

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Harvey Nursing Home Terenure
Centre ID:	OSV-0000047
Centre address:	122-124 Terenure Road West, Terenure Road, Dublin 6.
Telephone number:	01 490 7764
Email address:	alice@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Limited
Lead inspector:	Helen Lindsey
Support inspector(s):	Sarah Carter
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	1

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:	To:
23 July 2018 09:30	23 July 2018 13:30
23 July 2018 09:30	23 July 2018 13:30

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	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

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

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. They identified they were meeting the regulations and providing effective dementia care, and Inspectors found good levels of compliance.

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

The centre does not have a dementia specific unit. On the day of inspection about 29 residents had a formal diagnosis of dementia, and a further 5 were suspected of having dementia, this was about 80% of the resident with a diagnosis of dementia or Alzheimer's disease.

Through conversation with residents and observation of the care being provided inspectors found that residents needs were being met. Residents rights were being respected and choice was being offered to ensure residents were able to make choices about how they were living in the centre. There was a range of activities being provided by a committed team and residents were seen to be enjoying the social aspect of the day.

Care records set out residents needs clearly. Staff were seen to know the residents well and were delivering care in line with the directions set out in the care plans. Reviews were being carried out regularly and when residents needs changes appropriate steps were taken to review those changes and take appropriate steps to ensure they were met.

The premises were clean and well presented and residents were able to personalise their own rooms. Signage was being used to support residents with way finding around the centre. Staff in the centre were seen to know the residents well, and feedback about them was very positive from the residents. Each staff member had attended training and refresher sessions to ensure they knew the procedures in the centre to provide safe care.

The actions from the previous inspection were found to have been addressed.

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:

Residents' wellbeing and welfare was being maintained by a good standard of evidence-based nursing care.

A selection of residents' records were reviewed, including those for residents with dementia. The records showed that there was a process in place to assess residents' needs before they were offered a place in the centre, this was to ensure their needs could be appropriately met. When the resident moved in to the centre a detailed assessment was carried out by the nursing staff, and care plans were developed in line with the residents' health and social care needs. To support the care records there was a document that the resident and their families filled in to give some background on their life experience and their achievements. Each care record was easy to understand, gave clear directions, and provided clear information about the resident's preferences and routines.

To review residents' needs, nurses were using a range of assessment tools. These tools supported them to monitor for changes and guide the actions needed where there were changes. They covered a range of clinical risk areas including falls, pressure areas, and nutrition. Inspectors reviewed a range of areas for example the response to changes in resident's nutritional intake. Records showed appropriate action was taken including referrals to relevant professionals such as dietician and speech and language therapist, and residents diets were amended as per the professional recommendations.

The inspector found that there was good access to relevant medical professionals. General Practitioners (GP) visited the centre regularly and there was an out of hours GP service where required. Where residents had specific healthcare needs there were links with the relevant specialist and appointments were recorded clearly so any reviews or updates could be attended. Nursing staff were seen to monitor residents' needs closely and knew when there was a change from their baseline and so took appropriate action.

Staff were seen to be seeking consent from residents and giving them choices. Where there were not able to express those decisions there were arrangements to involve

family members, or there were contact arrangements for advocacy services.

Judgment:

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:

Measures were in place to ensure residents were safeguarded and protected from suffering harm. Where residents required additional support in relation to responsive behaviour clear arrangements were in place to support them. There were also clear systems to monitor the use of any restrictive procedures.

There was a clear policy setting out the procedure for responding to allegation of abuse. It had been reviewed in January 2018 and was available to staff along with other policies for the centre. Staff spoken with confirmed they attended refresher training every year and were clear of the procedure to follow including keeping residents safe if an allegation of abuse had been made. The person in charge was also clear of their role, and the steps to follow should an investigation be required. There were arrangements in place to inform the management team of such events who would also provide support. Residents spoken with confirmed they felt safe in the centre and that the staff were always kind.

Where restrictive practice was assessed as being appropriate to support individual residents the national policy 'towards a restraint free environment' was being followed. There was a detailed assessment process to identify if there were any risks of using the restriction, the residents view, and if any alternatives had been trialled prior to the restriction being approved. There was a low use of restrictions and mostly it was bed rails that people wanted to be in place.

Where residents had behavioural and psychological signs of dementia (BPSD) there were arrangements in place to ensure they were treated with dignity and respect. Care plans were in place that set out clearly what may cause a resident to become anxious, how they may respond, and the most effective way to support them. There were records that detailed any incidents that occurred, and records showed there was learning from what had worked well to ensure positive outcomes were achieved. The records showed the policy in the centre was being followed.

Small amounts of cash were being held for some residents to ensure they had money available to them for personal spending. There was a clear record that set out when

monies were deposited or withdrawn, and a number of balances were checked and found to be correct. The provider was a pension agent for a small number of residents, and when their monies were received they went in to a resident account, and then the fee for the service was debited.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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:
There were arrangements to consult with residents and support residents to maintain their independence as much as possible.

Information about local advocacy services was posted through the centre and was accessible to residents. There were opportunities for residents to give feedback on the centre both through general conversation with the staff and also at a resident meeting that was held every two months and was chaired by the advocate. Minutes of the meetings were reviewed and showed residents and some relatives attended and areas important to the residents were discussed. Topics included activities, outings, and menus. The provider also carried out surveys occasionally to get feedback from residents and feedback was seen to be positive overall.

Visitors were seen in the centre through the inspection and were seen to receive a welcome from the staff. Residents confirmed they could see people when it suited them, and that they could meet them in private if they chose to.

A program of activities was in place, and inspectors saw residents joining in a range of different activities being provided by a dedicated activity co-ordinator. There was also the option for one-to-one support to engage those less interested in groups. Those residents who spoke with inspectors said they enjoyed the activities and the trips out.

Throughout the inspection residents were seen to be making choices about how they spent their time, where they were in the centre. Staff were heard asking resident for their views, and were offering choices in relation to support being provided, meal options, and moving around the centre.

Inspectors used a formal observation tool where practice was observed for up to an hour and each 5 minute period was scored in relation to the quality of engagement that was taking place. The findings were of positive connected care throughout the

observation, which showed the positive ways staff were engaging and interacting with the residents in the centre. Each resident had their communication needs set out in their care plans, and staff were seen to know residents skills. For example if residents were deaf in one ear they were approaching them and communicating from the other side. Staff knew residents well and were engaging with each resident in a way that was appropriate to them.

Residents had access to current information through newspapers, televisions, and radios. There was access to a telephone if residents wished to use it. There were visitors to the centre such as musicians, and trips out in to the community. The week of the inspection a trip was planned to the botanical gardens, and residents were heard chatting about looking forward to it.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a clear process in place to ensure residents knew about the complaints process and a review of records showed the policy had been followed if complaints were made.

The policy was on display in the centre and it advised residents who to speak with if they wanted to make a complaint. Those who spoke with inspectors said they knew the process if they chose to use it.

The policy set out which staff members had a responsibility in relation to complaints, and also the arrangements for oversight of the practice to ensure it was in line with the policy.

The records reviewed showed low numbers of complaints had been made. For those recorded there was clear detail of the issue raised, the action taken, the satisfaction of the complainant and if the complaint was open or closed.

Judgment:

Compliant

Outcome 05: Suitable Staffing

<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were appropriate numbers of staff with an appropriate skill mix to meet the needs of the residents. Staff were supported by a training program that ensured they remained up to date with their skills.</p> <p>Inspectors observed the care and support being delivered, reviewed staff rosters, and spoke with residents in the centre who confirmed there were sufficient staff to meet their needs. They also said staff were responsive to their needs, always kind and considerate. Inspectors observed that the staff knew the residents and their visitors well and were speaking with them respectfully and with good knowledge of their current needs and their life histories and experiences.</p> <p>The staff teams included the person in charge, CMNs, nurses, healthcare assistants and household staff responsible for cleaning, kitchen responsibilities and also maintenance staff. The provider also was a regular visitor to the centre and knew residents needs well.</p> <p>Staff who spoke with inspectors were very clear about the policies and procedures in the centre, and had access to guidance and the regulations. They were able to explain the training and refresher sessions they attended and the processes to follow in the centre, for example in relation to fire safety.</p> <p>Inspectors reviewed the training records of staff and found that all staff had completed fire safety training, safeguarding residents, CPR and dementia care. Other courses were attended by the healthcare assistants and nurses as was appropriate to their role.</p>
<p>Judgment: Compliant</p>

<i>Outcome 06: Safe and Suitable Premises</i>
--

<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p>

Findings:

The centre provided a range of communal and private space to meet resident's needs and was homely in its proportions.

There were communal rooms on both floors of the centre, and residents were seen to be using the spaces for relaxing and also engaging in a range of activities. The rooms were decorated and furnished with pleasant colour schemes that promoted a homely environment. There was art work and photographs around the centre created by the residents, and showing recent events.

There were handrails and grab rails around the centre to support residents when mobilising, and there were a range of hoists available if residents were assessed as needing them for moving and transferring. Floors were also seen to be free from trip hazards.

Residents' bedrooms had been personalised with their own possessions and where there were shared rooms there was screening to promote privacy. Each room provided a bed, bedside locker, wardrobe, and a chair. There were signs on bedroom doors to support residents identifying their own room and there was clear directional signage. Bathrooms and toilet signs has the word and an image to help residents locate them. A number of the bedrooms had en-suite facilities and bathrooms were located close to the other bedrooms.

There were white boards with information about the day and clocks in the centre to help with orientation, and inspectors suggested these could be more widely available to further benefit residents.

There was access to the garden from the ground floor, with level access for wheelchair users, and raised flower beds for those interested in gardening.

On the day of the inspection the centre was clean, well presented and the temperature was being managed to suit the residents.

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:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority