

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glebe House Nursing Home
Centre ID:	OSV-0000039
Centre address:	Kilternan Care Centre, Glebe Road, Kilternan, Dublin 18.
Telephone number:	01 4824001
Email address:	glebehouse@cowpercare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cowper Care Centre Limited
Provider Nominee:	Seamus Shields
Lead inspector:	Helen Lindsey
Support inspector(s):	Liam Strahan
Type of inspection	Unannounced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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.

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: 20 January 2015 09:30 To: 20 January 2015 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 07: Safeguarding and Safety
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

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.

This was a test inspection undertaken in preparation for thematic inspections focusing on dementia care.

The inspection was undertaken prior to the information seminars for providers or the publication of evidence-based guidance. Inspectors met with residents, relatives, and staff members. They tracked the journey of five residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a formal recording tool. They also reviewed documentation such as care plans, medical records and staff files.

Inspectors examined the statement of purpose, relevant policies and the self assessment questionnaire which were submitted prior to inspection. The self assessment deemed the service to be in substantial compliance for all outcomes.

The person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Inspectors found the provider and person in charge were very committed to providing a high quality service for residents with dementia.

The centre provided a service for people requiring general care of dementia care. On the day of the inspection there were 43 residents. about 28 residents had dementia. 14 residents lived in the special dementia care unit.

The dementia care unit provided an environment for residents to move around as they wished, with access to a courtyard available to them at all times. There was a sitting room, TV room and a dining area. All were an appropriate size to meet the needs of up to 16 residents. Signs and colours had been used in the unit to support residents to be orientated to where they were.

The other part of the home had a large dinning and sitting area where much of the day to day activity took place. There were also two other quiet sitting rooms. There was access to a garden from the main sitting area, which had seating, paths and a bird table.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about they steps they must take if the witness, suspect or were informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and using methods of restraint in the service. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support residents to live as independent a life as possible.

Each resident had a full assessment of their needs prior to their moving to the centre, and this included an assessment of their cognition. Care plans were seen to be in place for all residents, that set out their needs, and provided detailed guidance about how those needs were to be met.

Arrangements were in place to support the civil, religious and political rights of residents with dementia. The quality of residents' lives was enhanced by the provision of a choice of interesting things to do during the day. Staff were trained to communicate with people who had dementia, and using the observational tool showed that over a period of time staff were engaging with residents in a meaningful way.

Staff were offered a range of training opportunities, including a range of specific dementia training courses, explaining the condition, the progression of the disease and effective communication strategies.

The centre was compliant in all areas reviewed during the inspection.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse.

The policy document gave definitions of the different types of abuse, and staff spoken with during the inspection were clear on what these were, and the signs to look out for. In relation to residents with dementia staff were aware that it was important to look out for changes in the way they interacted with people, unexplained bruising, listening to what people were saying to them where they were communicating with staff.

All staff spoken with knew what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour. The person in charge and the provider were also very clear of their role if there were any investigations.

Records that were reviewed confirmed that staff had received training on recognising and responding to elder abuse. Staff confirmed that this topic was covered during their induction and it was made clear to them that if they reported concerns and were not happy with the response then they should go to a senior manager or even out of the organisation if they felt it necessary.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives spoken with felt their relatives were being supported by excellent staff and receiving very good care.

At the time of the inspection, no allegations had been made, but the person in charge and provider were very clear on what their role would be.

There were policies in place about managing behaviour that challenges (also known as behavioural and psychological signs and symptoms of dementia) and restraint. Policies were seen to give clear instruction to guide staff practice.

Inspectors saw records that showed a range training courses completed by the staff around managing behaviour. This included some of the nurses and care assistants having undertaken training in how to support residents with dementia. The course covered the different stages of dementia, verbal and non verbal communication, safety techniques and personal safety.

Training records showed that nine staff had completed a training course on the use of restraint in health care setting.

There were care plans that set out how residents should be supported if they had behaviour that was challenging. Inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. Staff spoken with were very clear that redirection and considering how residents were responding to their environment were important in supporting people to feel calm.

For some residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. For those residents who had those prescriptions, inspectors saw a risk assessment in relation to the use of the psychotropic medication. It detailed the possible triggers, details of any assessment to consider the underlying cause of the behaviour, and the alternatives to the medication that had been tried. There was also a document setting out side effects and possible interactions from the psychotropic medications.

Inspectors saw that safeguards were in place to prevent over use of these prescriptions. The person in charge did audits on the use of psychotropic medication, and staff were clear they must only be used in line with the prescription, also that other methods such as changing environment should be tried first.

Nurses spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

Inspectors also observed the staff interacting with residents, and taking steps to support individuals when they started to communicate distress or anxiety. For example moving residents out of the lounge where people were chatting to the quiet of their own room, or taking them for a walk round the corridor and chatting to them.

Some residents were using bed rails, and lap belts. These were recorded in the restraint register. Risk assessments had been completed and timing of regular checks written in the care plan as needed when the bed rails were in position. There was evidence that alternatives to bed rails had been tried for residents, for example low beds, and the risk assessment explained this in each case.

The policy on restraint promoted a restraint free environment and inspectors saw this was promoted in the centre. Reviews of documents showed the only residents who had bed rails, chair alarms, and 'as required medications' had them in order to reduce risk. For example there was only one person identified where a chair alarm would reduce their risk of falls. For all other residents they were not monitored or restricted in their moving around the dementia unit.

Inspectors reviewed incident reports in relation to resident's behaviour, and it was seen that a follow up of each incident was carried out with a risk assessment, and identification of any changes needed to reduce the possibility of it occurring again. The centre was not managing the finances of residents; however where cash had been provided to residents at their request there was a clear system of this being added to their monthly bill. Residents and two staff signed the records.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

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:

Residents wellbeing and welfare was maintained to a good standard, with their assessed needs set out in individual care plans that identified their needs and interests.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The person in charge advised inspectors that the pre-admission assessment would consider if the centre would be able to meet their needs. When considering admissions to the dementia specific unit, they would consider if the residents needs would be met in that environment. For example people who were at the end stage of dementia would not benefit from the service offered that included space to be mobile in a safe environment, and would receive the care and treatment they need in the other part of the service.

There were pre-admission assessments in place for all residents, and for the recent residents there were also common summary assessment form (CSAR). These documents identified resident's needs and an assessment of the cognitive abilities. The policy of the centre was for the local general practitioner (GP) to see the resident either on day of admission or within 72hrs if they resident was moving from their own GP, the person in charge confirmed this happened in practice.

Records also showed that where there were known risks related to a residents care they were set out in the care planning documentation on admission. Key workers were allocated to residents who then completed the detail for the residents, and completed the detail of how to support the residents in relation to their identified needs, for example communication, psychology, daily living skills, mobility and sleeping patterns. A life history document was also completed by the resident and their family that covered important information and events in their lives. It covered a wide range of subjects including childhood, adolescence, parents, children, occupation and hobbies. The inspectors hear the staff using this information when speaking to residents, for example speaking about their parents, the names of their children, and the areas they had lived in.

Care plans were seen to cover health and social needs, with information about residents social, emotional and spiritual needs included. Areas such as depression and understanding of their health care needs were covered in the documentation. Where residents had religious or spiritual beliefs this was recorded in their care plan, and it was set out how they would continue with them in the centre, for example attending the services provided in the centre, or receiving sacrament of the sick from the visiting priest.

Records showed that where medical treatment was needed it was provided. They showed that residents had timely access to general practitioner (GP) services, and referrals had been made to other services as required, for example the speech and language therapist or dietician. This was the same in the dementia specific unit and the other part of the centre.

The dietician worked in the centre on a regular basis and as well as reviewing residents needs, she also supported the development of activities to promote residents exercising, especially ahead of meal times.

Evidence was seen during the inspection that residents were closely monitored, and where there was a change in the presentation of the resident, action was taken quickly to respond to that. Records showed that residents had been seen by a GP, or in some cases went to hospital for further assessments. Nurses explained thorough checks would be completed before considering a hospital admission. For example they were able to test for urine infections in the centre, and arrange for the appropriate treatment if they were identified.

Where residents had been admitted to hospital, records were seen that detailed what the residents needs were, and included any medication they were prescribed. Records also showed that when residents returned from hospital there were discharge notes and

any updated details about their healthcare needs and medications were provided for them.

Resident's needs were set out in nursing care plans that described the care need and the support to be provided to meet the need, for example if residents needed support with continence. In the dementia unit staff were working with some residents to ensure they maintained continence. Inspectors saw staff prompting residents to go to the toilet at regular intervals.

There was evidence that the care plans were being reviewed and updated every three months, or as needs changed. Documents were updated and signed by the nurses and care assistants responsible for the records.

There was evidence that residents and families were involved in developing the plans, for example the life stories. The person in charge said involvement in reviews was happening, but arranging meetings with families could be difficult.

A range of evidence based tools were seen to be in use to support nursing staff in identifying any changes in areas such as nutrition and hydration, continence, depression and risk of falls. Where these tools identified a need, inspectors saw a corresponding risk assessment and care plan. For example in relation to wound care there were clear care plans, a wound record to detail treatment, photographs to chart the wound, and GP notes to evidence the medical treatment prescribed. There was also pressure relieving equipment available such as pressure mattresses and cushions.

In the case of residents at risk of falls, care plans set out if a resident was able to move around, and the safety points to check, for example suitable footwear. Where residents had fallen there were post falls assessments and incident forms were completed. A review of the information about where and when falls were occurred to identify if there were any changes that could be made to reduce the risks. During the time inspectors were in the centre, they saw evidence of staff supporting residents to maintain their mobility, encouraging them to walk with staff and relatives who were visiting.

There was evidence seen during the inspection that residents were able to make choices about the care and treatment they received. Some had recorded their wishes around end of life care, and any discussions around 'do not resuscitate' requests had been signed by the general practitioner (GP). In other cases residents were seen to choose not to take part in activities, or social interactions taking place, and spent time doing something of their own choosing such as moving round the centre or resting in their room.

During the inspection there were a range of activities taking place. Some were group activities, for example skittles. Others were one to one activities such as hand massage, or walking and talking.

The inspectors did a formal observation in two areas of the centre, and saw that staff worked to involve residents in the activities taking place, but respected their decisions to either observe or not engage at all. Through the week there were a range of activities including music, exercise, art, and therapy dogs. Feedback had been received from

questionnaires that people would like there to be more to do in the evenings, and the person in charge was working with staff to develop this.

In the dementia specific unit staff were focusing on residents on a one to one basis as they felt group activities were less meaningful for the residents there. The inspectors observed staff encouraging residents to move around, have conversations, and engage with different activities such as puzzles, and holding dolls or soft toys. During this time the staff were seen to interact with residents positively, speaking directly to people, responding to any verbal communication, kneeling by people and getting eye contact and some physical contact. Other staff walked and talked with residents or spent time sitting with them.

Residents could choose to interact with different objects in the dementia unit, including boxes at each window seat with soft animals, and rummage boxes with tactile materials.

Inspectors spoke with nursing staff who were administering medication, and noted there was a clear system in place for safe administration of medication. This included the use of 'as required' (PRN) medications.

At the time of the inspection some residents were receiving nursing care, as they had significant health needs. Some residents were receiving palliative care. Relatives spoken to felt that the staff were excellent, were respecting their relative's dignity, and were doing everything they could to support the resident and the family.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The location, layout and design of the centre was suitable for its stated purpose and met the needs of the resident in a comfortable and homely way.

The centre was purpose built, with a separate unit where people with dementia were supported. There was a large hub in the centre of the home with the dining room, and sitting area, and access to other areas of the home such as the kitchen, the dementia

specific unit and corridors to bedrooms and other communal rooms.

There were also a range of other rooms including staff rooms, laundry, a room for day services and other offices.

In the dementia specific unit, 13 of the bedrooms were single, with one double room. All rooms, except one single, had an en-suite bathroom with a toilet, basin and level access shower. There were also bathrooms and toilets along the corridors for residents to access. All had a brightly coloured door, and had a sign on the door with a picture and the word toilet or bathroom. The person in charge also advised the bathroom door by the main lounge was left open so residents could actually see the toilet also, in order to support them knowing where it was. In this bathroom the toilet seat with a different colour to the toilet to make it clear to see. The provider advised inspectors this was going to be changed in all bathrooms. There was a dining room, a small TV lounge, a larger sitting room, and access out to a secure courtyard garden. Three large murals had recently been painted in the communal rooms, and were reported to have been a talking point for some of the residents. They were of a market scene in the dining room, view of a castle and view of a seascape in the two sitting rooms. The provider advised they had been placed in the rooms to see if they provided a focus and stimulation for the residents to look at.

The main lounge provided seating for up to 16 people, and was decorated in a homely way, offering large windows overlooking the garden. The small TV lounge would seat about 6 people, and was domestic in scale, with DVD player and music station for people to watch programs and listen to music. The dining room had 4 tables, and would seat all the residents if they chose to eat there.

In the other part of the centre there were 20 single rooms and four doubles. They were also en-suite. There were two small lounges available for watching TV or meeting with residents, and bathrooms and toilets available from the corridors. The doors for the toilets and bathrooms were contrasting colours to make them stand out.

Inspectors observed that all of the areas allowed for freedom of movement. In the dementia unit, there was a corridor that went round in a square so residents who liked to walk could do so. There were items positioned along the corridors for residents to engage with such as baskets of stuffed toy animals. In the non-dementia area of the centre there were wide corridors that lead to quiet sitting areas.

Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were also bright and well lit, with lots of natural light in the day, and electric lighting when dark.

Staff spoken with were aware of the need to monitor noise and glare, and were seen adjusting the curtains, and also supporting people to move to a quieter environment in the noise became too much for them in public areas.

Inspectors saw that there was signage on doors, and for bathrooms and other rooms residents would use there was a sign with a word and a picture. Each bedroom had the name of the resident and a picture of their choice. Some had chosen flowers, others

animals and some pictures of views. The aim of these were to provide visual cues for people to recognise their bedroom. Inspectors did observe they were set quite high on the doors, though no one mentioned this as an issue.

All bedrooms were seen to be personalised. Some residents had brought their own furniture as well as pictures and ornaments. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage. The rooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side.

All bedrooms, bathrooms and communal areas had access to a call bell, which inspectors observed was fully functioning during the inspection. The call bells would be accessible to residents when in bed. Some areas had been painted in contrasting colours, for example bathroom doors.

There was access to a secure garden from the lounge in the non dementia area of the centre, which had paths for walking and a seating area, and a bird table. In the summer the door would be open, however inspectors were advised that residents would have to ask staff to open the door at other times.

The door that led to the exit required a card swipe to exit. The inspectors were advised by the person in charge and provider that this was to ensure the security of who was entering and leaving the centre. They explained residents could have a swipe if they were considered able to support the policy on not allowing people in to, or out of the centre. At the time of the inspection no residents were using this independently.

The kitchen was visible via serving hatches from the dining room in the dementia unit and the non- dementia area. The kitchen was well equipped to provide meals and refreshments for residents. There was hot drink making facilities in the main dining room. Residents and relatives were able to use if for refreshments at times that suited them.

There was a range of equipment in the centre to aid mobility, including personal wheelchairs and walking frames. Hoists and other equipment seen in the centre were in working order, and records showed they had been regularly serviced. Staff were seen using aids to support people to maintain their mobility as long as possible, for example the gait belt.

Staff records showed that staff had completed manual handling training in relation to the equipment available in the centre.

Judgment:
Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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 complaints procedure in place that explained how to make a complaint, and included an independent appeals process.

Inspectors reviewed the complaint's policy and found it to be comprehensive, and met the requirements of the regulations. As well as naming people in the centre to deal with complaints it also contained an independent appeals process. There was also a nominated person who held a monitoring role to ensure that all complaints are appropriately responded to, and records kept.

Both the provider and person in charge told inspectors that any complaint received would be thoroughly investigated and the outcome would be discussed with the resident. This would also include if the resident was satisfied with the outcome or not.

At the time of the inspection no complaints had been made. Recording of concerns and comments showed that there were systems in place and they detailed, the action taken, outcome and whether the person was satisfied with the outcome.

The policy was on display at the entrance the centre, and on the back of the bedroom doors. It was also set out in the residents guide. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

As set out in outcome 7, staff were aware of the need to monitor residents with dementia to ensure they were not expressing frustration or annoyance at something that could be resolved. For example listening to what they were trying to convey if they are verbalising. Considering things like if they were warm enough, had their belongings available to them, or were receiving drinks and snacks that they liked.

Inspectors saw a folder of numerous cards and letters received from residents and family members complimenting staff for the care received. All resident and family questionnaires returned to the Authority provided very positive comments about the friendliness and approach of the staff.

Records showed a number of changes had been made in the centre following feedback of residents, relatives and staff. For example, a staff shift had been extended to support activities in the centre, and the residents guide had been made available in all bedrooms.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

There had been some residents meetings held in the centre, and minutes were available. Not all residents attended, and some residents with dementia would not have the ability to take part. The provider also undertook surveys of family members about the quality of the service provided to their relatives, so they could advocate on their behalf. Feedback was positive, and some had taken the opportunities to give comments on areas they felt could be improved including monitoring room temperatures, reviewing activities and bus outings. Record showed these were being acted on by the provider and person in charge.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the centre included weekly Catholic and Church of Ireland services. Each resident had a section in their care plan that set out their religious or spiritual preferences.

The person in charge / provider told inspectors that residents were supported to exercise their political rights in past elections and referendums and this was confirmed by records.

An independent advocate visited the centre every Wednesday, and was available to speak to residents. There were also contact details in the residents guide for other advocacy services.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room. Residents in the dementia unit were also supported to follow their own routines, many waking later in

the morning. Inspectors observed staff providing late meals for residents who missed lunch or supper. Residents choose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup.

Inspectors found that residents' privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter.

Some residents were spending time in their own rooms, and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the communal areas of the home. Some were joining in activities, others were socialising with family and friends, and others were sitting quietly.

Residents had access to a visitors' room whereby they could meet with family and friends in private, or could meet in their rooms, or communal areas of the home. The main dining room was seen to be used by lots of people visiting the home, and they could access the drink making facilities. They could also take a meal with their relative if they arranged with the kitchen.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. As set out in outcome 11, staff were observed to be speaking with residents in a respectful way, and using their preferred names. All residents had a section in their care plan that covered communication needs, and staff were seen to be familiar with them. For example some residents spoke about a limited number of topics, but staff were familiar with the topic and supported them in meaningful conversations, for example talking about working in a school.

Residents were seen to be wearing glasses and hearing aids, to meet their needs. A service of hearing aids took place during the inspection.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors observed that there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. During the inspection residents were seen to receive attention from staff when they needed care needs met, for example responding to the call bell, and supporting people from the sitting area to their own rooms.

The inspectors spent periods of time during the inspection doing formal observations of the lounge areas and found staff were providing care and support while speaking with and engaging in activities with a positive attitude. They were seeking to encourage people to engage in activities such as social time around the tea break, or in the activities, but respecting resident's decisions not to participate.

At meal times staff were seen to be speaking to residents, and where support to eat and drink was being provided it was done in a discreet way, talking about the meal, and what was on the spoon the resident was about to take. Where residents were able to eat themselves they were supported to do so, for example some residents were eating finger food, and others had adapted equipment to help them hold items such as cups with handles.

Residents knew all the staff well, and reported that they were nice. In the dementia specific unit, the staff team had been in place for some time. Where staff were unavailable for shifts, staff from the other part of the centre were allocated to the unit, to avoid the use of agency staff. The person in charge explained this was because they felt it was important that the staff knew the residents and how their needs should be addressed.

The relatives commented in questionnaires conducted by the centre that staff were friendly and efficient. Comments included 'staff have wisdom and kindness' and 'love the little things they do that make it feel like home'.

The staff rota matched the staffing in place at the time of the inspection.

Staff had completed mandatory training (fire safety and manual handling). There were also other training opportunities that reflected the needs of the residents in the centre. This included food and nutrition, wound management, and food safety. Staff in the dementia unit had undertaken courses specific to support them meeting the needs of residents with dementia. 11 staff had completed a university accredited course in dementia that covered Alzheimer's and related dementia and verbal and non verbal communication. One member of staff was also being supported to complete a masters level course in dementia. They also had an in house trainer for dementia specific behaviour management training. The course covered the philosophy of care, cognition, stages of dementia, and safety techniques.

Staff spoken with were familiar with the centres policies and procedures, and were able to speak about the training they had received, and how it supported them to know how

to undertake their role in the centre. Staff in the dementia unit were very clear about the needs of residents, and also the impact the progression of their dementia may have on them. For example they explained some residents had previously been very active, but now preferred to sit and engage in other activities.

The policy on selection and vetting of staff was seen to be put in to practice. Staff files reviewed contained all the required documents as outlines in schedule 2, which showed there was a comprehensive recruitment process. Evidence of up to date registration with the relevant professional body was seen for the nursing staff employed in the centre.

Appraisals were being carried out. They focused on performance and training needs. The information from the appraisals supported the development of the training plan.

The nursing staff took a role on overseeing the care assistants, and the person in charge oversaw the nurses. Staff and nurses spoken with felt they could speak to management if they had any questions or concerns.

There was a senior nurse on duty at all times, and on-call arrangements for senior managers for evening and weekend cover. There were copies of the regulations and standards in the home for the staff to access.

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.

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