

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Orchard Day and Respite Centre
Centre ID:	OSV-0000691
Centre address:	Temple Road, Blackrock, Co. Dublin.
Telephone number:	01 207 3839
Email address:	theorchard@alzheimer.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Alzheimer Society of Ireland
Provider Nominee:	Donal Murphy
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	10

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.

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 November 2016 10:30 To: 02 November 2016 19:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a monitoring inspection carried out on 1 June 2016 and to monitor progress on the actions required. This inspection also considered information in the form of notifications forwarded by the provider and other relevant information.

As part of the inspection, the inspector met with residents and staff members and reviewed documentation such as policies and procedures, staff rosters, care plans, medical records and risk management processes. It was found that some progress was made by the provider in implementing the required improvements identified in the last inspection but an acute staffing shortage had negatively impacted on the management team's ability to complete all of the actions arising from the last inspection. As a consequence, and in the interests of residents safety, the provider and person in charge had closed the centre to admissions in recent weeks.

A good standard of nursing care was found to be delivered to residents in a respectful and person-centred manner. Staff were knowledgeable of residents and their abilities and responsive to their needs.

The Action Plan at the end of this report identifies areas where further improvements are required to fully comply 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 including, governance, staffing, risk management and care plans.

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 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Actions required from the last inspection related to: review of staffing resources and skill mix: reliance on agency staffing: establishing a complete cycle audit and review of the function and purpose of the centre to accurately determine the levels of need the centre can safely meet.

These actions were partially addressed.

-Staffing reviews were ongoing and a deputy manager had commenced in post following the last inspection. Ongoing efforts by the management team to increase the numbers of staff available to provide relief cover and reduce reliance on agency staff were noted. Findings in relation to staffing are referenced under Outcome 18.

-The statement of purpose was revised. However, the review of the purpose and function of the centre had not been completed. The inspector was told this had been discussed with the senior management team and the Board of Directors and a decision was expected in the near future.

- Improvements to preadmission processes to provide a complete picture of residents' updated condition prior to their admission to the centre were not completed. On review of the transfer of information between the centre and community based health professionals, updated assessments on potential or returning residents were required. It was found that the information contained in reports from medical and nursing community professionals did not give a complete picture of the residents updated condition prior to their return to the centre. This would enable more informed decisions to be made on the ability of the centre to safely and appropriately meet the assessed needs of prospective residents.

- Improvements to the audit process were not found. Audits reviewed showed that the use of clinical key performance indicators were not included in the process to determine the quality and safety of care being delivered. A complete cycle audit system that identified actions required to improve care, measures implemented, learning derived and

ongoing review was not fully established.

The inspector was satisfied that there were good governance systems in place to deliver a safe level of care to residents. However, the high turnover and inability to replace staff, resulting in a continued reliance on agency staff had a negative impact on improving governance processes. The person in charge and deputy manager covered nursing and health care assistants' shifts when unable to find staff replacements. Both managers have been working in direct care provision to cover these shifts on a weekly basis since September.

Evidence was found that the management team were continuing to provide good direction and leadership to staff. Improved staff communication systems and allocation of roles appropriate to each grade of staff was maintained. Management and staff demonstrated vigilance and a strong commitment to advocate on behalf of vulnerable older people. This is referenced under Outcome 7.

The inspector was told that the staffing shortage had become more acute in recent weeks. In the interests of resident safety the provider and person in charge took the decision to cancel admissions to the centre over recent weeks as sufficient nursing staff were not available to meet residents needs.

Judgment:

Non Compliant - Moderate

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Most of the actions required arising from the last inspection were fully addressed.

Actions addressed included:

- A review of all policies and procedures was conducted with all implemented with the exception of three that were not yet completed.
- Opportunities for staff to become familiar with the policies were in place and a sign off sheet indicating that staff had read and understood the policies was viewed.

Actions required in relation to personnel records were partially addressed. Personnel

records management had improved and areas addressed included: inclusion of job descriptions and contracts of employment and photographic identification. However, the records still did not meet the requirements of Schedule 2 in that some did not contain: evidence of qualifications, employment history or two written references.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was supported in her role by a deputy manager. The deputy manager had specific responsibility for the delivery of the day care service and had considerable experience in working with older persons in respite and day care service models. Qualifications were relevant to the role although the person did not hold a nursing qualification.

The deputy manager was clear that the role and responsibility of the post was to provide guidance and direction to staff on aspects of non clinical and social care and to fulfil the functions of governance and management. The person in charge and provider were aware of the need to ensure that in the event of absence of the person in charge, the person covering the position required a relevant nursing qualification.

Judgment:

Compliant

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:

Several notifications were received by HIQA from the provider. Some of these related to responsive behaviours between residents, others were concerns about possible neglect of some respite residents on their return to live in the community. The inspector was satisfied that the management of incidents related to responsive behaviours was appropriate and safe. One related to a notification regarding bruising of unknown origin. The inspector was satisfied that the concern was being considered and acted on in a timely manner and requested that a written update be provided in relation to this investigation process.

The notifications regarding the possibility of neglect of some respite residents when they returned to their community was also discussed in full with both the person in charge and the deputy manager. The inspector found that both managers were proactive with regards to their duty of care to report any concerns of potential abuse. In both cases the managers and staff had noted weight loss, unkempt appearance and deteriorating skin conditions on the return of some residents to the centre.

Both instances have been referred to the relevant Health service executive (HSE) Community Care Safeguarding Team for investigation. The inspector again requested written update on these Safeguarding referrals.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Some of the actions arising from the last inspection were addressed and these included:

- A cleaning programme to guide staff and ensure consistency and continuity of approach was in place. Additional training as part of a formal induction process had been delivered including further training on products and equipment.
- An alarm system was installed on all exit doors identified as a fire exit and fitted with a green button. The alarm activated on two occasions during the inspection and the alarm system identified which door staff should check. This system improved resident safety by identifying the door through which a resident had attempted to exit the building and provided staff with assistance to respond more rapidly to locate the resident.
- Improved medication management systems with directions provided in the nurses'

office on the process for medication reconciliation were noted.

- A risk management committee was established and had completed a full review of the risk register which now identified environmental clinical and non clinical risks in the centre. A total of 35 risks were identified with assessments completed on 34.

Actions arising from the last inspection that were partially addressed included:

- Potential risks to residents were included as prompts on the staff handover sheet to encourage discussion on the management of evacuation process on a daily basis, although it was not evidenced that these discussions always took place. Reflective practice sessions, intended as a part of risk management and staff development, to discuss learning from adverse incidents had not commenced

- Personal evacuation plans in place for each resident were not updated from the last inspection to guide staff on the level of assistance, supervision or expected level of compliance in an emergency situation.

- Activation of the fire alarm on three separate occasions over a three month period was used as opportunities to practice a full evacuation procedure with staff. However, these drills did not include use of all evacuation equipment such as evacuation sheets. It was also noted that simulation of evacuation drills using night time staffing had not taken place.

Judgment:

Non Compliant - Moderate

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:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

All actions required following the last inspection were partially addressed but the need for further improvements was found.

The actions required from the last inspection included: preadmission assessments did not include an update on returning or potential residents condition prior to admission: comprehensive nursing assessments were not fully completed: care plans were not specific enough to direct and manage care needs: reviews of care plans did not ensure effectiveness: and the documentation of care was not sufficiently accurate or appropriately linked to ensure that a high standard of evidence based nursing care was

being provided or give a clear and accurate picture of residents' overall health management.

- A sample of pre admission assessments and the transfer of information between the centre and community health professionals were viewed. Although improvements were found in relation to the completion of the pre admission form, the assessments were not always reviewed to include changes in condition or needs on re-admission. Updates on residents' condition were being sought from the community care teams including general practitioners. However, the information provided did not give a complete overview of the residents' current condition and although follow up by the person in charge were viewed responses were not always received. This negatively impacted on the centre team's ability to effectively assess and manage residents care needs.

- An increased number of recognised evidence based risk assessment tools were in use in the centre to determine residents' abilities and needs for activities of daily living. However, on review of a sample of the clinical documentation, it was found that comprehensive risk assessments were not completed for every need. Examples included: wound care: use of bed rails: and level of compliance with activities of daily living.

- Care plans in place to manage identified needs were not specific enough to guide staff or fully manage the needs identified. Examples included: communication: and personal care. Care plans were not in place for all identified needs. Examples included: positive behaviour support plans: sacral pressure ulcers: and confusion.

Overall it was found that there were some improvements to the quality of clinical documentation and there was evidence of improvements to ensure a good standard of nursing care was delivered. However, care plans, nursing progress notes and other supporting documentation were not appropriately linked to give a clear and accurate picture of residents' overall health management.

Judgment:

Non Compliant - Moderate

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:

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good

standard of care to the current resident profile. However, as previously referenced under Outcome 2 this was primarily due to the closure of the centre to admissions. Efforts to increase the numbers of staff available for full time and relief cover were noted but these efforts were hampered by a recent high turnover of staff. Seven full or part time staff had left the centre in recent months. Four of these staff were nursing staff and a recent recruitment campaign to replace nursing staff was unsuccessful with no nurses recruited.

The inspector was told that this was despite improved employment offers to attract and retain staff.

Due to a combination of high turnover, leave of absence and unsuccessful recruitment, staffing levels were not adequate to fill all shifts on a daily basis.

The person in charge and the deputy manager were providing relief cover to fill shifts on a regular basis over the previous six week period. A heavy reliance on agency staff use continued.

The crisis in staffing had negatively impacted on the implementation of many of the actions arising from the last inspection including the provision of training, development and learning from adverse incidences for staff.

Some prioritised training was delivered to staff, notably training on managing responsive behaviours, dementia awareness and safeguarding vulnerable adults, but other training identified in the providers action plan responses was not delivered. These included: care planning and assessment and recording and documentation of care. It was also found that some, although few, staff had not received refresher training within the recommended timeframe for moving and handling and fire safety. Further opportunities for staff to receive training to meet the needs of the current resident profile were required.

Judgment:

Non Compliant - Moderate

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:

Nuala Rafferty
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:	The Orchard Day and Respite Centre
Centre ID:	OSV-0000691
Date of inspection:	02/11/2016
Date of response:	18/11/2016

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: Governance and Management

Theme:

Governance, Leadership and Management

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

The management systems in place require to be further strengthened and improved to ensure a safe consistent and high standard of care is delivered to all residents. Issues of concern remain in relation to; continued reliance on agency staffing; ongoing review of staffing resources and skill mix; inclusion of clinical key performance indicators into the audit processes and embedding a complete cycle audit system.

Improvements to preadmission processes to provide a complete picture of potential or

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

returning residents' updated condition prior to their admission to the centre were not found.

A review of the purpose and function of the service and an accurate and realistic determination on the level of need the service can safely meet is urgently required.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

- A review of the purpose and function of the service is currently being undertaken by the senior management team.

- Pre-admission process to be strengthened through collaboration with community multidisciplinary teams.

Performance indicators for clinical care such as; nutrition and weight; pressure ulcers; trending of incident reports on slips trips and falls and medication management to be established.

- A complete audit cycle spreadsheet has been devised to ensure a strong and effective monitoring system will be in place.

Proposed Timescale: 31/01/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Personnel records in place did not fully meet the requirements of the legislation under schedule 2 in that evidence of qualifications: mandatory training: written references and full employment history were not available for some staff.

2. Action Required:

Under Regulation 21(2) you are required to: Retain the records set out in Schedule 2 for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre.

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

- Review of present staff records commenced in May to ensure they fully compile with Regulation 21(6) of the Health Act. (Schedule 2). Any outstanding items are in process being collected. Audit spreadsheet, which is reviewed weekly, is in place to monitor progress during the new weekly Orchard Management meeting.

- Plan for review of previous staff files to ensure compliance to completed.

Proposed Timescale: 31/01/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Systems in place to identify assess manage and review risks throughout the centre were not fully established or sufficiently robust or were not implemented to safeguard all residents.

3. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

- Risk register to be further developed.
- Risk benefit form to be developed and to be included in identified risk assessments for residents.
- Evacuation procedure for all residents to be clarified with staff to guide everyone on the level of assistance in an emergency situation.
- Simulated fire drills to be completed.

Proposed Timescale: 31/01/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

Complete comprehensive nursing assessments were not carried out for each resident.

4. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

- Care Plan pre-assessment tool to be reviewed and changes made that will guide the staff on appropriate care planning to ensure safe and effective care for all residents.
- A system is in place for the review of care plans and is monitored through the audit

cycle spreadsheet to ensure a strong and effective monitoring system will be in place

- Training will be provided to nursing staff, to ensure that the care plans, nursing progress notes and other supporting documents are inter linked.

Proposed Timescale: 31/01/2017

Theme:

Effective care and support

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

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

5. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

- A system is in place for the review of care plans and is monitored through the audit cycle spreadsheet to ensure a strong and effective monitoring system will be in place
- Training will be provided to nursing staff, to ensure that the care plans, nursing progress notes and other supporting documents are inter linked.
- The care plan assessment will be reviewed by the PIC.

Proposed Timescale: 28/02/2017

Theme:

Effective care and support

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

The documentation of care was not sufficiently or appropriately linked to give a clear and accurate picture of residents' overall health management.

6. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

PIC to review referral forms and medical forms to ensure up to date comprehensive information is provided by the relevant Allied Health Professionals.

Proposed Timescale: 22/12/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

Suitable and sufficient staffing and skill mix were not available to fill all shifts on a daily basis.

7. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

- A review of the purpose and function of the service is currently being undertaken by the senior management team.
- Decision made to stop admissions unless the suitable and sufficient staffing and skill mix were available

Proposed Timescale: 31/01/2017

Theme:
Workforce

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

Some staff had not received refresher training within the recommended timeframe for moving and handling and fire safety. Further opportunities for staff to receive training to meet the needs of the current resident profile were required.

8. 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:

All outstanding staff members who have not completed the statutory training required under regulation 15(1) will be scheduled for training.

Proposed Timescale: 28/02/2017