

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Signature Care Killerig
Centre ID:	OSV-0005454
Centre address:	Killerig, Carlow.
Telephone number:	059 916 3544
Email address:	mags@signaturecare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Prudent Healthcare Limited
Provider Nominee:	
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	45
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:
10 April 2018 09:30	10 April 2018 18:00
11 April 2018 09:30	11 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	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

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

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. This centre rated the service as compliant in five of the six outcomes with a substantial compliance in the sixth relating to health and social care.

The inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Signature Care, Killerig provides residential care for 45 people. Approximately 55% of residents have dementia. The overall atmosphere was spacious yet homely, comfortable, and in keeping with the overall assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs, although some improvement was required to ensure that care planning documentation reflected the changing needs of residents. In addition, some end-of-life assessments were incomplete.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There were policies and procedures in place around safeguarding residents from abuse. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were offered a range of training opportunities, including a range of specific dementia training courses. However, some staff files did not meet the requirements of the regulations.

These are discussed further in the body of the report and the action required is included in the action plan at the end.

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:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However some improvement was required to the care planning documentation and the recording of fluids taken by residents. In addition, the arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan and end-of-life documentation required improvement.

The inspector reviewed a sample of clinical documentation including nursing and medical records. The inspector saw that improvement was required to the care planning documentation to ensure that it contained sufficient detail to guide practice. For example, on reviewing diabetes management, the inspector saw that sufficient guidance was not included. There was no plan documented regarding measuring blood sugar levels or foot care. While the practices were correct, the care plan was not complete. Another example related to falls management where the care plan had not been updated to reflect the current practices in place, after a resident had fallen.

The inspector noted that in some cases, although fluids were being encouraged, several gaps were evident in the fluid intake records.

Although there were several examples of good practice in relation to end of life, the inspector found that, in some cases, in the sample of care plans reviewed, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. These wishes and preferred priorities of care could then direct the care provided.

Otherwise the inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. The practices were supported by an end-of-life policy. The person in charge stated that the centre received advice and support from the local palliative care team. Other initiatives continued in the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. Additional

equipment had been purchased to improve the level of respect shown to the deceased. There was a procedure in place for the return of possessions.

The inspector found that, at the time of inspection, residents were protected by safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. There was evidence that the pharmacist was available to residents and the inspector saw that both group and individual sessions were held recently.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperature, which had twice daily checks, was within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The inspector was satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

The inspector noted that residents were supported to stay in the centre during periods of illness with the help of the community intervention team.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. 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. The inspector also noted that individual preferences and habits around mealtimes were recorded.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. A large board now displayed the meals being served in both word and pictorial format. The inspector saw residents looking at this before deciding on their choice. The inspector also noted that, to assist all residents in making their choices, including residents with dementia, the chef brought a

selection of meals, already plated, to each table, showed them to the residents, and asked which the resident would like.

The inspector saw that snacks and drinks were readily available throughout the inspection. The inspector observed and residents confirmed that the catering staff continued to provide selections of home-baking including a variety of scones, cakes and desserts.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
There were measures in place to protect residents from suffering harm or abuse.

The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. The inspector saw that elder abuse detection and prevention training was ongoing and training records confirmed that staff had received this mandatory training. This training was supported by a detailed policy.

The provider was not a pension agent for any resident but was aware of the procedure should it be necessary. Pocket monies were being managed for some residents. The inspector checked a sample of balances and found them to be correct. Documentation such as signed receipts and details of each transaction were maintained. The person in charge discussed plans to further improve the electronic records available.

A restraint-free environment was promoted. The inspector noted that appropriate risk assessments had been undertaken. Usage was low and staff spoken with confirmed the various alternatives that had been tried, prior to the use of bedrails. Care plans were in place to guide practice and safety checks were completed when restraint was in use.

The inspector was satisfied that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received specific training. The inspector saw that appropriate risk assessments were completed. Detailed care plans were in place. Information was available on possible triggers and appropriate interventions. Staff spoken with were very familiar with appropriate interventions to use. During the

inspection staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Advice and support was available from the psychiatric services.

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:

The inspector was satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected. There was evidence that feedback was sought from residents with dementia on an ongoing basis, regarding the services provided.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day room, activity room and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 70% of interactions demonstrated positive connective care, 20% reflected task orientated care while 10% indicated neutral care.

The inspector saw that the activity coordinator was very committed to meeting the needs of the residents. A comprehensive assessment was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. Some dementia appropriate activities were available and a programme of activities was on display. This included music, games and crafts. One to one activities, such as hand massage, were carried out for residents who did not wish to engage in group activities.

Community involvement was promoted. The inspector saw that several residents attended various day services. Other community services came into the centre. The inspector saw the local school choir visited regularly and residents told the inspector how much they enjoyed this. Some dementia specific services also attended the centre to provide additional activities for residents.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in shared rooms. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. The inspector noted good humoured banter between the

residents and staff, and singing was an absolute favourite with some staff and residents singing as they completed various tasks.

Independent advocacy services were available. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends. During the day, residents were observed to move around the centre freely.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions, was respected. Residents were satisfied with opportunities for religious practices. Arrangements were underway to ensure that residents will be facilitated to vote at the next election, if they so wish.

There was a residents' committee in operation. The inspector viewed the minutes of some meetings and saw that suggestions made by residents had been taken on board. For example, the inspector saw where suggestions regarding activity choices and food choices had been acted upon.

The inspector noted that residents had asked if a shop could be made available. This was now in place and a resident ran the service.

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:

The inspector was satisfied that the complaints of each resident or relative including residents with dementia were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process if needed.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents. Improvement was required to ensure that staff files were complete.

The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 were not in place. In two of four files reviewed, there was not a satisfactory history of gaps in employment while another file did not hold two references.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

There were no volunteers in the centre at the time of inspection.

A comprehensive induction plan was in place. The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included dementia-specific training.

Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling. A further training plan was in place for the coming year and this included training in safeguarding, first aid, falls management and nutrition.

Judgment:
Substantially 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:

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

Entrance to the centre is through a large, bright reception area which has several seating areas as well as a busy coffee dock for residents' use. A variety of communal day and dining spaces are available. The day and dining rooms were bright with large windows looking out onto the nearby golf course. The provider had designed a village streetscape which had old style shop fronts to the hairdressing salon, the multi-faith prayer room, a GP and allied health treatment room called the clinic and a post office front. The inspector saw that a small lounge bar was also located on the ground floor.

Three floors were in use with bedroom accommodation on the first and second floor. Two lifts provide access between the floors.

The inspector was satisfied that the bedroom accommodation meets residents' needs for privacy, leisure and comfort. In total there were 35 single and five twin rooms, all with full en-suite facilities. Adequate lighting was provided including sensor lighting for all toilet areas.

This building promoted a dementia-friendly environment. All toilet doors were a similar colour while each bedroom door was a different colour to act as a prompt for residents. Contrasting colours were also used in the toilets to aid orientation. Appropriate signage, in word and picture format, was available at eye level height throughout the centre to orientate residents and to promote independence.

The inspector saw that memory boxes had been placed outside of each bedroom door. With the help of residents and relatives, some important memorabilia was placed in this, and the inspector saw residents looking at this and knowing they were at their own room.

There are additional assisted toilets and bathrooms throughout the premises; these are located strategically, for example, close to day rooms and along the corridors. A wheelchair accessible visitors' toilet and baby changing facilities were also provided.

Call bells were provided in all bedrooms and communal areas. Some difficulties had arisen in recent days and the inspector saw that efforts were underway to address this, with additional supervision in place in the interim. The corridors were wide, had grab rails, were clutter free, and allowed residents plenty of space to walk around inside.

The inspector found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures, and the safe use and storage of cleaning chemicals and disinfectant agents.

There are two fully equipped sluice rooms. Adequate arrangements were in place for the disposal of clinical and domestic waste. There was adequate storage space provided to ensure that equipment and assistive devices are stored in a safe and discreet manner.

Additional facilities available include a kitchenette on each floor, staff changing rooms and dining room, main kitchen with facilities for the catering staff. Two fully equipped cleaners' rooms were also provided.

The inspector saw that an adequate supply of assistive equipment was available for use including a variety of hoists and pressure relieving mattresses. The inspector saw that servicing contracts were in place.

There was a secure garden area to the back of the building which was accessed from the day room and dining room. This had been finished to a high standard and included safe walkways and planted areas. Contrasting stone colours have been used at the edge of the pathways to assist residents. In addition non-slip rubber flooring has been provided on the decking area. Raised flower beds and appropriate seating were provided. Residents were enjoying a gardening afternoon during the inspection.

Action required from the previous inspection related to completing minor works on the top floor and this had been completed to a high standard.

There is an additional garden area to the front of the building. Adequate parking was available to the front of the building.

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:

Sheila Doyle
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Signature Care Killerig
Centre ID:	OSV-0005454
Date of inspection:	10/04/2018
Date of response:	11/05/2018

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:

Some improvement was required to the care planning documentation and the recording of fluids taken by residents.

The arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan.

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

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

- 1) All care plans in place were updated to reflect the person-centred care practices in place, particularly regarding diabetes, falls and fluid records.
- 2) Monthly Audit of care plans, to optimise consistency.

Proposed Timescale: 10/05/2018

Theme:

Safe care and support

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

End of life documentation and assessment required improvement to provide sufficient detail to guide practices.

2. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

- 1) End of life care – Audited, and actions completed
- 2) All assessments to be completed and reflected in an end of life care plan for those residents that do not already have a plan clearly documented.

Proposed Timescale: 10/05/2018

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

Some staff files were incomplete.

3. 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:

- 1)The two files with omissions were immediately reviewed and actions completed to complete all required areas
- 2)All staff files were re-audited and appropriate action to ensure all staff files were complete
- 3)Revised Hr checklist commenced

Proposed Timescale: 10/05/2018