

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Acorn Lodge
Centre ID:	OSV-0000188
Centre address:	Ballykelly, Cashel, Tipperary.
Telephone number:	062 64 244
Email address:	acornhealthcare@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Acorn Healthcare Limited
Provider Nominee:	Mary O'Connor
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	50
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 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 October 2016 11:00	12 October 2016 18:00
13 October 2016 09:30	13 October 2016 16:30

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

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days. The inspector met with residents, relatives, staff members and the person in charge who was also the service provider. Of the 50 residents registered in the centre on the days of inspection, 16 had a confirmed diagnosis of dementia while a further eight were presenting with

symptoms and behaviours of dementia; one resident was in hospital at the time. The centre did not have a specific residential dementia unit and resident care was integrated throughout the centre. The inspector reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. The inspector observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The provider had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form 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. The provider's self assessment, and the assessment of findings on inspection, are set out in the table below for ease of reference. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents with dementia or a cognitive impairment was noted during the inspection.

The person in charge was present throughout the inspection and articulated an understanding of the individual needs of residents with impaired cognition and also a commitment to the delivery of person centred care to all residents. A significant level of compliance was recorded against the areas assessed during this inspection.

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 Quality 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:

The provider had self-assessed substantial compliance in this area and outlined proposals to formalise processes in relation to consultation with residents such as documented meetings with the independent advocate. On foot of these actions being implemented the inspection returned compliance on the areas assessed. The social care of residents with dementia is comprehensively covered in Outcome 3.

An admission policy was in place that reflected the statement of purpose and the person in charge undertook a pre-admission assessment for all residents in the first instance. On admission residents were comprehensively assessed around key components of care and daily living such as cognition, communication, mobility and pain for example using standardised assessment tools. Care plans were developed and implemented in line with these assessments that provided relevant guidance to staff on the delivery of care. Care planning assessments and records were maintained electronically and the system reviewed provided an accessible and effective oversight of the care of any individual at a given time. A dementia care policy was in place dated June 2014. A sample of care plans for residents with a diagnosis of dementia was tracked during the inspection. Timely and comprehensive assessments had been carried out with relevant, person-centred care plans in place to reflect the required management of care in relation to the needs assessed. Validated assessment tools were used to inform and review related care plans in areas such as pain, skin integrity, nutrition and risks in relation to falls for example. Staff spoken with understood their duty of care in communicating their observations and the changes in care needs of residents to other staff. They also understood assessment as an ongoing and proactive process, the outcomes of which should be regularly reviewed with the resident, where possible, and recorded accordingly in the care plan.

Regular access to the services of allied healthcare professionals were in place. A physiotherapist attended the centre on a weekly basis. Appropriate arrangements were in place to support residents in accessing dental and optician services as required. A chiropodist attended regularly and care plans reviewed confirmed appointments were scheduled at appropriate intervals. The person in charge explained that occupational therapy services were accessible by appointment and that residents were appropriately assessed where the use of specialised equipment was recommended. Residents were

regularly monitored with routine observations recorded at least monthly. Specialised advice was available for the management of wounds and skin issues and the centre could access the services of a tissue viability nurse. Measures to maintain ongoing good health were in place including an annual 'flu vaccine programme. All care plans were reviewed regularly and at least on a four monthly basis or to reflect the residents' changing needs as assessed. Of the files reviewed relevant correspondence relating to hospital transfer arrangements was in place. These included information about the residents' health, medication and communication needs.

The inspector reviewed policy and practice around systems to ensure that the nutritional needs of all residents were well met. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. The care plans of those residents with dementia that were reviewed contained relevant assessments including risk in relation to swallow issues for example. Plans of care were in place to direct staff in their care as appropriate and a number of staff were trained in dysphagia and responding appropriately to asphyxia. Catering staff spoken with had a good rapport with residents and a very good understanding of individual requirements and preferences; they were further supported by regular feedback from nursing staff in relation to any changes to diet. A communication folder was in place that included relevant information on residents who were on special diets such as diabetic and fortified diets or fluid thickeners. The menu was changed regularly and residents were seen to be provided with a regular choice of freshly prepared food and home baking. Residents on a modified diet could choose from the same menu and these meals when served were tastefully presented. Resident weights were recorded on at least a monthly basis. Throughout the inspection residents were seen to be provided with regular snacks and drinks.

A comprehensive policy was in place on the delivery of care at end of life dated February 2016 and training records indicated that a number of staff had partaken in a related workshop around "What matters to me". Care plans reviewed indicated that discussion with residents about their wishes had taken place where possible and otherwise the input of family had been recorded. Feedback from relatives confirmed that information around care was provided on a regular basis. There was good evidence that practice and systems to prevent unnecessary hospital admissions were in place such as review by the general practitioner (GP) and the person in charge also confirmed that the centre was well supported by community palliative care services around processes of care such as the management of pain. All rooms were private and families were provided with appropriate supports to allow them be with their relative at this time.

Processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff could reference comprehensive policies and procedures in relation to medicines management that were in keeping with regulatory requirements. Medicine prescription and administration records for residents were maintained appropriately and included a photograph as well as other necessary biographical information. A medication round was observed and the practice of the administering nurse was safe and in keeping with guidelines. Times of administration were recorded and signed as necessary. Where residents had a cognitive impairment it was noted that medication was administered in a person-centred manner and the administering nurse remained with the resident while they took their medicine.

Where medications were transcribed the practice was in keeping with protocols and signed off as required by two members of nursing staff. The administering nurse also explained that where residents might refuse medication the administration record was noted accordingly for reference by the GP on the next review. The information assessed, including systems of care and feedback, demonstrated that the health and nursing needs of residents with dementia or a cognitive impairment were met to a high standard.

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:

A protocol dated September 2014 was in place on the management of residents' accounts and personal property. Residents were responsible for their own finances either independently or with the support of family and the centre did not administrate any individual accounts at the time of inspection. A record of invoices was maintained for services provided at the centre and contracts set out fees and additional costs for services. The centre did operate a safe keeping system for nominal amounts of cash for residents and in these instances systems were in place to safeguard the monies with protocols around recording transactions with double signatures by staff and/or the resident or a relative. A sample record of these reviewed was in keeping with protocols and the amounts retained reconciled with the figures documented.

The inspector met with a number of residents throughout the inspection and all provided consistently positive feedback of their experience of care and stated that they felt very safe and well minded in the centre. A policy and procedures were in place for the prevention, detection and response to abuse dated October 2015. Measures were in place to safeguard residents and protect them from abuse - these included vetting procedures and a regular programme of in-house training that was delivered at the centre by an appropriately qualified senior staff nurse. Staff members spoken with by the inspector were mindful of safeguarding issues and demonstrated an understanding of the different types of abuse and were aware of the relevant reporting systems in place; no such allegations had been reported. A review of the training matrix indicated several members of staff were overdue re-fresher training in this area.

A dementia care policy was in place dated June 2014 that also referenced the management of behaviours and psychological symptoms of dementia though a number of staff had yet to receive related training and the person in charge confirmed such training was scheduled for delivery within the month. The sample of care plans reviewed

provided appropriate guidance to staff in relation to the management of dementia related symptoms. Staff were also seen to respond positively to residents that expressed a dementia related anxiety; strategies adopted to manage these circumstances were appropriate with residents being taken out around the grounds for example or provided with relevant attention and reassurance as necessary.

A restraint policy dated March 2016 was in place that set out the definitions of different types of restraint and identified the relevant responsibilities in relation to the use of restraint; for example obtaining consent where a resident had capacity and otherwise recording consultation with family and/or a health professional in relation to its use. Of the care plans reviewed, where bed-rails were in use, there were appropriate assessments in place as to both the need for, and risk of, their use. The electronic care planning process also provided an audit template for the three monthly review of bed-rail use. The provider had self-assessed substantial compliance in this area and was developing information leaflets for residents and an audit review of safeguarding procedures.

Judgment:

Substantially 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:

Processes around consultation, rights and dignity were supported by related policies on consent, advocacy, privacy and the management of communication needs. The services of an independent advocate were available with contact details clearly on display. Consultation with residents was encouraged and the results of a satisfaction survey in July of this year were available that recorded feedback from residents on areas of service in the centre. Regular resident meetings were also facilitated by an independent advocate who attended the centre, unannounced, several times a month and met with all residents on both a one-to-one and group basis. The inspector met and spoke with this advocate about these meetings and how they informed resident feedback to management in relation to the day-to-day experience of the centre. Records of these meetings were maintained that appropriately observed requirements in relation to matters of confidentiality. Feedback overall was very positive and several residents also spoke very highly of their experience of the care and attention received from all staff at the centre.

There were no restrictive visiting arrangements and visitors were variously present throughout both days of the inspection; there were also areas for residents to receive visitors in private should they so wish. Feedback from visitors was consistently positive around their experience and observation of care at the centre. The centre provided

residents with access to a small oratory. A priest attended the centre on a regular basis and other pastoral services could also be made available for residents as required. Processes were in place to support civic duties such as voting. The centre facilitated residents to attend a local day service and the inspector noted community information was made available with local newspapers being read aloud to residents. Residents had access to radio, TV and a private telephone if required. The inspector noted that where closed circuit television (CCTV) monitoring was in use in the centre it was restricted to access areas such as entrances, exits and corridors.

The centre had several employees dedicated to the provision of a broad range of activities including those specifically designed to support the needs of residents with dementia or cognitive impairment; these included appropriate exercise, massage and reminiscence therapy around life stories. A weekly schedule was in place that included morning and afternoon arrangements for activities such as music, bingo, Sonas and physical exercise. Residents clearly had opportunities to participate or not as they chose according to their abilities and interests. Those residents with more cognitive impairment were also seen to receive one-on-one attention in their rooms and within the group settings. An activity coordinator outlined the benefit of the poly tunnel for the more active residents with dementia and residents spoken with clearly took great pleasure in this facility. At mealtimes residents commented on the good food and knew that some of the ingredients had been grown on-site. Residents were observed to partake of the grounds, the poly tunnel and also go out from the centre accompanied by their visitors.

Throughout the inspection both staff and management demonstrated a commitment to the principles of dignity and respect for the wishes and preferences of residents. The inspector observed staff providing assistance to residents where required and noted that the manner and attitude of staff was patient, helpful and courteous with appropriate techniques being used throughout. Meal times were unhurried social occasions and staff were observed using the mealtimes as an opportunity to communicate, engage and interact with residents. The dining room was well presented and tables were attractively laid with tablecloths, glassware and linen serviettes – good quality delph and cutlery was in regular use. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Consideration was given to how the mood of a resident with dementia might change and staff were seen to use effective strategies to reassure residents including person-centred communication and offers of alternative activities where appropriate. The inspector noted that communication between residents and all staff was relaxed and familiar and that residents were at their ease in the centre. Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. This monitoring occurred during discrete 5 minute periods in 30 minute episodes. During these periods of observation it was noted that residents with dementia or cognitive impairment had their social needs met in an appropriate and consistent manner. A positive result was recorded for these episodes and it was noted that staff engaged meaningfully with residents on a consistent basis.

The provider had self-assessed substantial compliance in this area and identified the use of developing information technology to further support communication for residents with cognitive impairment. On the days of inspection the areas assessed were found in compliance with regulatory requirements.

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:

A written operational policy for the management of both verbal and written complaints was in place dated October 2015 and the procedure for making a complaint, including the necessary details of a nominated complaints officer, was displayed at the entrance area of the centre. The procedure outlined expected time frames and an appeals process that also provided contact information for the office of the Ombudsman. A summary of this information was available in the guide for residents and also in the statement of purpose.

Residents spoken with understood who was in charge and how to make a complaint and those spoken with commented that they had never had occasion to complain. The person in charge also explained that residents views were sought in the course of daily duties and any requests or issues were managed on an ongoing basis. The centre also provided access to an independent advocate who attended the centre several times a month. The inspector met with the advocate who explained the management of confidential information around the process that also provided the opportunity to raise issues on an ongoing basis if necessary with the person in charge. The inspector reviewed the complaints' record, which was maintained electronically, and noted that the necessary information was recorded as required by the regulations.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Regular handover meetings took place at shift intervals. Supervision was also

implemented through monitoring and control procedures such as a schedule of allocated responsibilities for each shift with care staff paired for specified duties to support accountability and appropriate safeguarding. A planned and actual staff rota was in place; a suitable number of qualified staff, with an appropriate skill mix to meet the needs of the residents in keeping with the size and layout of the centre, were regularly rostered. The delivery of care was directed through the person in charge and supported by an assistant director of nursing who also deputised as required. Staff meetings took place regularly and a committee was in place with oversight of clinical governance that convened on a three monthly basis. Competency assessment and review was undertaken by the person in charge through a regular appraisal system.

The person in charge confirmed that training was regularly delivered in mandatory areas such as safeguarding, manual handling and centre-specific fire prevention and that regular drills on fire procedures were undertaken. Training records indicated staff were enrolled in a continuous programme of training and review, however, relevant fire training was overdue for one member of staff.

A schedule of training was available to support staff in their delivery of care; training had been provided in relation to dementia, nutrition and the management of swallowing difficulties. Records of training delivered in the previous 12 months included asphyxia, cardio-pulmonary resuscitation (CPR) infection control and hand hygiene. Staff spoken with understood their statutory duties in relation to the general welfare and protection of all residents and, as discussed in previous outcomes, staff were seen to interact and communicate appropriately where residents presented with a cognitive impairment.

At the time of inspection the only volunteer at the centre was the independent advocate who was qualified and vetted appropriate to the role. A sample of staff files was reviewed and documentation in this regard was in keeping with the requirements of Schedule 2 of the regulations. Recruitment and vetting procedures were robust and appropriately referenced the verification of qualifications, training and security backgrounds for appointed staff.

Judgment:
Substantially Compliant

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 centre was located in a rural area just outside Cashel and set back from the road on a substantial, elevated site. The building had been purpose built in 2001 and provided

appropriate accommodation for 50 residents with assessed needs across the range from low to maximum dependency. At the time of inspection approximately 25 residents were either diagnosed or presenting with dementia or cognitive impairment. The layout of the centre was in keeping with the statement of purpose and supported the needs of those with a cognitive impairment in facilitating ease of movement from communal areas to the residents' private spaces. The building and grounds were accessible by wheelchair. The entrance led into a central reception area and residents' rooms were in two wings off this area; 27 to the left and 23 to the right. All bedrooms were single with ensuite facilities of toilet, shower and wash-hand basin. Residents' rooms were comfortable and well decorated and residents had choice around how their space was organised with personal belongings, photographs and memorabilia. Individual accommodation also provided adequate space for the use of assistive equipment if necessary and space for the secure storage of personal belongings. Call bells were visible and easy to reach in all rooms.

The centre overall was bright, comfortable and very well maintained with attractive decoration and furnishings. The centre provided a choice of communal areas for residents that included a day room, drawing room and library. Space could also be made available for residents to receive their visitors in private, other than in their own rooms. There was a small oratory for prayer or where residents could be alone if they wished. The centre accommodated residents who smoked and a designated area was available with appropriate access and precautionary measures in place such as a fire blanket, extinguisher and call bell. Laundry, cleaning and sluice facilities were appropriate to the size and layout of the premises. There was an adequate supply of assistive equipment, such as wheelchairs and hoists, to meet the needs of the residents and equipment was stored appropriately in keeping with requirements. An appropriately equipped therapy room was available for use as necessary. Indoor space was laid out such that active residents could mobilise and orientate with ease. Externally the grounds were very well maintained with accessible pathways and seating to both the front and rear; residents were seen to avail of the outside space mobilising independently, and with assistance, throughout. Since the last inspection the centre had created a poly-tunnel that was laid out to support use by active residents with raised beds and paths for wheelchair access. The dining area was bright and open plan with large windows and tables laid attractively for individuals and small groups. Kitchen facilities were laid out and equipped in keeping with the size and occupancy of the centre. The services of a facilities manager were retained. Heating, lighting and ventilation was appropriate to the size and layout of the centre throughout.

Appropriate consideration had been given to the use of environmental stimuli to support people with cognitive impairment and the use of paintings, photographs and decoration throughout was in keeping with the assessed needs of the resident profile overall. In relation to the specific needs of residents with dementia, the development of orientation signage in some areas of the premises would further support the requirements of those with a cognitive impairment. The person in charge explained that the use of contrasting colours and visual cues to outline doorways or provide direction for example were being reviewed as part of a dementia related action plan.

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:

Mairead Harrington
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:	Acorn Lodge
Centre ID:	OSV-0000188
Date of inspection:	12/10/2016
Date of response:	08/11/2016

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 02: Safeguarding and Safety

Theme:

Safe care and support

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

Several members of staff were overdue re-fresher training in the area of elder abuse.

1. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

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

Refresher training in the area of Elder Abuse is scheduled to commence 14th November 2016.

Proposed Timescale: 09/12/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Relevant fire training was overdue for one member of staff.

2. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Staff member overdue for fire training has ceased employment.

Proposed Timescale: 08/11/2016