

**Health Information and Quality Authority
Regulation Directorate**

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



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|-----------------------------------------------------------|----------------------------------------------------------|
| Centre name: | St Paul's Nursing Home |
| Centre ID: | OSV-0000433 |
| Centre address: | St Nessian's Road, Dooradoyle, Limerick. |
| Telephone number: | 061 228 209 |
| Email address: | info@stpaulsnh.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Blockstar Limited |
| Lead inspector: | Mairead Harrington |
| Support inspector(s): | Maria Scally |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 57 |
| Number of vacancies on the date of inspection: | 1 |

About Dementia Care Thematic Inspections

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

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

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

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

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

The inspection took place over the following dates and times

From: 21 June 2018 10:15 To: 21 June 2018 17:00

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 | Compliant |
| Outcome 02: Safeguarding and Safety | Compliance demonstrated | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated | Substantially Compliant |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Compliance demonstrated | Compliant |
| Outcome 06: Safe and Suitable Premises | Compliance demonstrated | Compliant |
| Outcome 08: Governance and Management | | Substantially Compliant |

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection that focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self-assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over one day. A number of residents and visitors spoke with the inspectors in the course of the day and provided very positive

feedback of their experience of care in the centre. The inspectors spoke with members of staff in the course of their duties and discussed their training, understanding of resident needs and approach to care. Staff consistently demonstrated good practice and a well developed knowledge and understanding of the needs of all residents, and the particular needs of residents with dementia or a possible cognitive impairment. The inspectors also met with the person in charge and clinical nurse managers responsible for oversight of the centre. Of the 57 residents who were in the centre on the day of the inspection, approximately 19 had either a confirmed diagnosis of dementia or were presenting with the symptoms of a possible cognitive impairment. Management confirmed that the centre was well resourced with good access to general medical and allied healthcare professional services. The centre did not have a specific residential dementia unit and resident care was integrated throughout. The inspectors reviewed a number of care plans for residents with dementia, including processes around assessment, referral and monitoring of care. The inspectors also observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The centre was operated by Blockstar Ltd and responsibility for overall governance rested with the directors of the company. Care in the centre was directed through the person in charge, with accountability to a representative of the provider entity. The service had completed a dementia care self-assessment form in advance of the inspection that indicated the service was compliant with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People. Overall a very good level of care for all residents was assessed by the inspection, with appropriate provisions in place to meet the specific needs of residents with dementia or a cognitive impairment. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. Some areas for improvement were identified around contract information and the impact of a multi-occupancy room in relation to privacy and dignity. These are outlined in the relevant outcomes of the report. The person in charge was present throughout the inspection and was responsive in providing information and responding to queries. Effective and appropriate communication and interaction between staff and residents with dementia or cognitive impairment was noted throughout the inspection.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

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

The centre implemented an effective admissions policy which included a pre-admission review, and also a comprehensive health and welfare assessment by a qualified nurse. Residents could retain the services of their own general practitioner (GP) and had regular access to the services of allied healthcare professionals or as required; these included a speech and language therapist, dietitian and chiropodist, for example. Inspectors tracked a sample of resident care plans and found that timely and comprehensive assessments were carried out and appropriate care plans were developed in line with the changing needs of residents. The care planning process involved the use of a range of validated tools, including those to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity for example. Of the records reviewed correspondence relating to hospital transfer arrangements was in place. These included relevant information about the residents' health, medications and communication needs and, where available, advance care plans. Staff demonstrated an awareness of particular risks in relation to weight loss and changes with appetite or issues with constipation when planning the care of residents with dementia or a possible cognitive impairment that might affect their ability to communicate effectively. A regular care plan checklist was in place to ensure that assessments were reviewed and revised where necessary. Care planning was managed electronically and staff demonstrated an effective knowledge of the system in accessing information. Consultation with residents and their families was referenced in the records reviewed.

Residents either diagnosed with dementia or presenting impaired cognition had appropriate assessments around communication needs in place. The inspectors found that nutritional needs were well met in the centre. Residents were seen to be provided with a regular choice of freshly prepared food. Menu options were provided and residents on a modified diet had the same choice of meals as other residents. Meals were well presented and the dining area was pleasantly decorated with tables set for small groups and individuals. Nutritional care plans were in place that detailed residents'

individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. A record of residents who were on special diets, such as diabetic and fortified diets or fluid thickeners, was available for reference by all staff and kept under review. Records of weight checks were seen to be maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary and records indicated weight gains for residents subject to monitoring.

Measures were in place to prevent unnecessary hospital admissions that included regular attendance and review by a medical practitioner. Care planning on admission included consultation in relation to the development of advance care plans. The centre had good access to palliative care services.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice and staff were observed to follow appropriate administration practices. Administering staff were appropriately trained and understood the importance of explaining the administration of medicine to residents who might be confused. Where prescriptions were being transcribed the practice was in keeping with protocols and signed off as required by two members of nursing staff, and also appropriately authorised by the prescriber. Nursing staff explained that where residents might persistently refuse medication the administration record was noted accordingly and a referral for review by their general practitioner was put in place. Based on observations, feedback and a review of documentation and systems, inspectors were satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia or cognitive impairment.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
There was a policy and procedures in place for the prevention, detection and response to abuse that provided relevant directions to staff in identifying and responding to allegations and instances of abuse. A training matrix indicated that a regular programme of training on safeguarding and safety was delivered by the centre. A review of training records indicated all staff were up-to-date in this training and staff members spoken with by inspectors understood the features of abuse and the relevant reporting systems in place. Processes in place to safeguard residents' finances included related policies and protocols that set out the responsibilities of the supervising officer when recording and verifying receipts and expenditure. The inspector reviewed the records maintained and

noted receipts were in place and transactions had been double signed. A sample of these records was checked and the figures reconciled with the balance of funds held.

An inspector reviewed arrangements to manage the environmental safety and wellbeing of residents with management and nursing staff. Discussion and observed practice confirmed that residents were assessed and that arrangements in place to manage personal safety were appropriate to individual circumstances. Staff understood how residents with a cognitive impairment might become agitated or anxious, and were able to explain how such circumstances could be managed by using appropriate distraction and diversion strategies to re-focus the attention of the resident. Where measures such as bed-rails and other forms of environmental restraint were in place their use was routinely monitored and records were maintained and available for reference. Protocols were in place around the security of residents at the centre including the recording of visitors' attendance and keypad controlled exit from the centre to ensure the safety of residents with a cognitive impairment from hazards such as leaving the centre unaccompanied. Residents spoken with by the inspector reported positively of their experience of care at the centre and were clear on who was in charge and how to raise any concerns they might have.

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:
There were no restrictive visiting arrangements and, on the day of inspection, a good number of visitors were observed spending time with residents in all areas of the centre. Residents spoken with remarked on the very good care they received and complimented staff who were kind and hard working.

The centre had good access to pastoral care and the support of a religious order on-site. Regular daily services took place in the chapel that could be attended by members of the community and also provided a focal point and opportunity for interactive engagement within and between residents and visitors. The service had a designated resource regularly providing a diverse and relevant activities programme, including those specifically designed to support the needs of residents with dementia or cognitive impairment. An inspector discussed recreation and activity arrangements with the activities provider who demonstrated a commitment to ensuring all residents had the opportunity to engage in activities appropriate to their abilities. On the day of inspection residents were seen to meet visitors and spend time in the sitting areas of the centre, as well as the conservatory and garden. Mass took place in the morning and other activities were ongoing in the morning and afternoon while some residents went out either

independently of with visitors. A regular weekly activity schedule included card playing, bingo, Sonas and exercise time. A hairdresser regularly attended the centre and there was an appropriately equipped facility to support this service. All residents could access the secure and well maintained garden area that provided seating and shade, paved paths for exercise, a raised plant bed and a central fountain with fish.

Staff were seen to enquire as to the preferences of residents with dementia and also to accommodate those preferences and facilitate where residents might choose to change their minds about their choices. A relevant communication policy was in place and the inspector observed a person-centred culture of care. Inspectors noted that members of staff and management acknowledged all residents as a matter of course and that even brief exchanges were interactive and inclusive.

Residents' personal spaces were seen to be personalised with belongings and decorated to individual tastes and preferences. However, as identified on previous inspections, arrangements for accommodation in a multi-occupancy room, for up to three people, did not adequately support the privacy and dignity of those residents. Individual areas in this room were personalised with photographs and belongings and adequate personal storage was accessible. Privacy screens provided visual protection but did not adequately protect the privacy of residents in relation to the conduct of personal activities and communication.

Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. This monitoring occurred during discrete 5 minute periods in 45 minute episodes. Two episodes were monitored in this way and during these periods of observation it was noted that residents with dementia or cognitive impairment had their social needs met in an appropriate and consistent manner. Residents were seen to be consulted around choice and engaged with conversation, or provided with refreshments and re-positioned to support comfort. A positive result was recorded overall for these episodes and it was noted that staff engaged meaningfully with residents on a consistent basis.

Residents had access to the services of an independent advocate and contact information was accessible if required. Regular resident meetings took place where relatives could also attend and facilitate. Minutes of these meetings were available for reference. The centre was integrated in the community with both residents and staff members from the local area. Local newspapers were available and discussion sessions on the regional publication regularly took place as part of the activities programme.

Judgment:
Substantially 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 had been no change to procedures for the management of complaints since the previous inspection. The person in charge confirmed that procedures were kept under regular review. Information about how to make a complaint was included in the statement of purpose and was also clearly displayed in the reception area of the centre. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer and also outlined the internal appeals process and the nominated individual with oversight of the complaints process. Contact information was provided for the office of the Ombudsman.

An inspector reviewed a sample of the recorded complaints and noted that information was maintained in keeping with requirements, including details of investigations into the complaint and a summary of learning or action taken as a consequence. The procedures for managing complaints were in keeping with statutory requirements and effectively implemented.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

A review of staffing arrangements during the inspection confirmed that the number and skill-mix of staff on duty was in keeping with the requirements of the resident profile, having consideration for the size and layout of the centre. The person in charge confirmed that clinical nurse managers had protected time for administration and oversight as necessary. Management maintained an accessible bank of reserve staff for on-call needs and the centre did not rely on agency resources.

Appropriate supervision arrangements were in place on a daily basis. At least one clinical nurse manager was on duty each day and arrangements at night provided for two staff nurses as well as two healthcare assistants. Staff spoken with confirmed that these arrangements were consistent. Effective supervision was also implemented through monitoring and control procedures such as audit and review. An inspector reviewed training arrangements with management. The person in charge was qualified to provide training in relation to manual handling. All information indicated that training was current, and regularly delivered, in mandatory areas such as safeguarding, manual handling and fire-safety. Training was also provided for staff in relation to dementia care and the management of responsive behaviours. Staff had access to relevant policies and procedures and copies of the standards and regulations were also accessible. Staff

spoken with understood their statutory duties in relation to the general welfare and protection of residents.

There had been no change to practices around recruitment and police vetting since the previous inspection. Personnel procedures were robust and verified the qualifications, training and security backgrounds of all staff. Documentation was well maintained in relation to staffing records, as per Schedule 2 of the regulations. Management confirmed that all staff members had been police vetted as required and documentation to this effect was in place on the sample of records verified. There were no volunteers in the centre at the time of inspection and management understood the associated duties around security vetting in relation to volunteers.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

Management had been responsive in addressing issues previously identified and restricted areas such as sluice rooms were all secure with call-bells in place and accessible as necessary. The layout of the centre was in keeping with the statement of purpose. The centre is located on its own grounds set back from the main road in Limerick city. Parking facilities are to the front and side of the premises. The centre provides accommodation for a total of 57 residents. Accommodation is laid out over three floors comprising one three-bedded room and 48 single rooms, seven of which have full en-suite facilities. There are three twin-bedded rooms, two of which provide en-suite facilities. All rooms otherwise provide a wash-hand basin facility and bathroom facilities are accessible as required on each floor. Access between all floors is provided by stairs and two lifts.

All bedrooms provide adequate space for the delivery of care and the use of assistive equipment as might be needed. Personal storage facilities are in keeping with requirements and include a chair, wardrobe and a secure unit for valuables. Consideration had been given to supporting the needs of residents with a cognitive impairment and much of the decor in communal and recreation areas was illustrated and visually engaging. There were fish aquaria in both the reception area and next to the conservatory. Walls in this area were decorated with nautical themes and patterns. Residents had easy access through the conservatory to an outside recreation area with seating and shade. The grounds were well maintained and provided safe pathways for outdoor exercise. Several residents were seen enjoying the garden during the fine weather on the day of inspection. There were a range of garden ornaments as well as a central water fountain with fish that provided sensory stimulation. Elevated plant beds

provided ease of access for those residents interested in gardening. There was good use of colour contrast throughout the centre for handrails and walls to support the needs of those with a cognitive impairment in facilitating ease of movement from communal areas to the residents' private spaces. There were communal sitting and dining areas on each floor that were comfortable furnished. Environmental stimuli to support people with dementia included murals, memorabilia and figurines in some communal areas. Calendars and clocks were readily visible in most areas. In relation to the specific needs of residents with dementia, the development of environmental design, to reduce glare on flooring for example, would further support the requirements of those with a cognitive impairment.

Residents' rooms were comfortable and personalised to varying degrees with individual belongings and memorabilia. Patterned and textured wallpaper was used to good effect in supporting residents with a cognitive impairment to identify their room easily. Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was well equipped and suitable in design to meet its purpose with segregated access areas for both clean and soiled wear. There was sufficient space and facilities to manage all laundering processes. The centre had an adequate stock of assistive equipment, such as wheelchairs and hoists, to meet the needs of the residents and equipment was stored appropriately in keeping with requirements. The centre overall was bright, well maintained, decorated and furnished. Heating, lighting and ventilation was appropriate to the size and layout of the centre throughout.

Judgment:

Compliant

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

For the purpose of this inspection only contract information for residents was assessed as part of this outcome. Resident contracts explained the terms of the service and were signed by residents and their relatives where appropriate, though information around the type of accommodation provided on admission to the centre required review to fully comply with the regulations.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|------------------------|
| Centre name: | St Paul's Nursing Home |
| Centre ID: | OSV-0000433 |
| Date of inspection: | 21/06/2018 |
| Date of response: | 25/07/2018 |

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 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Arrangements for accommodation in a multi-occupancy room, for up to three people, did not adequately protect the privacy of residents in relation to the conduct of personal activities and communication.

1. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may

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

undertake personal activities in private.

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

Privacy screens are in place for the multi-occupancy room for the private conduct of day-to-day personal activities.

There is a quiet room available for residents, families and/or representatives to communicate privately near the multi-occupancy room.

A comprehensive pre-assessment is completed prior to admission to ensure any new resident is suitable for the multi-occupancy room.

The management team and staff shall continue to ensure the privacy and dignity for all three residents within the multi-occupancy room are upheld at all times.

Proposed Timescale: 25/07/2018

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

Contract information around the type of accommodation provided for a resident on admission to the centre required review to fully comply with the regulations.

2. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

The contract of care for all new residents has been updated to include the room number in which the resident shall reside and details whether it is a single, shared or multi-occupancy room.

Proposed Timescale: 25/07/2018