

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Haven Wood Retirement Home
Centre ID:	OSV-0000236
Centre address:	Bishops court, Ballygunner, Waterford.
Telephone number:	051 303 800
Email address:	pdolan@havenwood.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Haven Wood Retirement Villages Limited
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
18 April 2018 08:30	18 April 2018 17:30
19 April 2018 07:00	19 April 2018 16:00

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	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. 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 this inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection, the inspector focused on the care of residents with a dementia in the centre. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were examined. The inspector also considered progress on the findings following the previous inspection carried out at the end of January 2017. The inspector noted that all the actions from the previous inspection had been satisfactorily completed.

The inspector met with residents, staff members, the person in charge and the provider representative. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation including staff files, relevant policies and the self assessment questionnaire, submitted prior to inspection.

The centre did not have a dementia specific unit, and at the time of inspection there were 22 residents living in the centre with a formal diagnosis of dementia and a number of other residents suspected of having dementia. The inspector observed that a small number of residents required a considerable level of assistance and monitoring due to the complexity of their individual needs. Overall, the inspector found the person in charge, the management and staff team were committed to providing a high quality service for residents with a dementia. The inspector found that residents appeared to be well cared for and residents gave positive feedback regarding all aspects of life in the centre. The inspector found that residents' overall healthcare needs were met to a high standard and they had access to appropriate medical and allied healthcare services. There were two activities coordinators however, all staff fulfilled a role in meeting the social needs of residents and staff positively connected with residents as individuals. The quality of residents' lives was enhanced by the provision of a good choice of interesting things for them to do during the day. The inspector noted that there was a strong ethos of respect and dignity for residents evident. The overall atmosphere in the centre was welcoming, warm and friendly. The centre was also endeavoring to be as homely as possible, it was clean, bright and comfortable and in keeping with the assessed needs of the residents who lived there. The person in charge had submitted a completed self-assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgements of the inspector generally concurred with the person in charges' judgements.

From the seven outcomes reviewed during this inspection, three of the seven outcomes were compliant and three outcomes were substantially compliant. However, one outcome; health and safety and risk management, was found to be at moderately non-compliance. These non-compliances were discussed throughout the report and the action plan at the end of the report identified where improvements were needed to meet 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.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments, care planning and medication management. The social care of residents with dementia was discussed in outcome 3.

There were a total of 64 residents in the centre on the days of this inspection, 38 residents had been assessed as having maximum and high dependency needs, 16 residents had medium dependency needs and 10 residents had low dependency needs. Twenty-two residents had a formal diagnosis of dementia with an additional number of residents suspected of having various levels of cognitive impairment. The inspector found that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. A selection of residents' files and care plans were reviewed. The inspector focused on the experience of residents with dementia and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents. There was evidence of a pre-assessment undertaken prior to admission for residents and when appropriate, residents were also assessed prior to return to the centre following admission in an acute hospital services. The inspector noted evidence of this reassessment recorded in one of the reviewed residents' care plans as this resident had recently returned from hospital. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There was good evidence that residents and/or their relatives had participated in the development of residents' care plans. There was a computerized care planning system in place. The person in charge stated that they were constantly striving to improve the quality of care and support provided. For example, as a recent health and social care quality improvement initiative each care staff carried an mini Ipad that was linked to the computerized care planning system. Staff outlined how these Ipad's facilitated staff to bring individual residents' care plans to each resident. This allowed them discuss and demonstrate any aspects of the residents' care and support provision within a one to one format. The provider representative told the inspector that this initiative had ensured that staff were spending more time with residents and had helped facilitate

more effective consultations/communications to occur with residents and their representatives. In addition, the provider representative noted that the use of individual Ipad's had ensured more staff efficiencies for example, there was no need for staff to wait for access to touch screens or computers to record each episode of care provision.

Nursing staff and care staff outlined to the inspector how they were allocated to provide care and support to individual named residents. This helped ensure consistency of care, for all residents and particularly supported residents with a dementia to become familiar with staff providing care and support. There was a documented comprehensive assessment of the activities of daily living including communication, personal hygiene, continence, eating and drinking, mobility, rest and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. Care plans were also developed to address problems or if a potential risk was identified. Pressure relieving mattresses were provided and there were a small number of residents with wounds and suitable wound care plans were viewed. Staff spoken to were knowledgeable in relation to all aspects of health and social care provision for residents. However, some improvement was required to the assessment records of responsive behaviours to ensure that they were comprehensive enough to suitably guide staff in their practice.

There was timely access to dietetic services and specialist advice was incorporated into care plans. Nurses' narrative notes were linked to the care plans. Resident's care plans were kept under formal review on a four monthly basis or as required by the resident's changing needs in consultation with residents or their representatives. Generally residents were satisfied with the service provided. Residents had access to medical services delivered by a number of visiting general practitioners (GPs) and out-of-hours medical cover was provided. Residents had access to psychiatry of later life services. There were a range of other services also available on referral including speech and language therapy (SALT), chiropody, and optical services. The inspector noted that there were on site physiotherapists who was based in the centre each day and observed physiotherapists working and supporting residents through out this inspection. Nursing care plans had been updated to reflect the recommendations of various members of the multidisciplinary team. Physiotherapy assessments were included as part of the service and the inspector saw evidence that residents with limited mobility and those at risk of falls had benefitted from physiotherapy input.

There were systems in place to ensure residents' nutritional needs were met and there was access to speech and language therapy services and residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. The inspector noted from the sample of care plans reviewed, all residents had oral care plans completed to guide staff in their clinical practice and the review of care provision.

Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy services. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. The inspector spoke to one of the two chef's working in the centre and noted that there was an effective system of communication between care and catering staff to support residents with special dietary requirements. During the lunch time meal the head chef was observed speaking to many residents and electing their feedback in relation to their meal. It was clear to the inspector that the chef was well known to residents and that he regularly spoke to residents. There were dementia friendly menu boards with photographs of examples of meal options which were posted on a large notice board near the dining room each day. Mealtimes in the dining room was observed by the inspector to be a comfortable, relaxed and social occasion. Staff sat with residents while providing encouragement or assistance with their meal and whenever possible supported the resident to eat independently. There was a room used solely for dining which helped signal to residents with a dementia that a mealtime was about to take place. Food was transported from the kitchen to a designated serving area in the dining room which contained for example, a Bain Marie, a fridge, a milk dispenser and a water boiler. This catering arrangement allowed the smell of food to pass though out the dining room, encouraging appetite and also reminding residents with a dementia that a mealtime was about to take place. There was good lighting in the dining room and noise levels were kept to a minimum which created a calm environment that helped residents with a dementia focus on their meal. The inspector also noted that the table settings were uncluttered and kept simple and only included essential items. This again helped reduce the possibility of confusion, distress or frustration that any resident with a dementia may experience if they had too much choice or difficult in recognizing the purpose of condiments, tableware or selection of eating utensils. There was an excellent choice provided in relation to menu options and the chef outlined that there was six week rolling menu. The inspector noted that there was staff present in this dining room all day with the purpose of supporting residents nutritional and hydration needs. In addition, there was a large free standing cooler cabinet also located in the dining room that contained a variety of soft drinks and smoothies which were readily available for residents use.

There were centre-specific policies on medication management that were made available to the inspector and had most recently been reviewed in May 2017. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator and storage areas was noted to be within an acceptable range; the temperature was monitored and recorded daily. The inspector reviewed a number of medication prescription charts and noted that all included the resident's photograph, date of birth, GP and details of any allergy. The person in charge outlined the system of ongoing audit and analysis that was in place for reviewing and monitoring safe medication management practices. Medication errors were recorded and there was evidence that appropriate action was taken as a result of same. Nursing staff undertook regular updates in medication management training as evidenced by training records. There were adequate systems in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation including the Misuse of Drugs

Regulations. The stock balance of controlled drugs was checked and signed for by two nurses at the end of each shift. Each balance check was recorded in a controlled drugs stock balance record.

Residents had access to single rooms for end of life care and families were facilitated to stay overnight, if they wished to do so. Staff were supported by the community palliative care team for symptom relief and to provide end of life care. Staff provided subcutaneous hydration to prevent unnecessary admissions to hospital. The inspector noted that resident's wishes in relation to end of life care was elicited and used to inform a plan of care to meet their holistic needs.

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 suitable measures in place to protect residents from being harmed or abused. Staff had received training on identifying and responding to elder abuse. There were centre specific policies in relation to protecting residents from abuse, on the management of behaviours that challenge and on the use of restraint. Each was signed and dated by the person in charge. The staff both on day and night duty who spoke with the inspector displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Staff spoken to were familiar with these aforementioned policies and knew what to do in the event of an allegation, suspicion or disclosure of abuse. The provider representative confirmed that all staff had Garda clearance and this was found to be the case when a sample of staff files was examined. Residents spoken to also confirmed with the inspector that they felt safe living in this centre. The person in charge outlined significant work that had been done to enhancing staff knowledge and awareness in relation dementia care during 2017 which included a "dementia awareness week", that incorporated the safeguarding and safety of residents with a dementia specifically and on going staff training in dementia care. However, one recently recruited staff had not received training in the management of responsive behaviours. The person in charge informed the inspector that such training had been scheduled for the following week.

The inspector reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that complete financial records were maintained. There were

transparent arrangements in place to safeguard residents' finances and financial transactions. Small quantities of money was kept in a locked safe in an office and all withdrawals and lodgements were double signed confirming monies lodged or withdrawn. The provider representative informed the inspector that he was not a pension agent for any residents.

Overall, the inspector found that staff had the necessary skills and knowledge to work with residents who had behavioural issues. There were 22 residents with a dementia in the centre and small number of these residents had responsive behaviours. Behaviours described as problematic by staff included verbal and occasional physical aggression. Staff spoken to by inspector outlined person centred interventions including utilising distractions and de-escalating for example, the use of music, walks in the garden and suitable one to one activities. Files examined showed that assessments and care plans for these residents were person centred. Staff interacted socially with residents and implemented suitable interventions. Choices in relation to activities were offered where possible and residents' individual preferences were respected. Environmental triggers such as noise levels were well controlled and the overall design and layout of the centre supported residents with a dementia.

Staff were vigilant to monitor for delirium or underlying infections if there was any change in a resident's mood or behaviour. There was evidence that appropriate referrals had been made to mental health services. Recommendations from the community psychiatric services had been implemented along with person centred interventions with positive outcomes for residents including a reduction in the incidence of responsive behaviours. The inspector concluded that the person in charge and staff worked to create an environment for residents with dementia to minimise the risk of responsive behaviours. Staff displayed competence to assess and plan care and support in order to provide a consistent therapeutic environment for residents with responsive behaviours. The person in charge outlined how the centre was working towards promoting a restraint free environment. For example, by using equipment such as low beds and motion alarms. The inspector noted that there were environmental restraints with all exit doors secured. There were bed rails in place and a number of residents had lap belts. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with inspectors confirmed this. Regular safety checks were completed and there was documented evidence that these were undertaken. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails.

Judgment:
Substantially 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:

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during lunch and in the afternoon. These observations took place in the dining room and in the sitting rooms'. Overall, observations of the quality of interactions between residents and staff in the communal areas for a selected period of time indicated that the majority of interactions were of a positive nature with positive connective interactions seen between staff and residents. An activity group was ongoing during part of one of the observation periods and the activity staff involved every resident in the activity including residents with advanced dementia. The inspector noted warm, positive and inclusive interactions between staff and residents during this activity.

There was evidence that residents' with dementia received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the residents' permission before engaging in any care or support activity. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private with rooms separate to residents' bedrooms where visitors and residents could meet. Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Residents with dementia and/or their representatives as appropriate, were consulted about how the centre was run and the services that were provided. For example, the person in charge regularly spoke to all residents, and there were regular residents' meetings. The most recent meeting was recorded as being held in February 2018. The inspector noted that any issues raised by residents were acted upon by management. Representatives were welcome to represent residents who were unable to verbally communicate or could not attend the meetings. It was evident that the management and staff of the centre were committed to residents leading the decisions relating to their care, and care and support was delivered in a manner that was dignified and respectful. Residents were also consulted about how the centre was planned and run through surveys and feedback was put into practice for example, requests for additional music in the activities calendar and preferences at meal times. Information regarding independent advocacy services were displayed on the residents' notice board.

Staff demonstrated good knowledge of residents' backgrounds and histories and tools such as photograph memory boards were displayed outside some resident's bedrooms which facilitated staff in finding out more about the residents that they cared for. Staff were able to outline how they implemented person centred support for residents with a dementia. For example, by utilising the care assessments to obtain information about the uniqueness of each individual resident in order to plan and deliver personalized care. Staff demonstrated an awareness of the importance of supporting the needs of the whole person. Staff outlined how they endeavoured to value and retain abilities of the person with a dementia for example, by engaging them in meaningful conversations and

using memories and pictures to provide comfort and pleasure.

Closed circuit television (CCTV) was positioned at the entrance to the building, in corridors, and outside in the grounds. However, the provider representative stated that he ensured that residents' privacy was always maintained in relation to the use of CCTV.

Residents' rights, privacy and dignity were respected, during personal care, when delivered in their own bedroom or in bathrooms. Residents could exercise personal autonomy and were free to decide how they spent their day such as when they got up for the day, what time they dined or whether they chose to participate in activities. Residents were facilitated to exercise their civil, political and religious rights. Records of minutes of residents' meetings demonstrated that residents were reminded of upcoming elections. Mass was celebrated in the centre on a monthly basis and staff said that some residents availed of the centre's transport bus to go to mass on a Sunday in the local church.

The nursing assessment included an evaluation of the resident's social and emotional wellbeing. Residents had access to radio, television, Skype, and information on local events. For example, local newspapers and parish newsletters. The inspector observed that some residents were spending time in their own rooms, watching television, or taking a nap. There was a good choice of communal areas for activities including rooms off the main large sitting room and upstairs there were communal rooms such as the sitting room. There was also the library room which was a well light room that contained a good selection of books, comfortable seating and a desk top computer with a visual display unit that contained a webcam and separate microphone for Skype use. Staff informed the inspector that some residents regularly used this facility. The inspector spoke to one of the activities coordinator who outlined a varied programme of activities that were available to residents whom had a dementia. These activities included "cognitive stimulus therapy", which was a group intervention for people with a dementia. The activities coordinator outlined that this group met regularly to participate or discuss themed activities that aimed to provide stimulation for thinking, concentration and memory. Other activities included, sonas, imagination gym, live music, sing-songs, chair based exercise, religious activities, gardening and other more individualised one to one activities. Some residents and/or residents representatives had completed 'A Key to me' records as part of their reminiscence therapy. In addition, the inspector noted that there were assessments which identified cognitive ability, physical and social well being giving insights into residents sense of humor, anger levels, enjoyment, anxiety's or if they had episodes of restlessness. The inspector observed that residents' individual preferences were respected in relation to activities. The inspector observed that residents were free to join in an activity or to spend quiet time in their room. Each resident's preferences were assessed and this information was used to plan the activity programme. The inspector saw a number of group and individual activities being undertaken during the two days of inspection. These included sing-songs, newspaper reading, quiz, and one to one individual sessions. Of particular note was that the activities schedule was published one month in advance to help facilitate the maximum participation in activities of both residents and their representatives. Residents and relatives spoken with gave positive feedback on the activities and some joined in with the groups. The person in charge confirmed that although they had a number of external people providing activities, and two activities coordinators were available during

the week, it was the role of all staff to provide social stimulation for residents. The inspector observed that staff did spend time sitting and chatting with residents at various times throughout the day, including the provider representative who was well known to residents. The inspector observed that there were specific activity sessions for residents with dementia both in group and one to one sessions. Some residents said they preferred not to take part in the group activities and the inspector saw that their wishes were respected and individual one to one time was scheduled for these residents, if appropriate. Staff were observed creating opportunities for one-to-one engagement, particularly for residents who had a dementia or who were unable or unwilling to participate in groups. The inspector concluded that the person in charge and staff worked to create an environment for residents with dementia that minimised the risk of responsive behaviours.

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 policy and procedure for making, investigating and handling complaints dated as reviewed by the person in charge in February 2018. The complaints process was displayed in the main reception area and was also outlined in the statement of purpose and function and in the residents' guide. There was evidence that complaints were discussed at management and staff meetings and informed changes to practice. Staff interviewed conveyed a good understanding of the process involved in receiving and handling a complaint. Residents to whom the inspector spoke said that they had easy access to any staff in order to make a complaint. The person in charge was identified as the named complaints officer and residents stated that they felt they could openly report any concerns to any staff and were assured issues would be dealt with. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded. There was a second nominated a person, other than the person in charge, available in the centre to ensure that all complaints were appropriately responded to and that the person in charge maintained the records specified under in Regulation 34 (1)(f). The complaint process also included a local appeals procedure.
The inspector viewed a complaints log and saw that complaints, actions taken and outcomes were documented and that feedback was given to the complainant. All complaints were reviewed regularly by the person in charge and the provider representative to identify any learning or changes that were required.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

No actions were required from the previous inspection.

Findings:

Residents and relatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity at all times. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents. There was sufficient staff with the right skills, qualifications and experience to meet the needs of the residents. The person in charge and the assistant director of nursing were supported by a clinical nurse manager. There were senior care assistants who held supervisory duties and supported the healthcare assistants. In addition, there was a recently appointed care skills supervisor who was involved in driving quality improvements in the centre. For example, by conducting reviews and audits of care practice and identifying opportunities for shared learning and practice improvements. An actual and planned rota was available for inspection which confirmed that a nurse was on duty at all times.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. On two days there were additional communication meetings to discuss any changes or improvements in residents care or support needs and to share learning with all staff. The inspector saw records of staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and the inspector observed that residents engaged easily with staff in personal conversations.

Overall there had been a good level of staff training and staff had received up to date training in safe moving and handling and, safeguarding vulnerable persons. Other training provided included infection control, health and safety and food and nutrition. Nursing staff confirmed they had also attended clinical training including medication management and cardio pulmonary resuscitation (CPR) training. All staff participated in a comprehensive staff induction and dementia awareness was part of induction programme. However, one recently recruited staff had not received training in dementia care. In addition, one staff had not received training in managing responsive behaviours

and this issue was actioned under outcome 2 of this report. The inspector also noted that one staff had not had fire safety training and this issue was actioned under outcome 7 of this report.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Up to date registration for 2018 was seen for nursing staff as required by an Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland.

From a review of staff files and from speaking to staff the inspector noted all staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. There was evidence of good recruitment practices including the verification of written references and the on-going appraisal and supervision to ensure good quality care provision and improve practice and accountability.

The staffing rota confirmed that there was a full complement of staff according to the staff duty roster. The person in charge confirmed that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of the residents. The provider representative outlined recent improvements in staffing which included the provision of a wellness day for staff and the appointment of the recently appointed care skills supervisor.

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:
The centre was a purpose built nursing home that was constructed in 2006 and residents' accommodation was laid out over two floors with two elevators servicing each floor. Residents with a dementia were integrated with other residents in the centre. The design and layout of the centre were found to be in line with the statement of purpose. Overall, the layout promoted residents' dignity, independence and wellbeing. There was an internal paved courtyard with raised flowerbeds, some pleasant herbaceous planting and plenty of seating areas. The activities coordinator outlined a number of activities that residents, including residents with a dementia enjoyed in the outside space, particularly during the summer months.

Within the premises there was plentiful seating areas located throughout including comfortable wooden benches located at various points along bedroom corridors. Some

residents were noted to sit in the main entrance lobby which was seen to be homely and had been decorated to a high standard. For example, there were comfortable period furniture, soft lighting provided by domestic style lamps, and a number of other homely furnishing such as a sofa, bookshelves, a wooden corner unit with ornaments. In addition, throughout the centre efforts had been made to enhance the design and layout towards being as homely as possible. For example, with the use of wallpaper, comfortable seating arranged to promote social interactions, domestic style fire places, carpets and fresh flowers located in a number of areas gave an overall warm, pleasant and welcoming experience within the centre.

The inspector noted that when moving from the entrance foyer into the centre this area was decorated as a 'street scene' and with shop fronts such as a post office and the frontage of a public house that was a landmark in the area. Overall, the premises were clean, well maintained, adequately heated, with good levels of natural lighting and ventilation. However, some minor decorative upgrade was required regarding paintwork in a small number of areas that were marked by friction from beds and other equipment and required attention.

There was a number of areas for residents to spend time including one large sitting room that was utilised for scheduled activities and another separate well-appointed sitting area that offered a quieter atmosphere; there was also a library on the first floor and each room was suitable to be used by residents and their friends and families. The first floor also contained a physical therapy room/gym with exercise equipment and this room was seen to be utilised in conjunction with the physiotherapy staff. The inspector also noted that the building was wheelchair accessible. The outside areas included an internal courtyard with patio area that were available to residents.

Residents with dementia were accommodated in each of the two floors and all bedrooms had full ensuite facilities. There were 42 single occupancy rooms on the ground floor. On the second floor there was 16 single occupancy rooms and three twin bedrooms. The single rooms on the second floor were arranged in suites and offered larger floor space. Bedrooms were seen to be furnished with residents' personal items including furniture they had brought from home. Residents and relatives confirmed that they had sufficient space for their belongings. Overall, there was an adequate number of toilets and assisted showers suitably located in the premises to meet the needs of residents. On the days of inspection the size and layout of bedrooms was suited to meeting the needs of residents, including those with high dependency needs. The design and layout of shared bedrooms were suitable to ensure residents' privacy. Televisions, wardrobes and bedside lockers were available to all residents. The inspector spoke with residents that lived in shared bedrooms who said that they were happy living in their bedrooms.

The inspector noted that the front sitting room was a popular area with residents and visitors. Quieter rooms and a small oratory were available to residents for quiet reflection and prayer. Communal rooms and all common areas were furnished and decorated to create an interesting environment for people with dementia. Circulation areas, toilet facilities and shower/bathrooms were seen to be free of obstacles and all areas including bathrooms, were adequately equipped with hand-rails and grab rails. The inspector found residents were enabled to move around as they wished. There was

some signs and pictures that had been creatively used in the centre to support residents to be orientated to where they were located. For example, there were numbers on bedroom doors and some contained picture framed life stories unique to individual residents. These pictures assisted some residents with a dementia in finding their bedrooms. There was also other signage and memory prompts on doors in some areas to indicate their function such as the nurses' office, dining room and the sitting rooms. However, the inspector requested that the provider representative to review the signage to support residents, particularly residents with a dementia, in finding their way around the centre. Toilet seats had a contrasting colour and toilet doors and hand rails had been painted a contrasting colour to support residents with a dementia and those with visual impairment. Working call bells were accessible from each resident's bed and in each room used by residents. Resident's bedrooms were also personalised with soft furnishings, ornaments and family photographs. A number of bedrooms seen contained a flat screen television with remote control. There were clocks located in a number of locations including the large sitting room. However, the provider representative agreed to review the availability of clocks and wall calendars to support residents with memory loss and help promote orientation.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

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

Findings:

Overall the premises, including the communal areas and bedrooms were found to be clean and there was an adequate standard of general hygiene in the centre. There were systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. For example, regular training of staff, subtle staff infection control reminder notices and strategically placed hand sanitizer dispensers located throughout the premises. There was personal protective equipment such as latex gloves and plastic aprons available in designed areas. The training matrix confirmed that staff had completed training in hand hygiene and infection prevention and control and staff that were spoken with demonstrated knowledge of the correct procedures to be followed.

Generally there were suitable fire safety measures in place and there were completed logs maintained on daily, weekly, monthly basis in relation to fire safety. There were also records of quarterly checks by staff of fire equipment, doors, exit routes and emergency lighting. The inspector noted that the fire alarm was serviced on a quarterly basis and was recorded as being most recently serviced in February 2018. The

emergency lighting was recorded as serviced in November 2017. However, this certification was done annually and not on a quarterly basis, as required. Certification of testing and servicing of fire extinguishers, were documented as serviced in November 2017. There were fire and smoke containment and detection measures in place in the premises. Most but not all staff had received training in fire safety within the past 12 months. One recently recruited staff informed the inspector that they had not received fire training. In addition, they were not adequately familiar with what actions to take in the event of fire alarm activation or the principles of horizontal evacuation. The provider representative assured the inspector that this staff would immediately receive suitable orientated to local fire safety arrangements. In addition, the provider representative outlined that formal fire safety training had been scheduled for this staff. He also outlined how the implementation of the staff induction programme would be reviewed to ensure suitable fire safety training was provided to all recruited staff as part of their initial induction programme.

There were procedures to be followed in the event of fire that were displayed in a prominent places throughout the centre including in each residents' bedroom. Practiced fire drills were held regularly and the records viewed contained details of each evacuation including a note of the competency of staff in the use of evacuation equipment such as evacuation sheets. These records also identified where improvements to the procedure could be made. Practice fire drill records also included the fire scenario that was being simulation during the practice. All residents had personal emergency egress plan's (PEEP's) which identified the level of mobility and evacuation mode for each resident. Copies of the PEEP's were available in a number of locations including the nurse's office near the entrance for ease of retrieval. These plans included the level of cognitive understanding, the need for supervision and the level of compliance of each resident in an emergency situation. The person in charge confirmed that a small number of residents smoked tobacco. A policy was in place and referenced the requirement for a smoking risk assessment for all residents who smoked. From a review of a sample of care plans, there were suitable risk assessments for each resident that individually risk assessed each resident's capacity to smoke safely.

Manual handling practices observed were seen to be in line with current best practice and the training matrix recorded that all staff were trained in manual handling. All circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. Overall, there were suitable governance and supervision systems in place to monitor residents at risk of falls and such arrangements were reviewed on an on-going basis by the person in charge. Staff working on day and night duty reported to the inspector that they monitored and checked on residents, including residents with dementia at regular intervals. All residents had records of when these monitoring checks had been conducted. There was a risk register available which covered for example, risks such as residents' falls, fire safety risks and manual handling risks. There was a center specific safety statement and there had been a health and safety audit completed in January 2017. Records seen were generally adequate to ensure arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. However, the risk management policy viewed by the inspector did not contain the measures and actions in place to control the following specific risks of abuse, the unexplained absence of any resident, accidental injury to residents, visitors or staff, aggression and violence and self-harm, as required by

regulation.

Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and assessments for pressure ulcer formation. There was recorded information/communication with relevant persons such as the person in charge, the residents' GP, next of kin, the clinical observations taken and any learning/changes required to prevent reoccurrence. However, the hazard identification process required improvement to include a risk assessment of the storage of the water kettles in the first floor sitting room.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Vincent Kearns
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:	Haven Wood Retirement Home
Centre ID:	OSV-0000236
Date of inspection:	18/04/2018 and 19/04/2018
Date of response:	13/06/2018

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

To arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Any findings on a preadmission assessment will be then converted to a care plan suitable for the new resident. This action is in place and will be continuous for the findings of all preadmission assessments.

Proposed Timescale: 01/05/2018

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:

To ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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:

1. Reintroduce the use of ABC, Charts when recording any distress observed from residents. Information from these should then be included in care plans.
2. The staff induction schedule has been amended to include 2 additional mandatory training DVD based programmes. 1 on Dementia and the second on Person Centred Care. The combined also cover the introduction to behaviour's that challenge and can be reinforced by "Personal Safety" and Behaviour De-escalation Training later in the employment.

Proposed Timescale:

1. 1st May, 2018.
- 2a. 1st May, 2018
- 2b 1st May, 2018 to 31st December 2018 for Training on Personal Safety

Proposed Timescale: 31/12/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

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

To ensure that staff have access to appropriate training.

3. Action Required:

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

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

1. Person centred care and Dementia training have been added to the induction programme for all clinical staff.
2. All staff to complete introduction to fire training on induction.
3. More formal fire training including fire drills with lateral evacuations to be organised as required. All current staff up to date at the time of this response.

Proposed Timescale:

1. 1st May, 2018
2. 20th April, 2018
3. 9th of May, 2018.

Proposed Timescale: 09/05/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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.

4. 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:

1. Painting and upgrades are in constant motion due to the nature of the facility and the freedom of residents to move around and the number of visitors. Wear and tear is touched up constantly by the centres full time maintenance staff.
2. Review of Signage, Colours, Cueing to support residents, particularly residents with a Dementia, to find their way around the centre.
3. Review of the use of clocks and wall calendars to support residents with memory loss and help promote orientation.

Proposed Timescale:

1. December 31st, 2018 (ongoing touch-up and repair).
2. August 31st 2018.
3. August 31st 2018

Proposed Timescale: 31/12/2018

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

5. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

1. The Centre's risk management policy is updated and includes hazard identification and assessment of risks throughout the centre and the measures in place to control the risks including:

- Abuse
- The unexplained absence of any resident
- Accidental injury to residents, visitors or staff
- Aggression and violence
- Self-harm
- Storage of Water Kettles in the first floor sitting room.

2. The centres risk identification template is to be updated to a live document for monthly review, with each risk scored from a similar matrix.

Proposed Timescale:

1. June 30th 2018
2. June 30th 2018

Proposed Timescale: 30/06/2018

Theme:

Safe care and support

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

To make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

6. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

1. All staff will have training via the modified induction plans on commencing a contract in the centre.
2. Fire & Evacuation Training provided to majority of staff during January 2018 with a follow up training day given to new staff and staff who missed the 5 training days in January.

Proposed Timescale:

1. 20th of April, 2018
2. 9th of May, 2018.

Proposed Timescale: 09/05/2018

Theme:

Safe care and support

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

To make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

7. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

1. This training is included the induction plan for all new staff within the centre.
2. All staff have now completed their fire & evacuation training

Proposed Timescale:

1. 20th of April, 2018
2. 9th of May, 2018

Proposed Timescale: 09/05/2018