

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Mary's Hospital
Centre ID:	OSV-0000495
Centre address:	Shercock Road, Castleblayney, Monaghan.
Telephone number:	042 975 3600
Email address:	margaret.mcnally@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Rose Mooney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	70
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 1 day(s).

The inspection took place over the following dates and times

From: 22 February 2017 09:00 To: 22 February 2017 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
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Compliant
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 09: Statement of Purpose		Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to the Health Information and Quality Authority (HIQA) along with relevant policies. The inspector reviewed these documents prior to the inspection.

The inspectors met with residents, staff members and the person in charge. The inspector tracked the journey of residents with dementia and observed care practices and interactions between staff and residents. A formal recording tool was used for this purpose. Documentation to include care plans, medical records and staff files

were examined.

At the time of inspection 29 residents were identified with a dementia related condition as their primary or secondary diagnosis. Six residents were suspected of having dementia by nursing staff.

The centre provided a good quality service for residents living with dementia. The inspector spent a period of time observing staff interactions with residents with a dementia. The care needs of residents with dementia were met in an inclusive manner.

Residents' healthcare needs were well met. Doctors visited regularly. Residents were facilitated to attend specialist medical appointments.

There was sufficient care staff deployed to ensure residents have access and are facilitated to use all communal sitting rooms and experience person centred care on a daily basis.

The building has been entirely refurbished to a high specification and has a modern interior design. It is decorated and furnished to a high standard. The dementia unit had ample space for residents and a choice of sitting rooms and quiet spaces. There is a sensory room and a space for residents to meet visitors in private. There was good use of visual cues throughout the unit to identify bathrooms, the nurse station and to help residents identify their bedrooms.

A total of eight outcomes were inspected. The inspector judged six outcomes as compliant and a further two substantially complaint. The Action Plan at the end of this report identifies a small number of 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 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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:

There were 70 residents in the centre during the inspection. The majority of residents are accommodated for long term care. There are eight beds reserved for respite care across each of the three units. Respite is provided for a maximum of two weeks on each admission. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

The nursing team were managing some complex medical care issues. Two residents had a percutaneous endoscopic gastrostomy (PEG), (a feeding tube which is placed through the abdominal wall and into the stomach allowing nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth). The care pathway for each resident who required this intervention was described well in care plans. One resident required tracheostomy care (a tube which is inserted into the windpipe to assist breathing). Staff had received training in tracheostomy care.

Residents' healthcare needs were well met. A medical officer visits the centre each week day and on call services were available out of hours and at the weekends. When needed, residents were transferred to hospital for investigation and treatment. Residents were facilitated to attend appointments for investigations and reviews. Resident's choice to refuse treatment was discussed and their rights respected.

The inspector tracked a sample of residents' care plans and found that timely and comprehensive assessments were carried out and appropriate care plans were developed. On admission a range of risk assessments were completed and were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, the risk of developing pressure sores, continence needs, cognitive functioning and an assessment for depression in dementia.

These were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care. Care plans described well each resident's independence and the level of assistance and support required. There was documentary

evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their plan of care. Clinical assessments were generally repeated on a four-monthly basis or sooner if there was a change in a residents condition and care plans evaluated accordingly.

Residents had personal profiles developed with details of their life history, their likes and dislikes, interest and hobbies. These were available to all staff and the details captured used to inform care planning. Each resident has a social care assessment undertaken. The information was used to develop an activity program based on the principle of 'My Day My Way'.

Further detail is required within care plans for residents with dementia or impaired cognition to detail the level of confusion or cognitive impairment and how it impacts on daily life for the resident. Information such as who the resident still recognises or what activities could still be undertaken. While residents had personal profiles developed with details of their life history this information was not reflected or linked into care plans to manage problems related to their dementia.

Transfer of information within and between the centre and other healthcare providers was found to be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were retained in files.

There were systems in place to ensure residents' nutritional needs were met. Residents' weights were checked on a monthly basis. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists. Nutritional intake records were in place and completed where required. Information was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care.

Referrals were sent to allied health services as required. There was evidence of reviews by dietician, the speech and language therapist, psychiatry, or optician.

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:

Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspector observed that residents were treated well with support provided appropriately. Calculated risk was discussed between residents and the nursing team. On this basis resident's choice was supported. Residents' independence was promoted and residents were observed to move freely around the building throughout the day. One resident went into town each morning to do some shopping. Other residents assisted in clearing the tables after lunch and assisting with the tea trolley.

Two notifiable adult protection incidents which are statutory reporting requirement to the Chief Inspector have been reported since the last inspection. Timely, thorough and responsive action was undertaken by the person in charge.

A policy was in place for the protection of vulnerable adults which outlined clear procedures. The policy is based on current national guidelines and included guidance on protected disclosures. However, refresher training in the safeguarding of vulnerable adults was not completed with all staff in line with the introduction of a new safeguarding policy.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties in observations undertaken by the inspector on each unit and assessed using a validated tool.

There were policies in place to guide staff on meeting the needs of residents with responsive behaviour and restrictive practices. Policies gave clear instruction to guide staff practice. Training records reviewed indicated that staff were facilitated to attend training in the professional management of aggression and violence (PMAV).

Efforts were made to identify and alleviate the underlying causes of some residents' responsive behaviour. In one care plan reviewed a detailed assessment was completed by a psychologist. A responsive behaviours care plan was developed and reviewed regularly. The instructor for the PMAV training visited the centre to provide advice to staff on suitable interventions to manage the individual situation.

There was evidence in care plans of links with the mental health team. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and discussed at clinical meetings and used to inform a planned care pathway to meet resident's needs and reviews by the GP and psychiatry team. Psychotropic medications were monitored by the prescribing clinician and reviewed to ensure optimum therapeutic values. Each resident administered a psychotropic medication had a plan of care in place to outline the rationale.

Residents either diagnosed with dementia or presenting impaired cognition had appropriate assessments and a communication care plan developed.

A member of staff is involved in a training program being led by the psychiatry team and the Health Service Executive (HSE) titled, Functional Interventional Training System (FITS). The staff member will have a lead role in developing an onsite program to ensure the well being of residents living with dementia through a holistic model.

While there was a good focus on staff training and specific interventions to manage responsive behaviours, specific training in caring for older people living with dementia was not completed by all staff.

Restraint management procedures were in line with national policy guidelines (the use of bedrails). A restraint free environment was being promoted. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. When a resident requested the bedrail is raised for use as an enabler, a risk assessment was undertaken to ensure the practice was safe. A risk balance tool was completed to inform the clinical decision. There was evidence of investment in equipment to promote a restraint free environment. Each unit was supplied with four additional low-low beds and three sensor alarms in January 2017.

The inspector spoke with residents who were able to communicate verbally. They said they "felt safe and secure in the centre", and felt the "staff were helpful".

Judgment:

Substantially 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:

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The inspector 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 two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at four different times. Two intervals of 30 minutes in the Lorgan unit and 30 minutes in each of the other two units. Observations were undertaken throughout the day both in the morning and afternoon.

In the first two observations in the sitting room, of the Lorgan unit a dementia specific unit which can accommodate a maximum of 21 residents the inspector found 100% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care). There was interactive conversation between residents and staff. A staff member was assigned to remain in the room at all times. One resident was knitting and another reading the newspaper. Residents were brought to the sitting room from their bedroom throughout the observation period. All residents were appropriately dressed. Resident were greeted as they arrived and assisted to their preferred seating area. One resident assisted staff in mobilising the tea trolley Residents were asked if they would like a tea or soup. Staff interacted with residents in a personable manner and promoted topics of discussion between residents. A quiz using proverbs was completed and the staff member focused on a small group and ensured good participation and interaction.

The second and third observation period was undertaken in the living areas of the Drumlin and Dromore units. Residents were able to exercise choice regarding their preferred seating in the dining and sitting area. The layout of the seating in the dining area, with small groupings of tables promoted interaction and conversation among residents. Care staff offered the appropriate level of assistance and encouraged residents to feed themselves where possible. All staff interacted and spoke with residents individually regarding topics in which they had a particular interest and knew their favourite songs. A choice of activities was offered to residents and one care staff member danced with a resident at her request as part of an afternoon activity. Those who did not wish to partake had their choice respected and were offered an option to move to a quieter area if they liked. Staff were responsive to residents needs and reacted to non verbal cues in a timely manner. The inspectors concluded at the end of the two observation periods of 30 minutes residents' experienced positive connective care, scores of +2.

Residents' privacy was respected. They received personal care in their own bedroom. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors except at mealtimes. The centre have a protected mealtime's policy. Should a family member wish to assist or visit their relative at mealtimes nursing staff will make arrangements in the best interest of the resident.

Residents with good cognitive ability choose what they liked to wear and the inspector saw residents were well groomed with clean clothing. Staff knew residents well and could describe to the inspector their routines.

Residents had access to advocacy services. On the day of inspection a meeting occurred between resident and the management team. Trained advocates were facilitated to attend the meeting and help raise issues on behalf of residents.

There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team. The person in charge is well known to residents and visits each unit daily and readily engages in conversation with residents

Resident's meal preferences were facilitated. Residents spoken with were highly

complimentary of the food and the care provided by all staff.

There is a diversional activities therapist employed three days each week. She outlined her role and explained she visit each unit over the week and assist in social and pastoral care. She undertakes Sonas sessions on the units and supports care staff in ensuring suitable activities are available to each resident's capacity and life stage. In the dementia unit there was good promotion of attachment and doll therapy utilise. Similarly there was examples of this therapy in the other units.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The centre maintained a complaints policy that met the requirements of the regulations. It was available in an appropriate format in the residents' guide. A copy was on display in the entrance foyer alongside the visitor's sign in book. Comment cards were available for completion to elicit views of visitors. There were leaflets available on the HSE Your Service Your Say available to take away to review. The contact details of an independent advocacy service were displayed.

A review of complaints recorded to date showed that they were dealt with within a suitable timeframe. The outcome of the complaint and if the matter was resolved to the satisfaction of the complainant was recorded. The inspector found that complaints were appropriately responded to and records were kept as required.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints. Verbal complaints were recorded.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a clear management structure. Staff were aware of the reporting mechanisms and the line management structure. Appropriate and sufficient supervision and guidance by the senior management team was in place.</p> <p>There was an adequate complement of staff with the proper skills and experience on each work shift in all units. The nursing and care staff reported to a clinical nurse manager (CNM) in each unit who in turn reported to the person in charge.</p> <p>Staff delivered care in a timely and safe manner. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, and supporting people from the sitting area to the dining room or to their own bedrooms.</p> <p>Care staff were deployed to ensure residents have access and are facilitated to use all communal sitting rooms and experience person centred care on a daily basis.</p> <p>A sample of staff files was examined and found to contain all of the relevant documents as required by Schedule 2 of the regulations. A record was maintained of staff nurses' current registration details with their professional body.</p> <p>There was an ongoing program of professional development for staff. Training in fire safety, safe moving and handling techniques, infection control and medication management was evident.</p>
<p>Judgment: Compliant</p>

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:
The building has been entirely refurbished to a high specification and has a modern interior design. It is decorated and furnished to a high standard.

The centre comprises of three units which are segments of the whole building

interlinked with one another. Each of the units has its own front door with an emphasis on a household care model. Lorgan House is a 21 bed dementia unit. Dromore House is the second unit and accommodates 25 residents with continuing and palliative care needs in ten twin and five single bedrooms. Drumlin House has accommodation for 24 residents with continuing and palliative care needs in nine twin and six single bedrooms. Drumlin house has an additional end of life room to ensure residents in twin rooms in any of the houses can be accommodated in a single room to meet their end of life needs

The centre was well lit, heated and ventilated throughout. Each house functions as a self contained household with sitting, dining, kitchenette and storage facilities. The layout of the dining area, sitting room and kitchen in each unit is open plan. Corridors and all doorways are of suitable width to accommodate wheelchair user and those mobilising with walking frames.

All bedrooms have an en-suite facilities provided with a shower, toilet and hand basin. Toilet facilities were appropriately designed for use by residents with grab-rails and call bells available to promote independence and safety. The temperature of dispensing hot water was controlled and did not pose a risk to safety. All bedrooms were spacious and were seen to be personalised.

There were a number of dementia friendly design features throughout all units that included space for residents to walk around freely, good lighting, contrast in colours used for floors and walls. Handrails and wall floor junctions were a distinctive colour from the wall. The wall behind sanitary fittings in each ensuite bathroom was of a different colour from the surrounding wall surfaces.

The dementia unit had ample space for residents to move to quieter rooms. There is a sensory room and a space for residents to meet visitors in private. There was good use of visual cues throughout the unit along the corridors to identify bathrooms, the nurse station and to help residents identify their bedrooms.

There were areas to display items to stimulate memory and provide areas of interest and diversion. There were tactile objects around, placed along the walls of corridors. There were clocks provided in residents' bedrooms and in all living areas to assist in orientation as regards time. Clocks were large in size and easily visible. There was good use of notice boards to inform residents of the date, season and weather conditions.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The training records showed that staff had up to date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Moving and handling risk assessments were completed for each resident.

There were three incidents of a resident leaving the centre unaccompanied during 2016 reported to HIQA. This was reviewed with the person in charge during inspection. An incident review was completed by external facilitators. This was undertaken to overview the matter and inform any required learning, recommendation and actions to mitigate the likelihood of repeat incidents. The person in charge discussed with the inspector the individual arrangements implemented to ensure the residents' safety in the unit.

The building, bedrooms and bathrooms were visually clean. There was cleaning system to minimise the risk of cross contamination. A sufficient number of cleaning staff were rostered each day of the week.

Each resident had a personal emergency evacuation plan developed. A risk assessment to identify the most appropriate aids suitable to residents capability to assist them safely evacuate in a timely manner both during the day and at night was in place.

Staff were trained in fire safety procedures annually by an external trainer. Mock fire drill practices were undertaken on each unit every month to help reinforce knowledge from annual training. Different scenarios were completed. The time taken for staff to respond, problems encountered and suggestion documented and shared for learning.

There were contracts in place to ensure fire safety equipment, alarm system, emergency lighting were serviced in accordance with fire safety standards. Additionally they were regular in-house checks which were well documented in the fire register.

There were arrangements in place to review accidents and incidents within the centre. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of future falls. The inspector reviewed the care plan of a resident who had a fall which was reported to HIQA as required by regulation. There was good evidence of responsive action and multi disciplinary review from the physiotherapist and occupational therapist to guide care interventions.

Judgment:

Compliant

Outcome 09: Statement of Purpose

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and revised in January 2017.

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:

PJ Wynne
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:	St. Mary's Hospital
Centre ID:	OSV-0000495
Date of inspection:	22/02/2017
Date of response:	27/03/2017

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 detail is required within care plans for residents with dementia or impaired cognition to detail the level of confusion or cognitive impairment and how it impacts on daily life for the resident.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each

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

resident when these have been assessed in accordance with Regulation 5(2).

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

Care plans for residents with dementia or impaired cognition in St. Mary's will be reviewed and will reflect the level of confusion or cognitive impairment and how it impacts on daily life for the residents

Proposed Timescale: 26/06/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Specific training in caring for older people living with dementia was not completed by all staff.

2. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

- All Staff have completed up to date Professional Management of Aggression and Violence (PMAV).
- Specific training for staff caring for residents living with dementia will take place on 15th May 2017 in St. Mary`s.
- This training will give the staff the knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Proposed Timescale: 31/05/2017