

Health Information and Quality
Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Alzheimer's Care Centre
Centre ID:	0113
Centre address:	Swords Road
	Whitehall
	Dublin 9
Telephone number:	01-8374444
Fax number:	01-8379013
Email address:	www.highfieldhospital.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Stephen Eustace
Person in charge:	Orla Scuffil
Date of inspection:	21 March 2011
Time inspection took place:	Start: 11:40 hrs Completion: 15:30 hrs
Lead inspector:	Nuala Rafferty
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow-up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

The Alzheimer Care Centre is a purpose-built, single-storey building and is divided into two units. The centre provides continuing care to residents with a diagnosis of Dementia or Alzheimer's disease.

The Alzheimer unit opened in 1991 and a further extension, the High Dependency Unit opened in 2002. They are self-contained units connected by an administration and common services building.

The Alzheimer unit consists of 32 single bedrooms, none en suite. There are four communal toilets, one shower room and one bathroom with toilet facilities provided. Additionally, there is a dining room with adjoining kitchenette and four separate communal seating areas. One of the sitting rooms doubles as a recreation area. A designated visitors' room, a treatment room, nurse's office and sluice are also provided.

The High Dependency Unit also facilitates 32 residents. There are four communal bed areas each containing eight beds. There is one wash-room containing a shower, a toilet and a wash-hand basin in each area. The areas radiate from a central day area where the nurses' station is located. Each area is named, e.g. Ash, Pine, Cedar and Beech. The latter two, consist of a seven bed 'ward' with one single room, these rooms are not en suite. Additionally there is a nurses' office and sluice room.

The remainder of the centre consists of a large reception area, administration offices, chapel, staff change areas, staff canteen and visitors' toilets.

The centre is one section of the Highfield Hospital Group, a private health care organisation that is situated in ten acres of mature woodlands. There are extensive walks/pathways through the grounds and two secure gardens that are accessible from each unit. There is ample car parking space.

Location

The Alzheimer Care Centre is located on the Swords Road at Whitehall in Dublin City. The entrance to the centre is on a very busy main road minutes from the city centre and is well serviced with buses passing the entrance frequently.

Date centre was first established:	1991
Number of residents on the date of inspection	63
Number of vacancies on the date of inspection	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	32	31	0	0

Management structure

The provider is J and M Eustace Partnership. The Chief Executive Officer Stephen Eustace is the nominated person on behalf of the provider.

The management structure of the Highfield Hospital Group extends to and forms part of the daily management of the Alzheimer care centre as follows;

Dr Denis Eustace (Consultant Psychiatrist) is the Medical Director and Dr Andrew Eustace is the second Consultant Psychiatrist.

The Director of Nursing Orla Scuffil is also the acting Person in Charge. She reports to the Chief Executive Officer and the Medical Director. All nursing and care staff report to the Person in Charge, who is supported by four grade one clinical nurse managers.

In addition there are two assistant director's of nursing, night nursing officers, catering officer, household manager, liaison nurse, human resources manger, purchasing officer, maintenance and gardening staff, receptionists and administration team, all of whom report to the Director of Nursing and/or the Chief Executive Officer.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	12	5	2	1	*5

* one liaison nurse, the assistant director of nursing, one maintenance person and two clinical nurse manager grade I

Background

Alzheimer Care centre was first inspected by the Health Information and Quality Authority (the Authority) on 13 and 14 January 2010. A registration inspection was carried out on 21 and 22 April 2010. The inspection found that the overall care delivered in the centre was of a good standard. Staffing levels and skill mix were appropriate to meet the needs of the current residents' profile. The inspectors were satisfied that the medical and other healthcare needs of residents were catered for. Ongoing efforts to improve person centred care practices were evident.

A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Standards for Residential Care Settings for Older people in Ireland*. The provider was required to complete an action plan to address these areas. The registration inspection report for Alzheimer Care Centre, centre 113 can be found at www.hiqa.ie

This additional inspection report outlines the findings of a follow-up inspection that took place on 21 March 2011. The inspection was unannounced and focused on the implementation of the action plan issued to the provider.

Summary of findings from this inspection

The provider had completed one, partially completed one and not completed two out of the four actions required by the Authority.

Improvements to the level of supervision provided for residents who exhibit aspects of challenging behaviour was addressed and improvements required in relation to the design and layout of the centre were partially addressed. However, a purpose-built centre is currently under construction and the provider submitted plans to the Authority to address the deficiencies identified and meet the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Governance procedures in relation to a review of admission criteria to assure the appropriate placement of residents within the Highfield hospital group and the protection of residents' confidential information were not in place.

Issues covered on inspection:

Notifications received by the Authority further to the registration inspection included two deaths under the age of 70 and information in the form of a concern. Inspectors reviewed documentation in relation to the notifications and found that the care management in respect of the residents who were deceased was appropriate and comprehensive.

The Authority was notified of a resident who had sustained fracture as a result of fall and the accident and incident record from September 2010 to March 2011 was reviewed. Records were well maintained and fully completed. All falls were audited by the risk management committee to identify trends and put in place preventative measures. However, the inspector noted that issues such as residents who were frequent fallers and the high level of un-witnessed falls were not included and therefore measures to manage risks associated with lack of supervision or identification of other measures to manage residents at high risk of falls were not in place.

Notifications required to be returned to the Chief Inspector of Social Services on a quarterly basis throughout the year were not received. The acting person in charge informed the inspector that they were returned through an external company. However, evidence of this was not available during the inspection. The person in charge agreed to forward copies of these notifications to the Authority which were subsequently received.

Information received in the form of concerns were reviewed on inspection and not substantiated.

Actions reviewed on inspection:

1. Action required from previous inspection:

Review supervision systems and practices in place to manage challenging behaviour in communal and private bedroom areas which ensures safety and also respects the privacy and dignity of residents

This action was fully addressed. During the course of the inspection supervision was observed to be in place in the communal areas where the majority of residents were gathered. A staff allocation sheet was viewed which identified staff responsible for ensuring hourly checks on communal areas and on residents whereabouts. Most residents were up and about and those who remained in bed were routinely checked by staff.

2. Action required from previous inspection:

Review the admission criteria and the operational policies and procedures in relation to admissions to ensure appropriate placements of residents and that only those residents who meet the categories of care as outlined in the statement of purpose are admitted.

Review the criteria for the transfer of residents within the Highfield hospital group.

Put in place a policy to underpin both criteria.

This action was not addressed. The admission criteria and policies and procedures in place were not reviewed since the registration inspection and remained non specific and unclear in relation to internal transfers within the Highfield Hospital Group. A policy to underpin the criteria was not in place. The provider's response to the registration inspection action plan indicated that the statement of purpose had been revised to reflect the review of admission criteria. However, the person in charge confirmed to the inspector that neither the admission criteria nor the statement of purpose had been revised as stated.

3. Action required from previous inspection:

Personal care information should be safeguarded and residents' privacy respected.

This action was not addressed. Personal care information such as moving and handling assessments and care flow charts were found to be openly available at residents' bedsides in the high dependency unit and not stored in a confidential manner.

4. Action required from previous inspection:

Review sluicing facilities and put in place sluicing facilities which meets best practice in relation to infection prevention and control and is accessible from all areas of the building.

Provide suitable and sufficient equipment as required to meet the needs of residents and the requirements of the legislation specifically, safe lockable storage for chemicals.

Provide sufficient assisted toilets and showers/bathrooms to meet the needs of residents. Provide adequate communal and private space to meet the needs of each resident specifically in relation to, communal areas, separate sitting and dining areas, size and layout of treatment rooms.

Ensure there are a sufficient number of assisted toilets and bathrooms having regard to the number of dependent persons in the centre.

A complete review of the layout of the laundry to ensure the health and safety of staff in relation to uneven ground, lack of protection from the elements, replace flooring within, provide necessary sluicing facilities and provide staff changing facilities and toilets.

This action was partially addressed. A bed pan washer was installed in the sluice room in the Alzheimer unit although other aspects of the design and layout of the centre was not addressed construction on a purpose built unit was underway and plans in relation to the development were submitted to the Authority.

Recommendations:

Establish a process of providing residents, their next of kin or named advocate with a regular statement on their financial status.

Encourage staff to participate in and view mealtimes as an opportunity to communicate, engage and interact with residents particularly in the high dependency unit.

Best practice recommendations were addressed. The inspector noted that residents or their next of kin were being issued with regular statements regarding their financial status.

The inspector observed improvements in the level of engagement by staff with residents whilst assisting at meal times.

Report compiled by:

Nuala Rafferty
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

Date: 30 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
13 and 14 January 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
21 and 22 April 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
21 March 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Action Plan

Provider's response to additional inspection report*

Centre:	Alzheimer Care Centre
Centre ID:	0113
Date of inspection:	21 March 2011
Date of response:	26 May 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The admission criteria was not sufficiently specific to assure the appropriate placement and management of the level of need of residents.

Action required:

Review the admission criteria and the operational policies and procedures in relation to admissions to ensure appropriate placements of residents and that only those residents who meet the range of needs and type of service provided as outlined in the statement of purpose are admitted.

Action required:

Review the criteria for the transfer of residents within the Highfield Hospital group.

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

Action required:	
Put in place a policy to underpin both criteria.	
Action required:	
Amend the statement of purpose to reflect the revised admission criteria, range of needs and type of service to be provided.	
Reference:	
Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>The admission policy has been reviewed and forwarded to the Health Information and Quality Authority (the Authority) in March 2011. As explained at the time of inspection, all the policies were being reviewed at the time of inspection in line with the date of review.</p> <p>The inspector was advised that the statement of purpose and function had been reviewed following the registration inspection in 2010 to indicate the number of residents who would be catered for under the age of 65 which is what was requested. The Group felt it was not appropriate to review this again until confirmation of registration was confirmed by the Authority as it would have meant that what was available for residents did not correspond with what was provided to the Authority at registration inspection. We have now reviewed the statement of purpose and updated same following the change of legislation to dependent persons under the age of 18 and forwarded to the Authority.</p> <p>The transfer of resident policy was amended to reflect the changes to the Statement of Purpose and function.</p>	Completed

2. The provider is failing to comply with a regulatory requirement in the following respect:
Personal care and private information of resident was publicly displayed.
Action required:
Personal care information should be safeguarded and residents' privacy respected.
Reference:

Health Act, 2007
Regulation 22: Maintenance of Records
Standard 4: Privacy and Dignity

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

Timescale:

Provider's response:

The information regarding fluid balance sheets and moving and handling sheets is now situated inside the residents' wardrobes.

Completed
23 March 2011

3. The provider is failing to comply with a regulatory requirement in the following respect:

The physical design and layout of the centre and the level of equipment provided does not meet the needs of the residents in terms of health and safety, infection prevention and control and health care needs.

Action required:

Provide suitable and sufficient equipment as required to meet the needs of residents and the requirements of the legislation specifically, safe lockable storage for chemicals.

Action required:

Provide sufficient assisted toilets and showers/bathrooms to meet the needs of residents.

Action required:

Provide adequate communal and private space to meet the needs of each resident specifically in relation to, communal areas, separate sitting and dining areas, size and layout of treatment rooms.

Action required:

Ensure there are a sufficient number of assisted toilets and bathrooms having regard to the number of dependent persons in the centre.

Action required:

A complete review of the layout of the laundry to ensure the health and safety of staff in relation to uneven ground, lack of protection from the elements, replace flooring within, provide necessary sluicing facilities and provide staff changing facilities and toilets.

Reference:

Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: As discussed with the inspector, the facility has a large development ongoing and the other physical environment issues are being addressed. The laundry is to be relocated during the development currently taking place. Staff toilets and changing facilities are provided within Hampstead Hospital adjacent to the laundry as advised at the inspection in 2010.	Ongoing Ongoing

4. The provider is failing to comply with a regulatory requirement in the following respect:	
All notifications were not submitted by the provider as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Action required:	
All notifications should be submitted by the provider as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Action required:	
Policies and procedures should detail the notifications required and include timescales to guide staff with legislative requirements.	
Reference:	
Health Act, 2007 Regulation 26: Notification of Incidents Standard 32: Register and Residents Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The notifications were forwarded to the Authority via email to on 24 November 2010 and again on the 30 March 2011. Therefore we	Completed

<p>request that this non compliance issue be removed from the report as we feel it is totally disingenuous to ourselves the provider and also the person in charge who strive to cooperate with the Authority's regulations and Standards.</p>	
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<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Arrangements in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents was not sufficiently comprehensive.</p>	
<p>Action required: Revise the accident and incident reporting processes to incorporate more detailed and reliable sources of information.</p>	
<p>Action required: Put in place precautions to control all identified risks and ensure these are adhered to at all times.</p>	
<p>Action required: Establish a system which regularly audits and reviews the control mechanisms in place to manage identified risks.</p>	
<p>Action required: Ensure that the reporting and auditing systems established are linked to residents care plans to ensure risks are managed on both an individual and collective basis.</p>	
<p>Reference: Health Act, 2007 Regulation: 31: Risk Management Procedures Standard: 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All incidents are reviewed on a monthly basis by the risk management committee and each incident is discussed. The incident reported had been reviewed at the registration inspection in 2010 and there was no indication at that time that it was inadequate, in fact, it was noted to be very good by one inspector.</p> <p>The process has been reviewed to include the number of recorded</p>	<p>Completed</p>

incidents per month, location, time, witnessed or not witnessed and identify residents involved in recurrent incidents.	
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Any comments the provider may wish to make:

Provider's response:

Please note that despite the fact that notification was sent to the Authority on March 2 2011 advising of a change of the person in charge of the ACC, this report was sent to her on 18 May by email indicating that notification had not been recognised.

Notifications which are required to be returned to the Chief Inspector of Social Services on a quarterly basis throughout the year have been sent to the Authority on numerous occasions. However, they are still being reported as not received.

Provider's name: Stephen Eustace

Date: 26 May 2011