful signage in the majority of areas particularly to areas used frequently by residents with dementia such as the “butterfly room” and bedrooms signage to the main communal areas could be improved as the centre is large and spread out and residents with mobility problems and confusion could lose focus when walking along hallways. There was a secure accessible garden space that was attractively organized and safe for residents.

The inspectors found there was an adequate complement of staff deployed with the appropriate skills and experience to effectively meet the needs of residents. The inspectors found that residents were well cared for, that their nursing and care needs were being met and that there was a programme of interesting activity to ensure social care needs were addressed. Activity staff including a music therapist facilitated the varied activities which were noted to address individual needs with good outcomes for residents. There was access to general practitioners (GP) and to allied health professionals when required. The treatment plans and recommendations made were noted to be incorporated into care plans and followed by nurses and care staff. Residents have access to advocacy services and to well established pastoral care support from the community of religious sisters that reside next door to the centre.

The centre was fully occupied at the time of inspection with 58 residents accommodated. The majority of residents were in advanced old age with forty five percent over 90 years of age and a further twenty five percent over 80 years old. Almost half were identified with a dementia related condition either as their primary diagnosis or as an underlying condition.

The inspection focused on six outcomes relevant to dementia care practice. The inspectors judged four outcomes as compliant and the remaining two were judged as substantially compliant with the Regulations. The Action Plan at the end of

this report identifies a small number of 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 signage in some areas and to care plans where staff knowledge of residents' abilities such as orientation capacity for example was not always included in care plans to guide staff practice.

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):

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

Findings:

Inspectors found that each resident's wellbeing and welfare was promoted by a high standard of nursing care and that appropriate access to medical and allied healthcare services was available when required. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Pre-admission assessments were undertaken to ensure that the service could meet the needs of individual residents. Prospective residents and their families were invited to visit the centre prior to making a decision to live there. Comprehensive assessments were carried out and the assessment process involved the use of validated tools to assess each resident for risk of malnutrition, falls, levels of cognitive impairment and skin integrity. A care plan was developed within 48 hours of admission based on the resident's assessed needs. Care plans for dementia and for management of health and behaviour that fluctuated were available and generally provided appropriate guidance to staff to ensure a person centred approach to care. For example there was an assessment of cognitive impairment and associated care plans that described how dementia impacted on day to day life and the interventions to be undertaken by staff to ensure residents had appropriate care. For example, there was in many care plans information on what residents could do for themselves, who they recognised or what activities they could engage in either on an individual or group basis. However, some care records did not indicate residents' capacity in relation to orientation and recognition although this information was known to staff. Communication capacity was described well in records with information available that indicated that staff knew when residents could follow instructions and when capacity for understanding was limited. This information was noted to be used by staff to make decisions on the most appropriate location for residents to spend time during the day and if the "butterfly room" which was small in scale and furnished with a range of comfortable and home like fixtures would meet their needs more appropriately than the larger scale communal rooms.

There was evidence that residents and their families, where appropriate, were involved in the care planning process. The consultations with residents or their representatives was recorded and used to inform care plans. There was information recorded that conveyed residents' choices and preferences and there was information on the backgrounds and previous lifestyles of residents to inform and guide staff on the delivery of person centred care.

There were arrangements in place to meet the end-of-life needs of residents documented in end-of-life care plans which reflected the wishes of residents with dementia. Care plans described their wishes regarding their physical, psychological and spiritual care including their preferred place for receiving care. Residents had access to clergy and to other pastoral care of different faiths. Staff cared for residents with end-of-life care needs with the support of community palliative care services and residents' GPs.

The staff had established good relationships with local acute hospitals and with specialist services such as the psychiatry of later life service. When admission to acute services was required a detailed transfer form was completed to ease the transition process for the resident. This included details regarding their level of mobility, falls risk, communication needs, dietary requirements and prescribed medications. Inspectors noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team.

Inspectors reviewed the management of clinical issues such as wound care, diabetes, falls management and nutrition. There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a four monthly basis or more regularly if there were clinical indicators of change thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. The inspectors noted that regular monitoring was undertaken and actions were in place to address aspects such as weight. Evaluations of care provided an overview of how the resident had responded and there were onward referrals to doctors to review care if additional actions were required. Details of residents' specialist dietary needs as recommended by dietician and speech and language services, in addition to individual food preferences, were available for reference in the kitchen. Residents had a choice of hot meals at lunch time and could choose their preference for evening meals. Residents requiring assistance with eating were assisted discretely and sensitively. The majority of residents who required assistance had their meals in the dining rooms and this ensured all residents had the opportunity to enjoy the social aspects of dining with other people. The inspectors noted that adequate staff were available at meal times to ensure that residents had the support they needed. Residents were satisfied with the meals provided and told an inspector that the food was "just lovely", "tasty and varied" and resident also said that the catering staff were "very helpful if we decide to have something else". Inspectors saw that food was attractively served and that the dining experience was enjoyed by residents.

Residents had access to GP services and out-of-hours medical cover was also provided. A full range of other services was available on referral including speech and language therapy (SALT), dietetic services and mental health services. Inspectors reviewed residents' records and found that some residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

Inspectors reviewed medication administration arrangements and found that the

systems in place were safe and met appropriate standards for security. A sample of administration and prescription records was reviewed. Staff make ongoing efforts to ensure that residents are only prescribed the medication required to achieve good health and efforts are continually made to reduce sedative and psychotropic type medications. Some residents required their medication to be administered in crushed format and instructions to crush medications were authorised by the prescriber.

There were three residents with wound care problems when this inspection was conducted. An action plan in the last report identified that wound care plans did not guide practice. This was found to have been addressed. There were appropriate care plans and care interventions in place with evidence of stability and improvement recorded in the regular assessments. Residents considered at risk of pressure area vulnerability were identified and measures to reduce the possibility of pressure area problems developing were implemented. These included pressure relieving mattresses, support cushions and repositioning schedules.

The centre had an active social programme that met the needs of all residents. There were some residents who preferred to spend time in their rooms and a schedule of visits from care and activity staff was in place to ensure that they were not isolated. Some residents had one to one care when required. The activity programme was noted to be varied and included group, individual activities and celebrations of events such as birthdays. Other events were organised on a seasonal basis the inspectors were told by the activity coordinator. Recent events had included a European culture theme where food from different countries had been prepared and residents were invited to sample this and hear about the culture of that country. A fashion show had also been organised and residents said they enjoyed both these events. Regular activities include baking, quizzes, visits from a therapy dog, outings to local places of interest or to the local town. The centre is well integrated to the local community and schools are involved in varied activities with residents. Residents with dementia are assessed regularly in relation to the activities they enjoy and the programme is adapted to ensure that they can participate fully as their needs change.

The use of psychotropic and night sedative medication was regularly reviewed. The person in charge and nursing team were well informed about how these medications impacted on residents and their therapeutic uses.

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 conveyed a good knowledge of adult protection issues. There was an ongoing programme of refresher training to ensure that staff remained familiar with the procedure to follow should an abuse situation arise and to keep them up to date with evidenced based practice.

Staff told inspectors that their regular interactions with residents, the time devoted to listening to what people were saying to them and their own awareness of how to deliver appropriate care all contributed to ensuring residents were safe.

Nursing staff spoke of monitoring for infections, constipation, and changes in vital signs in order to establish the causes for fluctuating or changeable behaviour. Staff conveyed competence in this area and told inspectors that knowing residents well, being aware of trigger factors and ensuring that residents had active meaningful occupation were factors that limited distressed behaviours. When issues arose there was evidence of multidisciplinary review. There was evidence in care plans that good working relationships with mental health services had been established. There was a policy in place to guide staff in the management of fluctuating behaviours and all staff had received training on understanding and managing aspects of dementia. Staff spoken to by the inspectors were knowledgeable about the interventions that were effective in managing distressed behaviours and the strategies employed included engaging with the residents, distraction and ensuring they had something to do and were not bored. An action plan in the last report that required improvement to care plans where behaviour issues were present had been addressed. Such problems were now recorded and evaluated and had behaviour support plans where required.

Residents that the inspectors talked to said they felt safe and secure in the centre, and felt the staff were very helpful and kind. They said that "staff are always on hand", "kind and considerate" and give us "plenty of time even when we are very slow at moving around".

There were arrangements in place to review accidents and incidents within the centre. Falls risk assessments were completed and care plans were in place to minimise risk.

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, including residents with dementia, were consulted and enabled to contribute their views on varied aspects of day to day life and the organisation of the centre. The

inspectors saw that residents were included in discussions about their day to day choices and that their views were respected. For example, if residents wished to go to their rooms and spend time there they could do this or if they wished to undertake an activity at a different time this was respected. There were no restrictions on visitors to the centre. Personal care was provided in a way that protected privacy and residents who needed help with meals were provided with assistance in a respectful and discreet manner.

Staff were observed to communicate with residents when entering rooms and to greet them in a friendly welcoming manner.

Inspectors were informed that resident meetings occurred in the centre and minutes of these meetings were available for review. There was evidence that issues brought up by residents had been addressed and feedback was provided to residents on changes made following their requests, for example a trip to visit a local pet farm had been organised following discussion at resident's meetings. Residents had access to an independent advocate whose contact details were displayed on the notice board.

There was a varied activity schedule in place that took in to account the needs of residents with dementia and other residents. The activity programme was displayed. At the time of the inspection many residents said they had enjoyed the recent trips to Knock and a pet farm. Residents also enjoyed other activities such as baking, quiz evenings, painting and music therapy. There was a selection of resident's paintings on display in the main reception area of the centre.

Residents that the inspectors talked to during the inspection said that they were very happy with the care provided and were "delighted" with the quality and quantity of food provided. Residents spoken to said that they felt safe in the centre and were complimentary of the care provided by the staff.

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 two 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 two different times for intervals of 30 minutes in the main sitting room- the Green room and in the Rainbow room which is the dining room. In the first observation, inspectors found 80% of the observation period (total observation period of 30 minutes) the quality of interaction score was +2 (positive connective care). The observation took place in the sitting room where a large group of residents had gathered for a music and singing activity. Staff provided kind and interactive care, with lots of friendly chatting and laughter evident. Several staff members helped residents take part in the activity and prompted residents with the songs they knew they were familiar with. Residents were also provided with song books to maximise their participation. This was found to be a well facilitated activity with all residents able to enjoy the music and singing due to the encouragement and skills deployed to enhance their participation.

The second observation period was undertaken in the Rainbow dining room. Residents sat in small groups and staff assisted people who needed help and encouraged others to eat independently for the duration of the meal or for whatever period they could manage. The inspector saw many positive interactions where staff chatted to residents while prompting their independence. It was evident from the engagement that staff knew residents well and were familiar with their individual preferences and personalities. The observations enabled the inspectors to conclude that residents experienced positive connective care that enhanced their well being and quality of life. Residents were always treated with dignity and respect. Staff communicated clearly, and they took time to communicate with residents at a pace that suited them.

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 system in place to enable residents or anyone acting on their behalf to make a complaint. A complaints policy which met the regulatory requirements was in place. A copy was on display in the centre and the arrangements were described in the residents guide.

Residents told inspectors that they would complain to the person in charge or any of the staff team. A review of the complaints recorded showed that they were all dealt with by the designated complaints officer. There was a complaints record and this was maintained separately from care plans as required by legislation. The outcome of the complaint and the resolution to the satisfaction of the complainant where this could be determined was recorded. Complaints of a complex nature were addressed by the person in charge and the provider. The advocacy service was involved where required. There was an appeals process and a summary of the complaints procedure was described in the residents guide. There was evidence of learning from complaints being applied and changes being implemented in the centre.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Inspectors noted that the system used to allocate staff to different areas of the centre had been changed following a review of staffing levels. Residents were noted to be supervised appropriately in all areas during the inspection and staff were observed to interact with residents in a respectful manner.</p> <p>The inspectors were provided with details of the training that had been provided to staff and found that the requirements of regulation were being met. Additional training had been provided on a range of topics that included: hand hygiene and infection control, end of life care, nutrition, dementia and falls management. Staff who had specific roles such as the activity coordinator had training to equip her for this role and this included training in the provision of sonas activities (this is a sensory activity suitable for people with dementia) and relaxation.</p> <p>Staff reported that they had good opportunities for training and development. Varied staff interviewed said that a good team spirit had been fostered and that they worked cooperatively to meet the needs of residents.</p> <p>A review of staff files showed that these files were not complete and were not in compliance with Schedule 2 of the regulations. For example, in one staff file, a full employment history for that staff member contained a number of gaps.</p>
<p>Judgment: Substantially Compliant</p>

<i>Outcome 06: Safe and Suitable Premises</i>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>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 home like way. The building is a modern design, provides a bright environment and has a variety of communal spaces where residents can spend their time. It was well maintained both internally and externally. It was found to be clean, comfortable and welcoming.</p> <p>The centre was attractively decorated and a good level of personalisation was evident in</p>

residents' bedrooms. Residents the inspectors spoke to confirmed that they felt comfortable in the centre. Bedroom accommodation consists of 46 single and 3 double rooms. Bedrooms are suitable in size to meet the needs of residents and those viewed were noted to have personal items such as books, photographs and ornaments that reflected residents taste and lifestyle.

There are several large recreational rooms which were noted to be used well to meet the needs of residents. One sitting room had been furnished to meet the needs of a small group of residents up to eight with specific dementia care needs. This provided a smaller scale space so they could relate to each other better. It was furnished in a domestic style and had a large table, piano, fire place and items of memorabilia. Staff reported that some residents could relax better in this room. Two staff were allocated to care for residents here and this ensured that time could be given to personal needs and smaller scale activities. The centre also had a music room where one to one sessions were facilitated by a music therapist. This had been of significant benefit to some residents where it was noted that their communication capacity had improved considerably.

All parts of the building were comfortably warm, well lit and ventilated. Bedroom windows enabled residents to have a view of the gardens and outdoors. The design of the centre enables residents to walk freely. Handrails were highly visible in some areas and could be distinguished clearly from the wall which aided mobility. In some areas the contrast was not so effective where the stainless steel handrail was against a cream background. Hallways had sitting areas at intervals so that residents could rest when they felt like it and then continue with their walks. There was good use of pictorial signage to identify communal rooms, bedrooms, bathrooms. The main communal areas had names such as the "green" room or the "rainbow" room and the locations were well known to residents. Other rooms had pictorial signage such as the "butterfly" room. The signage assisted residents to find their way. The inspectors were told that other signage was being considered to improve accessibility around the building and that an area for reminiscence was also being considered as part of ongoing improvements.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
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:	Cuan Chaitriona Nursing Home
Centre ID:	OSV-0000334
Date of inspection:	04/08/2016
Date of response:	19/10/2016

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:

Some care records did not indicate residents' capacity in relation to orientation and recognition although this information was known to staff.

1. Action Required:

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

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

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

All care plans are being reviewed and updated as appropriate to ensure that they indicate residents' capacity in relation to orientation and recognition.

Proposed Timescale: 30/11/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

In the sample of staff records examined, a full employment history was not always available as required.

2. 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:

The gap in the Employee's CV has been satisfactorily explained.

Proposed Timescale: 19/10/2016