

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rathkeevan Nursing Home
Centre ID:	OSV-0000271
Centre address:	Rathkeevin, Clonmel, Tipperary.
Telephone number:	052 618 2000
Email address:	rathkeevinnursing@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Drescator Limited
Provider Nominee:	Liam Long
Lead inspector:	Sheila Doyle
Support inspector(s):	Ide Cronin
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	11

About Dementia Care Thematic Inspections

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

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

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

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

The inspection took place over the following dates and times

From: 10 March 2016 09:30 To: 10 March 2016 17:30

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	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 08: Governance and Management		Compliant
Outcome 10: Suitable Person in Charge		Compliant

Summary of findings from this inspection

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 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 Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's and inspectors' rating for each

outcome.

Inspectors met with residents and staff members during the inspection. They tracked the journey of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff training records. Inspectors reviewed the self assessment questionnaire which were submitted by the provider prior to inspection and noted that the relevant policies were in place. interviews were also carried out with the recently appointed person in charge and senior nurse.

Rathkeevan is a purpose-built single-storey centre, which provides residential care for 61 people. Approximately 45% of residents have dementia. The atmosphere was 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 need 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. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was pleasant, and residents were treated with respect and dignity by staff. Improvements relating to medication management practices were required to ensure that each resident was protected by the centre's procedures for medication management.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. Improvement was required around the documentation for volunteers.

There were policies and procedures in place around safeguarding residents from abuse. However improvement was required to ensure that residents' finances were robustly managed.

The person in charge discussed plans already afoot to further improve the quality of life for residents with dementia, including additional changes to the premises, a full review of the activity schedule and working with families to personalise the rooms. In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned action in relation to the premises.

These are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

Inspectors were satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Some improvement was required to ensure that each resident was protected by the centre's procedures for medication management.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. The person in charge outlined ongoing work to ensure the common summary assessment (CSARs) which was developed in the community prior to admission was available in the centre.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident for risk of malnutrition, falls, their level of cognitive impairment and their skin integrity. There was also an appropriate pain assessment tool. A care plan was developed within 48 hours of admission based on the resident's assessed needs.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Actions required from the previous inspection relating to care plans had been completed. Inspectors saw that families were currently being invited in to meet with staff and their relative to update the care plans.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident. This included details regarding the level of mobility, falls risk, communication needs, nutritional requirements and medications. Inspectors noted that for residents with dementia, the standard form was supplemented with an additional document. This included particular care needs, communications strategies and particular likes and dislikes. A specific envelope was developed which included a checklist to ensure that all relevant documentation was enclosed. Inspectors noted that similar information was provided on discharge back to the centre including updates from members of the

multidisciplinary team.

Inspectors reviewed the management of clinical issues such as wound care, diabetes and falls management and found they were well managed and guided by robust policies.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dietitians and speech and language therapists where appropriate. Inspectors also noted that individual preferences and habits around mealtimes were recorded. A daily record was maintained of residents' food and fluid intake.

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy. Having reviewed a sample of care plans inspectors were satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life.

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), dietetic services and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. Inspectors 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.

Inspectors reviewed a sample of administration and prescription records and noted that some improvement was required around medication management practices. Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. In addition inspectors found it difficult to work out how often some of the medication could be administered. This was discussed with the person in charge to ensure resident safety.

Some residents also required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines.

Inspectors noted that the actions required from the previous inspection relating to inadequate labelling on compliance aids had been addressed. A new system had been introduced which included both a description and picture of the medications.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that improvement was required to ensure that residents' finances were safeguarded.

Inspectors reviewed the system in place for managing residents' finances and were not satisfied that it was sufficiently robust.

The person in charge managed some monies for a minority of residents. Although the balances checked were correct, inspectors were not satisfied that adequate safety measures were in place. For example there were no signatures to witness the transactions and adequate records were not maintained. Similarly the policy in place did not contain sufficient detail to guide the process.

Otherwise inspectors were satisfied that appropriate measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of 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.

Improvements were noted around the use of bedrails and usage was now very low. Inspectors noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. Hourly checks were completed when in use.

Because of their conditions, some residents had episodes of behaviour that challenged. Inspectors saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Inspectors saw that additional support and advice were available to staff from the psychiatry services.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

There was evidence of a good communication culture amongst residents and the staff team. Inspectors observed that residents were well dressed. Personal hygiene and grooming were well attended to by care staff. Inspectors observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. There was adequate signage to direct residents to bedrooms and bathrooms.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents. Inspectors used a validated observational tool, the quality of interactions schedule, or (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in three communal areas. The observations took place in two different communal rooms and the dining area at lunchtime. Inspectors observed that staff knew the residents well and connected with each resident on a personal level with 87% of the time spent in positive connective care.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity.

The quality of interactions was found to be person centred. Staff were familiar with residents' care needs and family background and efforts were continuously made to chat to them about daily life and local news during lunch. Instances of warm and caring interactions between staff and residents were observed during the observation periods. This included singing with the residents whilst they were engaging in activities.

Inspectors found there was a varied activities programme with arts and crafts and exercise included. There were also a mix of group and individual sessions. Residents' life stories were in the process of being collated by staff and the activity programme was reviewed regularly to ensure that the programme was relevant to residents' past lives and interests. The programme included dementia specific or orientated activities such as Sonas, massage, or other sensory therapeutic sessions for those residents with advanced dementia and/or limited physical abilities.

There was a residents' committee in operation. Inspectors viewed the minutes of the previous meeting which had been held on 26 February 2016. These concluded that

residents were happy with the food and services provided. There was evidence that there was a nominated person to act as an advocate for residents with dementia on this committee. This would ensure that any issues raised for residents with dementia are acknowledged, responded too and recorded, including the actions taken in response to issues raised.

Inspectors observed that some residents were spending time in their own rooms, and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the different communal areas of the centre. Newspapers and magazines were available and inspectors saw some staff reading to residents.

There was a notice board available in the front reception providing information to residents and visitors. A newsletter was also displayed. Residents and staff told inspectors that they go on day trips. Bus services were provided by the local wheelchair association. Inspectors observed that some residents attended day care services in the local town. Groups of residents were brought out for walks in the grounds of the centre weather permitting.

Staff informed inspectors that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. There was an oratory with religious services being held regularly. Mass was sometimes held in the outdoor garden area also. Residents were facilitated to exercise their political and religious rights. 21 residents had voted in the recent election including some residents with dementia. External advocacy services were available to residents.

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:
A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall met the regulatory requirements.

Some residents and relatives spoken with were clear about who they would bring a complaint to. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. Improvement was required to documentation relating to volunteers.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. However their roles and responsibilities were not set out in writing as required by the Regulations.

A recruitment policy in line with the requirements of the Regulations was implemented in practice. Inspectors examined a sample of staff files and found that all were complete. Inspectors saw that a robust induction programme was in place for new staff which included the provision of information to the staff member on confidentiality, house rules and residents' files and this was signed off once completed. Appraisals also took place on a yearly basis and inspectors saw that when required areas for additional improvement by individual staff members were outlined.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. Inspectors reviewed the roster which reflected the staff on duty.

The training records for all staff were reviewed and the training required by the Regulations in areas such as fire safety and safeguarding was in place and up to date for all. A wide range of training was provided for staff and inspectors saw a training plan for 2016 which included training in areas such as dementia, care planning, end of life and food safety. Dementia specific training was underway in the centre at the time of inspection.

Judgment:
Substantially 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:

Inspectors were satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Once the plans in progress were completed, the design and layout will promote the dignity, well being and independence of residents with a dementia.

As described at previous inspections, the premises is laid out in four parallel and interconnected blocks. The main reception area contains the nurses' station, a designated smoking room, an oratory, a visitors' room and one of the four available communal rooms. Contrasting coloured chairs were now used in two of the day rooms. There were two dining rooms provided; one large central dining room and a smaller dining room; both overlooking the secure garden areas.

Resident accommodation is provided in 47 single bedrooms and seven twin rooms. All bedrooms have an en suite toilet, wash-hand basin and assisted shower. The size and layout of bedrooms was suited to meeting the needs of residents. Adequate space and storage facilities were provided to residents for personal possession including lockable storage. Rooms were appropriately decorated and contained personal items such as family photographs, posters and pictures. With residents' consent, the resident's name was on the door of their room to assist with orientation. The person in charge discussed how meetings had been held with families of residents with dementia and additional meetings were planned. Among items discussed included ways of making each resident's room more personalised.

As at previous inspections, inspectors found the premises to be visibly clean, well maintained, adequately heated, lighted and ventilated and in good decorative order. Adequate provision was made for the safe storage of equipment; chemicals and cleaning products were securely stored in locked cupboards. The necessary sluicing facilities were provided and access to high risk areas such as the sluice room and the laundry was restricted. The laundry room was adequate and there was a designated wash hand basin provided.

Circulation areas, toilet facilities and shower/bathrooms were adequately equipped with hand-rails and grab rails. Emergency call facilities were in place that were accessible from each resident's bed and in each room used by residents.

The person in charge discussed plans afoot to further enhance the environment including providing contrasting colours on toilet doors. Appropriate signage in word and picture format was available at eye level height throughout the centre. Staff discussed how this had helped residents with orientation. Clocks and calendars had also been provided.

White boards were at various locations throughout the centre reminding residents of the date, day, weather and planned events. Inspectors saw that a pictorial menu folder had also been developed to assist residents choose their meal. There was also good use of pictorial signage throughout the centre.

The premises is located on a spacious site that provides for a landscaped area with walkways and two secure courtyards. Adequate arrangements were in place for the disposal of general and clinical waste. Ample parking was available at the front of the building.

Judgment:
Substantially Compliant

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors reviewed the action required from the previous inspection.

At that time it was identified that the majority of audits completed did not identify areas for improvement. There was little evidence of audit recommendations and learning from audit results. Inspectors saw that this had been addressed. Each audit contained details of the actions required and who was responsible for completion. The results of all audits were shared with staff for the purposes of learning.

Judgment:
Compliant

Outcome 10: Suitable Person in Charge

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors interviewed the recently appointed person in charge.

He is a registered nurse and has the required experience in nursing older people. There

was evidence seen by the inspectors that the person in charge kept his knowledge base current and had engaged in a range of professional development training including management training.

He continues to attend clinical courses such as end of life care and dementia care. and has plans to do further academic studies relating to his work.

During the inspection he demonstrated his knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge was observed frequently meeting with residents, relatives and staff throughout the day of inspection.

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
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:	Rathkeevan Nursing Home
Centre ID:	OSV-0000271
Date of inspection:	10/03/2016
Date of response:	15/04/2016

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

For medications to be administered as and when required (PRN) the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Some residents also required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines.

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 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All medications will be administered in accordance with the directions of the prescriber and advice of the resident's pharmacist.

Proposed Timescale: 15/04/2016

Outcome 02: Safeguarding and Safety**Theme:**

Safe care and support

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

The system in place for managing residents' finances was not sufficiently robust.

2. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The policy on personal property and possessions will be amended to cater for the management of small amounts of cash to be held by the P.I.C on behalf of residents. This will include the use of a record book, witnessing signatures of all inputs and withdrawals.

Proposed Timescale: 01/05/2016

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

The roles and responsibilities of volunteers were not set out in writing as required by the Regulations.

3. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

The roles and responsibilities of all volunteers and outsourced service providers will be set out in writing as required by regulations.

Proposed Timescale: 20/05/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

4. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

It is intended to continue with plans to enhance the physical environment including provision of contrasting colour on toilet doors.

Proposed Timescale: 15/07/2016