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## **Pilgrims Rest Nursing Home, OSV-0000376, 21 February 2019**

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Pilgrims Rest Nursing Home
<b>Centre ID:</b>	OSV-0000376
<b>Centre address:</b>	Barley Hill, Westport, Mayo.
<b>Telephone number:</b>	098 27 086
<b>Email address:</b>	info@pilgrimsrest.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Pilgrims Rest Nursing Home Limited
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	0

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was Monitoring Compliance 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:
21 February 2019 09:30	21 February 2019 18:00
22 February 2019 08:30	22 February 2019 13:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

**Summary of findings from this inspection**

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

Prior to the inspection, the provider and person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector met with residents and staff members during the inspection. The care pathway of a number of residents with dementia was reviewed. Care practice and

the interactions between staff and residents who had dementia was observed using a validated observation tool. The inspector also reviewed documentation that included care plans, medical records and staff training records. The inspectors also reviewed the self- assessment questionnaire which had been submitted prior to inspection and noted that the relevant policies were in place.

Pilgrim's Rest Nursing Home is a purpose-built single-storey premises, which provides residential care for thirty five residents. Approximately half of the resident group had a diagnosis of dementia or a cognitive impairment. The centre is located in a rural area two miles outside the town of Westport on the Newport road.. The atmosphere was home-like, comfortable and in keeping with the overall assessed needs of the residents who lived there. There were several communal areas where residents could spend time and engage in activity during the day. Bedroom accommodation includes nine double rooms of which four have ensembles that include a toilet and wash hand-basin. There are 17 single rooms and 16 have similar ensuite facilities. There was signage to guide residents around and bedroom doors were painted in different colours to help residents locate their bedrooms.

Each resident was assessed prior to admission to ensure the service could meet their needs. Residents also had a comprehensive assessment following admission and care plans were in place to guide staff on how to meet their assessed needs. The inspector found that the health and social care needs of residents were met to a high standard. There was good access to general practitioner (GP) services and to a range of other health services that included mental health services for older people and allied health professionals.

During the inspection, the inspector observed staff interactions with residents using a validated observational tool, the quality of interactions schedule, or (QUIS). The observations took place in different communal areas including a period of scheduled activity. The inspector saw that staff knew the residents well and connected positively with them at all times. Staff were familiar with residents' care needs, their interests and what they liked to do during the day. They chatted to them about daily life, local news and national news. Several examples of warm and caring interactions between staff and residents were observed during the observation periods. Residents were asked where they wished to sit during the day, what activities they wished to join and were warmly greeted when they entered rooms. Residents were observed to be free to follow their own pursuits if they wished.

During meal times staff offered assistance in a timely way with good emphasis on providing support in a caring and dignified manner. Staff sat beside the resident they were assisting and were noted to talk to and encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to help maintain their functional capacity.

There was a varied activity programme that included exercises and discussions. Activities observed were noted to be highly interactive with all residents encouraged to make a contribution. The programme included dementia specific or orientated activities such as Sonas, massage, or other sensory therapeutic sessions for those residents with advanced dementia and/or limited physical abilities. There was

information on background life styles and interests recorded to assist with the planning of the activity schedule. Newspapers and magazines were available and the inspector saw staff reading to residents and discussing the news with them. Staff informed inspectors that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities.

There were good systems for consultation with residents. This included daily consultation on what television programmes they wanted to watch, what activity they would prefer and choices for meals. There was also a more formal consultation through residents' surveys and meetings. Residents said that their views were listened to and felt that they had a say in how the centre was run. The centre had access to an advocacy organisation to support residents. The person in charge said that this service ensured that residents had independent support to address issues that arose and support when making complex decisions. The inspector saw that there had been good outcomes for residents when the centre's staff and the advocacy service had worked collaboratively to promote the needs and rights of residents.

Safe and appropriate levels of supervision were in place to support residents' safety and ensure a good quality of life. There was an appropriate staff allocation and a varied skill mix deployed to meet the assessed needs of residents.

The areas noted to require attention during this inspection are identified under the outcomes reviewed and are highlighted for attention in the action plan at the end of this report. These included some improvement to fire safety training as simulated fire evacuation drills did not take place frequently enough to ensure staff could speedily evacuate residents and some toilets had raised toilet seats that were not fixed and could present a hazard where residents had mobility problems.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that resident's wellbeing and welfare was maintained by a high standard of nursing and personal care and that appropriate input from medical and allied health care professionals was available. There were 35 residents in the centre during this inspection. Nineteen residents had a formal diagnosis of dementia. There was a referral pathway for residents with dementia to the team for old age psychiatry and to diagnostic procedures to ensure optimum health and wellbeing was promoted. The person in charge had advised residents about screening tests for varied illness and ensured that support was available to attend external appointments when necessary. The provider self-assessment judged the centre as compliant and the inspector made a similar finding.

Comprehensive assessments were undertaken prior to and following admission to ensure the centre was suitable and able to meet residents' needs. The person in charge said the assessment process included the use of validated tools to assess varied aspects of residents' health and included nutrition health, their level of cognitive impairment, vulnerability to pressure area problems, falls risks and social care needs. Care plans reviewed were based on the completed assessments and had been compiled within 48 hours of admission.

The person in charge said it was a priority to ensure that that residents and their families, where appropriate, were involved in the care planning process, including the planning of end of life care. The inspector saw that families and residents were invited to meet with staff to review and update care plans. Decisions made in relation to active interventions or do not resuscitate decisions were reviewed regularly by doctors and the nursing team. The standard of care planning in relation to dementia care was good with details on residents' backgrounds and lifestyles used to inform care practice. The impact of dementia on day to day life was described and this information was used to guide staff interventions. For example residents' capacity for independence, who they continued to recognize, if they could participate in group activity was recorded to guide staff interventions.

There were systems in place to ensure good nutrition and hydration standards were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents' weights were checked monthly and more frequently if required. Nutrition care plans were in place and described specialist needs, the recommendations of dietitians/speech and language therapists and residents' individual food preferences. The inspector noted that staff had been successful in supporting residents to lose weight with good outcomes for their general well-being.

The inspector saw that caring for a resident at end-of-life was regarded as an integral part of the service and arrangements were in place to ensure that residents received end-of-life care in a way that met their individual needs and wishes. A sample of care plans reviewed confirmed that residents and their relatives had been given the opportunity to discuss and record their wishes regarding end of life care.

Residents had access to GP services and out-of-hours medical cover was available. A full range of other services was available on referral including speech and language therapy (SLT), dietetic services and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. The rights of residents with complex care or specialist mobility needs were actively promoted and appropriate wheelchairs and other equipment were procured to ensure their comfort and enhance their quality of life.

The inspector discussed the arrangements for medicines management with nurses. A sample of medicine administration and prescription records was reviewed. The inspector noted that medicine management practices were of a high standard. Some residents required medication on an "as required" (PRN) basis or in crushed /liquid formats. This was identified on the prescriptions and the appropriate format made available to residents.

**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:**

All staff had received training on how to identify and respond to safeguarding incidents. There was a policy in place to guide and inform staff on the assessment, reporting and investigation of any allegation of abuse. The information reflected the national guidance published by the Health Service Executive (HSE). The person in charge is the trainer for the centre on this topic. Staff spoken to displayed good knowledge of the different forms of elder abuse and all were clear on reporting procedures. Residents said they felt safe,

had confidence in staff and would have no hesitation in raising any concerns with staff, the nurses or the provider representative. Any incident of abuse is reported to the local safeguarding team. The inspector saw that where a safeguarding issue had arisen, the plan in place had resulted in a positive and effective outcome.

The inspector reviewed bedrail use and found that where used appropriate risk assessments and regular reviews had been completed. There was a restraint use protocol in place. Staff confirmed that various alternatives were tried prior to the use of bedrails.

Some residents displayed episodes of responsive behaviour associated with their conditions. The inspector saw that specific details such as possible triggers were recorded in their care plans. Staff were familiar with the interventions that eased and reduced these behaviours. The inspector saw staff approach residents when they exhibited anxiety or responsive behaviour in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Additional support and advice was available to staff from the mental health services when needed.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that residents with dementia were consulted and were able to actively participate in the organisation of the centre. Staff demonstrated high standards in relation to promoting privacy and dignity. Personal care was delivered to residents in their own rooms and where residents needed regular assistance this was provided discreetly and in a positive enabling manner. The inspector observed that residents' choice with regard to day to day routines was respected. Staff ensured that residents could get up when they chose, return to their rooms or spend time with others in the communal rooms as they wished. Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated. The observation exercises completed by the inspector using the validated observation tool, the quality of interactions schedule -QUIS conveyed that staff interactions were at all times appropriate, caring and person centred. The observations took place in two different sitting areas and the reception area and included times when scheduled activity was underway.

There were no restrictions to visiting in the centre and many residents were observed to have visitors throughout the day.

There was evidence that residents and relatives were involved and included in decisions about the operation of the centre. Regular meetings took place where residents were consulted about activities, outings, menus, fire safety and the garden. Minutes of these meetings were viewed and it was clear that the views of residents were respected and changes were made in response to their opinions on the varied topics. Residents had been advised about the fire safety arrangements at one meeting and were aware that the fire doors closed and that the fire alarm was activated regularly for testing. They expressed that they were reassured by these checks. The records of meetings were produced in large font to ensure residents could read them easily.

During the lunch and tea time periods staff were observed to offer assistance to residents who needed help in a respectful and dignified manner. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity.

Staff conveyed good knowledge of the value of emotional support, sensory stimulation, acknowledgement of feelings, the impact of change in people's lives and the role of reminiscence when supporting people with dementia. They were observed to sit at eye level and near residents when speaking to them.

There was a varied activity programme that included exercise, discussions, reading, and music sessions available to ensure residents had occupation and entertainment. A specialist sensory activity-Sonas targeted towards the needs of residents with dementia was scheduled regularly. The inspector saw that activities were meaningful and stimulating. Programmes that residents liked to watch on TV were discussed during the morning and the programmes and times were written up and displayed so that residents had a reminder of what was on. Residents who spent time in their rooms were visited frequently by staff and the activity staff scheduled one to one sessions each day to suit residents' needs. Residents had access to mobile telephones and to the internet. Information from residents was collated by staff and used to make the programme relevant to residents' interests and life styles.

The self-assessment indicated that the centre was compliant and the inspector made a similar finding.

**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 complaints procedure was in place to ensure that the complaints of residents and others were listened to and addressed. The procedure was displayed. Residents told the inspector they felt confident they could talk about concerns and raise issues with staff and conveyed the view that any issues they had would be taken seriously and resolved.

The complaints record showed that complaints were dealt with promptly and recorded. The outcome and the satisfaction of the person making the complaint was described. A variety of matters had been addressed. Areas for learning to improve practice were identified and discussed with staff to prevent a recurrence.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing*****Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the number and skill-mix of staff available during the days of the inspection were sufficient to meet the assessed needs of residents, including residents with dementia. This was confirmed by a planned staff roster. The staff roster also indicated that a nurse was on duty at all times in the centre. An unexpected staff absence on the second day was dealt with by the person in charge and replacement staff made available that ensured minimal impact for residents. The staff allocation included staff allocated to cleaning, laundry, maintenance, administration and human resources. The self- assessment described the centre as compliant and the inspector made a similar judgment.

Staff were observed to be supportive towards residents and responsive to their needs. The inspector was satisfied that education and training was available to staff to enable them to provide care that reflected up-to-date, evidence-based practice. The inspector spoke to staff and found that they were knowledgeable about fire safety, the care needs of residents, infection control and safeguarding. Training records confirmed that all staff attended mandatory training in moving and handling practice within the past two years.

Staff had also undertaken other training in 2017/2018 including in dementia, managing responsive behaviour, nutrition, pressure sore prevention, infection control and protection of vulnerable adults. Nurses completed training on medicines management

annually. The person in charge had completed a postgraduate masters degree in dementia care. The inspector viewed records of regular meetings in which all levels of staff were involved. There was also an annual appraisal system in place.

There was a comprehensive policy in place for the recruitment, selection and vetting of staff. Inspectors examined a sample of staff files and found that all contained the documents as required by Schedule 2 of the regulations, including up-to-date An Bord Altranais professional identification numbers (PIN) for registered nursing staff. The inspector reviewed staffing levels and observed how the staff team were deployed to meet the personal, health and social care needs of residents. In the self- assessment the centre was judged to be compliant and the inspector made a similar judgment.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**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:**

The centre is a bungalow style building located in a country side setting two miles from the town of Westport. The design of the building generally supported dementia care practice in a positive way. Communal areas were furnished in a comfortable style and there was a variety of seating that reflected residents' needs. The dining room and sitting areas had good lighting, provided good views of the surrounding countryside and were centrally located. There were two main sitting areas and both were noted to be used throughout the day and evening. Sitting areas had radios, televisions, lamps, reading and activity material that contributed to making the environment home like and comfortable.

Residents with dementia integrated with the other residents in the centre. Following the last inspection of the centre in July 2017, the provider added an additional shower facility and there are now four shower areas (one with a bath) to meet the needs of the 35 residents accommodated. This is below the ratio described in the National Standards for Residential Care Settings for Older People in Ireland 2016 where one assisted bath (or assisted shower, provided this meets residents' needs) for every eight residents is required. Plans to extend the current premises to address this and to provide extra accommodation are being finalised. A condition that requires the work to be complete by September 2020 is attached to the registration. The provider has a number of actions underway to meet this deadline and is actively pursuing the statutory permissions required for the new building work.

Bedrooms were single or double occupancy. Residents were able to see the outdoors when sitting by windows. The inspector observed that a number of residents had personal items such as photographs, ornaments and books in their rooms. Staff said that they encouraged residents to bring in personal items to remind them of home, of family events and to ensure that their rooms were personal to them. Signage to guide residents had been identified by the provider and person in charge as needing improvement. The signage provided to help residents find their way around the building was not extensive but was meaningful and easy to interpret.

The centre is located in large grounds mainly laid to lawn. A safe courtyard garden area had been created for residents. This was easily accessible. The door to this area was open and residents were observed to go out during the day. Several residents told inspector that they enjoyed being out during the fine weather and were looking forward to spending more time outside when the weather improved.

Access to areas that may pose a risk to residents such as the sluice room and laundry area is restricted. There was a call bell system in place so that residents could request help when in bedrooms or communal areas. Hoists, pressure relieving mattresses and other assistive equipment were available and records indicated such equipment was regularly serviced.

The entrance area leads to the smoking room and communal areas. It is an open plan area where some residents liked to sit for periods during the day. Residents told inspectors that they liked to chat together and to watch the general activity as this was where visitors entered the centre and was also the main access point to the sitting and dining rooms.

**Judgment:**

Non Compliant - Moderate

***Outcome 07: Health and Safety and Risk Management***

**Theme:**

Safe care and support

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

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

**Findings:**

An action plan in the last report identified that fire drill records required improvement to ensure that the outcome and learning from these exercises was described. This had been completed. The inspector saw that where staff knowledge or response during the fire drill activity required improvement this was recorded and staff were advised. Fire training and fire drills included information on what to do if a resident's clothing caught fire. The inspector saw from the records reviewed that drills took place at varied times

including early morning when night staff were on duty. There were personal evacuation plans that described each residents' needs should the centre need to be evacuated in an emergency.

While fire drills took place regularly only one simulated evacuation exercise was completed annually. The inspector judged that this was not adequate to enable staff to develop appropriate competence and skill to move residents expediently through fire compartments to safety. Fire doors have keys which are located by each door and the nurse in charge also has a full set of keys at all times. Access to keys is highlighted at each fire drill and training event the inspector was advised.

**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:***

Geraldine Jolley  
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 report<sup>1</sup>

<b>Centre name:</b>	Pilgrims Rest Nursing Home
<b>Centre ID:</b>	OSV-0000376
<b>Date of inspection:</b>	21/02/2019
<b>Date of response:</b>	24/04/2019

### 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 06: Safe and Suitable Premises

#### Theme:

Effective care and support

#### **The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

There are four shower/bath facilities to meet the needs of 35 residents. This is below the ratio described in the National Standards for Residential Care Settings for Older People in Ireland 2016 where one assisted bath (or assisted shower, provided this meets residents' needs) is required for every eight residents.

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

**1. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The provider has a number of actions underway to comply with regulation 17(2) and is actively pursuing the statutory permissions required to extend the home. The building plans have been submitted for planning permission to the local County Council. The new building will ensure that the Nursing Home is in compliance with Regulation 17 (2). A copy of the plans submitted to the County Council have been attached to this action plan.

**Proposed Timescale:** 30/09/2020

**Outcome 07: Health and Safety and Risk Management****Theme:**

Safe care and support

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

While fire drills took place regularly only one simulated evacuation exercise was completed annually. The inspector judged that this was not adequate to enable staff to develop appropriate competence and skill to move residents expediently through fire compartments to safety.

**2. Action Required:**

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

In order to comply with regulation 28(2)(iv) All staff receive fire training on their first day of employment & annually thereafter. The fire training incorporates evacuation drill training & procedures. All staff participate in a fire drill once every six months. All fire doors have three sets of keys available to enable evacuation in the case of an emergency. As part of their activity provision, the residents in the home engage in fire safety discussions regularly.

Following the inspection, The Person in Charge has reviewed the current fire drill training plan & will now ensure that there are simulated evacuation drills carried out every six months.

**Proposed Timescale:** 30/04/2019

