

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Boyne Valley Nursing Home
Centre ID:	OSV-0000119
Centre address:	Dowth, Drogheda, Meath.
Telephone number:	041 983 6130
Email address:	niamhbvnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Nemeco Limited
Provider Nominee:	Maeve Quinn
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	18
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:
04 January 2017 11:00	04 January 2017 17:00
05 January 2017 08:45	05 January 2017 12:30

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	Substantially 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	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

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 in the centre.

The inspector also considered pre-inspection documentation forwarded by the provider/person in charge, notifications and other relevant information. One action from the last inspection in November 2015 was found to be satisfactorily completed.

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 provider completed the self-assessment document by comparing the service provided 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 in Ireland (2016).

Residents' accommodation in the centre was provided at ground floor level and residents with dementia integrated with other residents. The design and layout of the centre met its stated purpose and provided a comfortable and therapeutic environment for residents with dementia. The inspector found that the management team and staff were committed to providing a quality service for residents with dementia. While every effort was made to ensure residents with dementia were supported and facilitated to enjoy a meaningful and fulfilling life in the centre, there was opportunity to develop a sensory based activation programme for residents with advanced dementia. Commitment by the team was clearly demonstrated in work done to date to optimise the environment, the physical and mental health and quality of life for residents with dementia living in the centre.

The inspector met with residents and staff members during the inspection. Residents who spoke with the inspector expressed their satisfaction and contentment with living in the centre. The journey of residents with dementia within the service was tracked. The inspector observed care practices and interactions between staff and residents who had dementia using a validated tool and saw that staff engaged positively with residents who had dementia. Inspectors reviewed documentation such as care plans, medical records, staff files and examined relevant policies including those submitted prior to inspection.

There were policies and procedures in place to safeguard residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive behaviours, and the use of restraint in the service. Staff completed risk assessments and reviewing residents needs in relation to any care plans that were in place to support them to live fulfilling lives. Residents physical and mental health needs were met to a high standard.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

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 inspection findings relating to healthcare, nursing assessments and care planning. The findings in relation to social care of residents with dementia are comprehensively covered in Outcome 3 in this report.

The centre catered for residents with a range of care needs. On the day of this inspection, there were a total of 18 residents residing in the centre. One resident was receiving respite care. Five residents had dementia and one other resident had symptoms of dementia. Eight residents had assessed maximum dependency needs, two had medium and eight had low dependency needs. On this inspection, the inspector focused on the experience of residents with dementia living in the centre. The journey of a sample of residents with dementia was tracked and specific aspects of care such as safeguarding, nutrition, wound care and end-of-life care was reviewed in relation to other residents with dementia in the centre.

The inspector found that there were systems in place to optimise communications between residents/families, the acute hospital and the centre. The person in charge visited prospective residents in hospital, other nursing homes or in their home in the community prior to their admission. Some residents currently in receipt of continuing care transitioned from respite care in the centre or in another nursing home. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. These measures gave residents and their families information about the centre and also provided assurances that the service could adequately meet their needs.

A copy of the Common Summary Assessments which details pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme was available in addition to pre-assessment documentation completed by the person in charge. The files of residents' admitted to the centre from hospital also held their hospital discharge documentation including a medical summary letter, multidisciplinary assessment details and a nursing assessment summary. The inspector examined the documentation that accompanied residents who were transferred to

hospital from the centre. This summary documentation comprehensively detailed their needs and included information about their physical, mental and psychological health, medications and nursing needs. The information also detailed interventions to support residents with physical and psychological symptoms of dementia (BPSD) or responsive behaviours. While a communication passport was not currently in use for residents with communication needs going to hospital, evaluation of this tool as part of transfer documentation was being considered by the team. This communication tool is of value in supporting the communication needs of residents with dementia accessing services outside the centre to outline their individual preferences, dislikes and the strategies to prevent or to support those with physical and psychological symptoms of dementia. The communication policy required revision to guide practices and support residents with dementia and residents with sensory deficits such as hearing, speech and visual impairments.

Residents had good access to a general practitioner (GP), including out-of-hours medical care. There was also evidence that residents received timely access to health care services. Residents were facilitated to attend out-patient appointments and were referred as necessary to the acute hospital services or community specialist medical services. The person in charge confirmed that a number of GPs were attending to the needs of residents in the centre, giving them a choice of general practitioner. Some residents who lived in the locality chose to retain the services of the GP they attended prior to their admission to the centre. Residents had good access to allied healthcare professional specialist care. A physiotherapist attended the centre every two weeks as part of the service provided to residents living in the centre. Occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services were available to residents as necessary. Community psychiatry of later life specialist services were accessed by residents who had mental health issues or BPSD. A community psychiatric nurse visited the centre at regular intervals to monitor progress of residents referred to the psychiatric team. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, two-weekly physiotherapy, annual influenza vaccination, recording of monthly vital signs and medication reviews.

Staff were trained in administration of subcutaneous fluids to treat dehydration if required. This measure supported residents with avoiding unnecessary hospital admissions.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. Palliative care services supported residents with management of their pain and symptom management during their 'end of life' care as necessary. No resident was in receipt of palliative care services at the time of this inspection. A pain assessment tool for residents with dementia was available to support pain management. The inspector reviewed a sample of residents' end-of-life care plans and found that they outlined the physical, psychological and spiritual needs of residents. Residents' individual wishes regarding place for receipt of their end-of-life care were also recorded. Single rooms were available for end-of-life care and relatives were facilitated to stay overnight with residents at the end stage of their lives. Staff outlined how residents' religious and cultural practices were facilitated. Members of the local clergy provided pastoral and spiritual support to residents.

The health and nursing needs of residents with dementia were met to a high standard. Residents' documentation was managed by means of a computerised data management system which was password protected. Residents' care plans were person-centred and comprehensively informed their needs. Assessments of residents' needs were carried out within 48 hours of their admission. Staff used a suite of tools to assess each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. A holistic care plan with additional care plans to meet specific needs were developed informed by the assessment of each resident's needs. Care plans were person-centred and were updated routinely or to reflect residents' changing care needs. The inspector found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and needs. While, residents and their families were involved in care plan development and reviews thereafter, there was opportunity for improvement in records of these consultations regarding the issues discussed and attendees.

There were no incidents of residents developing pressure related skin injuries in the centre. There were comprehensive care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure wounds assessed. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of ulcers developing. Tissue viability specialist services were available to support staff with management of any resident with a wound that were deteriorating or slow to heal. One resident had a wound which was slow to heal and was being managed appropriately by staff with the support of the tissue viability specialist. A policy document informed wound management and procedures in place reflected evidence based practice. Wounds were routinely photographed to monitor progress with healing and a treatment plan informed dressing procedures.

The nutrition and hydration needs of residents with dementia were met. A policy document was in place to inform best practice. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. Nutritional assessment and care plans were in place that outlined the recommendations of the dietician and speech and language therapists where appropriate. There were arrangements in place for communication of residents' special dietary requirements to catering staff. Residents were screened for nutritional risk on admission and regularly thereafter. The chef met each resident to discuss their likes and dislikes and was observed to circulate among residents during mealtimes to ensure their meal met their satisfaction. Inspectors saw that residents had a choice of hot meals for their lunch and tea. The inspector found that residents on diabetic and fortified diets and residents who required modified consistency diets and thickened fluids received the correct diets. Alternatives to the menu on offer were available to residents. Residents' meals, including modified consistency meals was presented in an appetising way. All residents received discreet assistance with eating from staff where necessary.

There were arrangements in place to review accidents and incidents within the centre. There was a very low incidence of resident falls in the centre. Residents were assessed to determine their risk of falls on admission and regularly thereafter. Each fall incident was reviewed with controls put in place to prevent recurrence. The centre's physiotherapist completed post-fall assessments on any residents who sustained a fall. Every effort was made by staff to support residents to remain mobile ensuring that they maintained their independence and quality of life. Residents expressed their satisfaction

to the inspector regarding the support given to them by staff and the physiotherapist. Residents at risk of falling had controls in place to prevent injury such as increased supervision and assistance, low-level beds and sensor alarm equipment. All residents were appropriately supervised by staff as observed by the inspector on the day of inspection.

There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents. The inspector found that practices in relation to prescribing, administration and medication reviews met with regulatory requirements. Residents' medicines were stored appropriately including medicines controlled under misuse of drugs legislation. The pharmacist who supplied residents' medications was facilitated to meet their obligations to residents. There were procedures for the return of out of date or unused medications. Systems were in place for recording and managing medication errors if necessary.

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:

The inspector found that there were measures in place to safeguard all residents from abuse.

There was a policy in place to inform prevention, recognition, reporting and responding to allegations or suspicions of abuse. Staff had all attended training on protection of vulnerable adults. Staff spoken with by the inspector were knowledgeable regarding abuse and were aware of their responsibility to report any incidents, allegations or suspicions of abuse. The provider and person in charge ensured that there were no barriers to disclosing incidents or allegations of abuse. Residents spoken with on the day of the inspection said that they felt very safe in the centre and complimented the staff looking after them. All staff interactions with residents observed by the inspector were respectful, supportive and empowering.

There was a policy and procedures in place that promoted a positive approach to behaviours and psychological symptoms of dementia (BPSD). Although very well managed in practice, the training records evidenced that only a small number of staff had attended training in dementia and managing responsive behaviours. This finding is discussed further and actioned in outcome 5. Staff spoken with by the inspector could describe person-centred de-escalation techniques that they would use to manage

individual resident's responsive behaviours. Care plans in place for two residents with BPSD were examined by the inspector. They demonstrated that efforts were made to identify and alleviate the underlying causes of residents' behaviours related to their dementia.

Since the last inspection in March 2015, the person in charge developed a protocol to inform appropriate use of 'as required' (PRN) psychotropic medications. There was one resident in receipt of this medication occasionally when all other de-escalation techniques failed. A review was completed each time a PRN psychotropic medication was administered to a resident to ensure administration was appropriate. There were policies and procedures in place to inform restraint use. A restraint register was maintained in the centre. Bedrails were used for eight residents. Each resident had a bedrail risk assessment completed to ensure use was appropriate and their safety needs were met. The use of bedrails was being reviewed frequently by the person in charge and staff. There was evidence that alternatives to bedrails, such as low level beds and sensor alarms were trialled in consultation with residents or their families as indicated.

There were systems in place to safeguard residents' money. The centre kept small sums of money in safekeeping on behalf of one resident, and this was securely stored. A sample of balances of residents' money were checked by the inspector and were all found to be correct. All transactions were recorded appropriately and signed by a staff member and the resident or their relative. Residents were provided with a lockable space in their bedrooms to facilitate them to independently store personal possessions securely if they wished.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Residents in the centre were consulted regarding the planning and organisation of the centre. Residents' privacy, dignity and right to make choices about how they spent their day was promoted and respected. While activities provided met the interests and capabilities of residents who enjoyed and were able to participate in group activities. There was opportunity for development of a sensory- based activation programme especially for residents with advanced dementia. Residents with dementia integrated with other residents in the centre.

There was evidence that feedback was sought from residents including residents with

dementia on an ongoing basis. Regular resident forum meetings were convened and minuted. Residents with dementia attended these meetings and their views were valued as evidenced by minutes of meetings. It was clearly evident to the inspector that no decisions were made without the input of residents. The person in charge was involved in providing care to residents and knew them well. Residents spoken with were also very familiar with the person in charge and expressed their confidence in staff caring for them. They also expressed a high level of satisfaction with the service they received and with living in the centre. The person in charge and staff were observed by the inspector to take all opportunities to sit and talk to residents throughout the days of inspection. There was evidence that any issues raised by residents or requests made by them were taken seriously and acted upon. There was an open visiting policy and family were encouraged to be involved in aspects of residents' lives. Visitors were observed visiting throughout the days of inspection.

Meeting the activation needs of residents was part of the role of care staff in the centre. However, staff had not attended training on facilitating activities to meet the needs and capabilities of residents including sensory based activities for residents with dementia. Most residents favoured a group activity in the afternoon each day which was displayed on a notice board in the central lobby area. At other times during the days many residents engaged in interests they personally enjoyed and wanted to continue including knitting, reading, watching horse-racing and western movies and listening to favourite programmes on the radio. Some residents with dementia did not participate in or enjoy group activities and spent much of their day in their bedrooms. There was evidence that staff provided one to one activities regularly throughout the day for these residents including hand massage. One resident also engaged in doll-therapy. As part of the inspection, the inspector spent a period of time observing staff interactions with residents, some of whom had dementia. The observations took place in the sitting room and the dining room. The inspector observed positive connective engagement between staff and residents and noted that there was a pleasant and relaxed atmosphere in the centre. Most residents were engaged and interested in what was going on. Mealtimes in the dining room were a social occasion with meaningful conversations taking place between residents. Residents with dementia were included in and contributed to the conversations.

'A Key to me' and personal life histories were completed for all residents with dementia. The activity schedule was displayed and included some dementia appropriate activities. Each resident including residents with one-to-one needs had their activation needs assessed. However, there was opportunity for development of a sensory based activation programme for residents with advanced dementia who did not wish to or were unable to participate in organised group activities. A daily record was maintained that recorded the activities residents participated in and included their level of engagement. A variety of local newspapers were available for residents so they could keep up to date on local news from their community. Although there was no scheduled dog therapy provided currently, some residents were visited by their pet dogs and a pet dog cared for by a staff member occasionally visited 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 provided in shared rooms. The inspector observed staff

interacting with residents in an appropriate and respectful manner, and it was clear that staff knew residents well. Residents were facilitated to exercise their civil, political and religious rights. Residents spoken with confirmed that their rights were upheld. Residents' rights to refuse treatment or care interventions were respected.

An independent advocate was available to residents in addition to access to an advocacy service if required. The minutes of residents' meeting referenced where the person in charge informed residents that they could access an advocate to support them if they wished. Residents were observed to move around the centre freely and were appropriately supported and supervised by staff to mobilise.

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 was a policy and procedure in place for the management of complaints. The person in charge was the designated complaints person and residents spoken with were aware of this arrangement. A summary of the complaints' procedure was displayed and was also included in the residents' guide for the centre.

The complaints' policy included details of the person nominated to deal with complaints, and the person nominated to ensure that complaints were appropriately recorded and responded to. The policy also included details of the appeals process.

A complaints log was maintained in the centre, and was reviewed by the inspector. There were no complaints recorded. The person in charge confirmed no complaints were received and residents spoken with told the inspector that they had no reason to complain about any aspect of the service. There were arrangements in place to record complaints, investigations, the outcome and actions taken in response to complaint investigation and whether complainants were satisfied with the outcome.

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 staffing rota provided to the inspector accurately reflected the staff working in the centre on the days of inspection. The inspector found that the staffing levels provided met the needs of residents on the days of inspection. The person in charge worked in the centre on a full-time basis and scheduled herself to work providing care to residents one day each week. She told the inspector that this arrangement facilitated her to be involved in and observe clinical practice to ensure the needs of residents were consistently met to a high standard.

Staff were appropriately supervised and the person in charge completed an annual appraisal with each staff member. A training programme was in place for all staff and training records indicated that all staff had received mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse. While staff attended professional development training, few staff had attended training in dementia care and management of behaviours and psychological symptoms of dementia (BPSD). Although meeting the activation needs of residents including residents with dementia was an integral part of the role of care staff, no care staff had attended this training or training in facilitation of a sensory based programme for residents with dementia.

There was a policy in place for the recruitment, selection and vetting of staff. The provider and person in charge confirmed that all staff working in the centre had An Garda Síochána vetting completed. A sample of staff files were reviewed by the inspector, all of which were found to contain all information required by Schedule 2 of the Regulations. There was evidence of regular staff meetings being held.

There were volunteers providing religious services to residents in the centre. They were appropriately vetted and their roles and responsibilities were documented.

Judgment:

Non Compliant - Moderate

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:

Residents accommodation was located on ground floor level. For the most part the design and layout of the centre met the individual and collective needs of residents with dementia. Residents' accommodation consists of 14 single and two twin bedrooms. The majority of bedrooms did not have en-suite facilities. However, communal toilets and bathroom/shower facilities were located within convenient proximity to bedrooms and communal areas.

The centre was comfortable and cosy. There was a variety of areas where residents could sit and spend quiet time during the day if they wished. Two sitting rooms and a seated area in the centre's lobby was available to residents. One of the sitting rooms was a conservatory. The décor and furnishings in both these areas were traditional in style and contained various memorabilia familiar to residents. The dining room comfortably accommodated 11 residents and seven residents, four of whom had dementia, took their meals in their bedrooms. Although the person in charge stated that the residents wished to take their meals in their bedrooms. The inspector held the view that the current arrangements did not facilitate choice for all residents to use the dining room and residents who dined alone did not benefit from the social aspect of dining.

There was good use of natural light in communal rooms and in bedrooms. The centre had recently undergone an internal repainting and floor covering refurbishment which enhanced the environment for residents. A carpet was in place on all circulating areas. It was a single colour and without any pattern to optimise access for residents with dementia. The use of carpets on circulating corridors and in the conservatory created a warm comfortable ambience. Residents' bedroom doors, key communal area doors such as toilets, and handrails in corridors were painted in a mildly contrasting colour to surrounding walls. Grab-rails in toilets and showers were white. The provider discussed plans to distinguish these key fittings with a deeper colour to enhance visibility for residents with dementia. Although some signage was used, there was opportunity to improve this communication tool for residents with dementia. The provider was in the process of ascertaining residents' views on ways that would help them to identify their bedrooms and key areas such as toilets with greater ease.

Residents had access to appropriate assistive equipment to meet their needs which was appropriately stored when not in use. Grab rails were fitted in toilets and showers. A bed replacement programme was underway to provide each resident with a electric profiling, low level bed.

During this inspection the premises were noted to be clean, well maintained and there were measures in place to control and prevent infection. Staff were noted to take appropriate infection control precautions that included the use of personal protective clothing while attending to residents' care needs and adhering to hand hygiene precautions displayed in the centre. Hand-washing/sanitising facilities were strategically placed throughout the centre and readily accessible for staff and visitors.

Residents could access an external secure patio area from one of the sitting rooms to the front of the centre. Outdoor seating and an awning was fitted to provide shelter from the sun if necessary. An additional internal garden was available to the back of the

centre with high hedging around the perimeter and at various point in the garden creating an interesting and varied environment for residents who chose to access this area. Further work was scheduled to enhance landscaping and provision of additional pathways This action will be of value to residents with dementia who wish to walk in a safe, secure and therapeutic environment.

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:

Catherine Rose Connolly Gargan
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:	Boyne Valley Nursing Home
Centre ID:	OSV-0000119
Date of inspection:	04/01/2017
Date of response:	24/01/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Further information was necessary to ensure the communication needs of residents who had hearing, speech and vision deficits were clearly informed in the communication policy available. The document also required revision to inform the communication needs of residents with dementia.

1. Action Required:

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

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The communication policy will be updated to reflect the communication needs of all residents including the specific needs of residents with dementia.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

Records of care plan reviews required improvement to include details of consultations with residents/relatives regarding the issues discussed and attendees.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All meetings with residents and their families are now documented on epicCare and outcomes included in individual care plans.

Proposed Timescale: 24/01/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was opportunity for development of a sensory based activation programme for residents with advanced dementia.

3. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

PPIM registered to attend training to become a SONAS Licensed Practitioner. Training commences February 8th 2017 and is due for completion April 5th 2017. PPIM will then provide training to care staff in May and June 2017.

Proposed Timescale: 30/06/2017

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Few staff had attended training in dementia care and management of behaviours and psychological symptoms of dementia (BPSD).

Although meeting the activation needs of residents including residents with dementia was an integral part of the role of care staff, no care staff had attended this training or training in facilitation of a sensory based programme for residents with dementia.

4. 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:

Staff training via the HSE Dementia Education Programme Level 3 Dementia Awareness Training for Health and Social Care Workers is currently being sourced through the HSE training centre in Ardee, Co. Louth (awaiting confirmation of available dates).

SONAS Licensed Practitioner training is due to be completed in April 2017 and onward training will be provided to all care staff in May and June 2017.

Proposed Timescale: 30/06/2017

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:

The dining room accommodated 11 residents and seven residents took their meals in their bedrooms. The inspector held the view that the current arrangements did not facilitate choice for all residents to use the dining room.

5. 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:

Meals are now offered in two sittings. All residents are asked on a daily basis if their preference is to dine in their room or at one of the sittings in the dining room. The option of in-room dining or taking meals in the dining room has also been discussed with relatives of those residents with dementia and their opinions are documented in the Care Plans and reflected in the choices offered to relevant residents.

Proposed Timescale: 24/01/2017