

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kerlogue Nursing Home
Centre ID:	OSV-0000240
Centre address:	Kerlogue, Wexford.
Telephone number:	053 917 0400
Email address:	info@kerloguenursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Candela Healthcare Limited
Provider Nominee:	Edele Lee Morris
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	84
Number of vacancies on the date of inspection:	5

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 10:30	12 October 2016 18:00
13 October 2016 09:00	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	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Compliant

Summary of findings from this inspection

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

Prior to the inspection, the person in charge completed the 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 previous table outlines the centre's rating and the inspector's rating for

each outcome.

The inspector met with residents and staff members during the inspection. She tracked the journey of a number of residents with dementia within the service. She observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

Kerlogue Nursing Home is purpose built and provides residential care for 89 people. Approximately 65% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there. There is no separate dementia care unit within the centre.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. However some gaps were noted in this documentation.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. Some improvements relating to medication management practices were required.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. Staff were offered a range of training opportunities including a range of dementia specific training courses.

Some measures were in place to protect residents from being harmed or abused but improvement was required to ensure that the safety checks were completed when restraint was in use and that the assessments for the management of behaviours that challenge were completed.

While the results from the observations were encouraging, additional work is required to ensure that the majority of staff interactions with residents promote positive connective care.

In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia, the provider needs to complete the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end

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):

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. However the arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan. Some improvement was also required to medication management practices.

Some residents required medication on a as and when required (PRN) basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded in line with national guidelines.

The inspector reviewed a sample of care plans and saw that in some cases they had not been updated to reflect the recommendations of various members of the multidisciplinary team. For example the inspector saw that a resident had been referred to a speech and language therapist. Specific recommendations were made regarding the type of diet required. However the care plan had not been updated to reflect this.

The inspector also noted that some care plans did not always contain sufficient detail to guide staff. For example on reviewing a care plan for a resident with an infection, no specific details were recorded regarding fluid required or other interventions. As described under Outcome 2, similar gaps were noted in relation to the management of behavioural and psychological signs of dementia (BPSD). The inspector noted that staff spoken with were familiar with the correct procedures and interventions but they were not documented.

Samples of clinical documentation were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process. The person in charge outlined ongoing work to ensure the common summary assessment (CSARs) which was

developed in the community prior to admission was available in the centre.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up.

It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required in a discrete, caring and respectful manner. The food provided was appropriately presented and provided in sufficient quantities. The inspector saw that the menu had been reviewed by a dietician and recommendations had been taken on board. This included recommendations from residents. Weight measurements and nutritional assessments were carried out at regular intervals. The specific dietary needs of residents were clearly documented in the kitchen. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The inspector noted that additional referrals to the dietician were being sent at the time of inspection.

Drinking water and juices were provided for residents and snacks were available outside of meal times if required.

As described at the previous inspection the end of life policy provided guidance on assessment, care planning, advanced care directives and care after dying. In the sample of care plans reviewed by the inspector each resident had been afforded the opportunity to discuss their preferred priorities of care. They reflected each resident's wishes and preferred pathway at end of life care. Issues discussed included residents wishes regarding family involvement, funeral arrangements and medical interventions.

The inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The person in charge stated that the centre received support from the local palliative care team if required. There was a bright and spacious oratory. Removal services were provided from the oratory if that was the residents' or relatives' wishes. The meeting room on the first floor was used specifically by families of residents at end of life. This was a comfortable area with couches and a pull-out bed was made available. Snacks and meals were provided. There was a procedure in place for the return of possessions and specific handover bags were in use. There was a nurse employed with specialist palliative care knowledge. She was available to provide advice and support to staff and residents.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident. This included details regarding the level of mobility, falls risk, communication needs, nutritional requirements and medications. The inspector noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team.

Judgment:

Non Compliant - Moderate

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:

The inspector found that although some measures were in place to protect residents from being harmed or abused, improvement was required to the documentation relating to the management of behaviours that challenge and the completion of safety checks when restraint was in use.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which had been updated to reflect the more recent national policy on safeguarding vulnerable persons at risk of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Some residents showed behavioural and psychological signs of dementia (BPSD). The inspector saw however that assessments had not been completed and therefore possible triggers and appropriate interventions were not recorded in their care plans. The policy in place outlined that the care plan should set out the interventions in place. Action required in relation to this is already included under Outcome 1. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behavioural and psychological signs of dementia in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. However on reviewing the safety checks, the inspector noted that they were not consistently carried out on a two hourly basis as required by the policy in place.

The centre maintained day to day expenses for a number of residents. The inspector saw evidence that complete financial records were maintained and a sample of balances checked were correct. Spot checks were also carried out by the provider. Staff spoken with confirmed that following review of the current system, additional safeguards were being implemented to ensure the system was robust.

Judgment:

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

There was a residents' committee in operation. The inspector viewed the minutes of previous meetings and saw that items discussed included menu choices, laundry issues and activities. The inspector saw that issues raised by residents were addressed. For example changes had been made to the menus following requests by residents.

The inspector saw that advocacy services were available. In addition a staff member was designated the role of pastoral care worker three days per week. She was available to all residents for one to one chats if needed. Her role allowed her to spend time with residents when needed such as at times of additional stress. She also assisted with religious activities such as Eucharistic minister duties.

There was evidence that feedback was sought from residents with dementia on an ongoing basis on the services provided. Satisfaction surveys had recently been completed with the assistance of an advocate and families, which indicated overall satisfaction with service provided.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day rooms and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 58% of interactions demonstrated positive connective care, 29% reflected task orientated care while 13% indicated neutral care. These results were discussed with the person in charge and provider at the feedback meeting and possible areas for improvement were discussed.

The centre employed two activities coordinators on a part time basis and there was a schedule of activities including singing, reminiscence therapy, knitting, bingo and quiz time. Other activities provided by additional personnel included music and music therapy. There was a policy on music therapy and as part of the quality improvement plan specific music sessions were provided both to groups and at one to one sessions. The inspector saw that these were very popular with the residents. The inspector also noted that positive connective care was evident between the music therapist and the residents at all times during the sessions.

There was a pet therapy programme and two dogs lived at the centre.

The environment supported and staff respected the privacy and dignity of residents. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely.

Mass was celebrated on a weekly basis and prayer services were regularly held. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect. There was ongoing Exposition of the Blessed Sacrament and residents told the inspector how much they appreciated this. Some residents chose to go out to local services. Each resident had a section in their care plan that set out their religious or spiritual preferences. The person in charge confirmed that residents from all denominations were supported with their beliefs.

Residents were facilitated to exercise their civil and political rights. The inspector was told that residents were enabled to vote in national referenda and elections with the centre registered to enable polling. In house polling had recently taken place although a large number of residents returned to their own locality to vote.

The inspector saw that many residents retained links with their local community. For example, some residents went out to choir practices while others attended day centres.

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 process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall had recently been updated and met the regulatory requirements.

The inspector read the complaints log and saw that all complaints received had been investigated and any required actions were taken. The outcome and satisfaction of the complainant were recorded.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents, and in particular residents with a dementia. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A recruitment policy in line with the requirements of the Regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete. The inspector saw that a checklist was in place to ensure that all staff files met the requirements of the regulations. Action required from the previous inspection relating to a satisfactory history of any gaps in employment, had been addressed.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

A comprehensive induction plan was in place and the inspector saw that this included a tour of the premises, fire safety information, uniform policy and training. Staff appraisals were carried out annually and included agreed specific interventions to improve performance when required and additional training requirements.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included dementia specific training which covered issues such as communication needs and strategies, the management of behaviour that challenges, the provision of activities and reminiscence. Additional courses were planned before year's end.

Other courses included food hygiene, infection control, restraint and health and safety.

There were no volunteers in the centre at the time of inspection. All other outsourced service providers such as the hairdresser had appropriate vetting in place and their roles and responsibilities were set out in writing. The inspector noted that training had been provided for these staff in areas such as safeguarding and infection control.

Judgment:

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 layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Once the planned renovations are completed, the design and layout will promote the dignity, well being and independence of residents with a dementia.

Kerlogue Nursing Home is a purpose-built two-storey centre. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. Two lifts provide access between the floors.

Currently there are 63 single, eight twin, two three bedded and one four bedded room, all have en suite facilities. Plans are afoot to reconfigure the four bedded room in the coming months which will allow an additional day room to be developed. The three and four-bedded rooms catered for residents with high dependency needs and were fitted with ceiling track hoists to aid residents with positioning and transferring.

The bedrooms were appropriately decorated and contained personal items such as family photographs, posters and pictures. Dementia friendly signage in both word and picture format was at eye level around the centre to aid residents orientation.

On the ground floor there were two communal dining rooms, an oratory, a day room, a parlour and a library or "snug". Additional seating areas were located upstairs. The parlour was especially popular with residents including residents with dementia. It was decorated in an old style with wallpaper and dressers. A stove provides a popular focal point.

The inspector saw that a complete audit of the premises had been carried out earlier in the year and actions were identified. This included renewing some of the curtains, additional seating, additional equipment such as commodes and areas that required painting had been identified. The inspector saw that these actions had been completed. The provider and person in charge discussed plans to make the centre more dementia friendly including the use of different colour bedroom doors and contrasting colours in toilets and bathrooms.

Action required from the previous inspection relating to handrails had been addressed.

There was access to four enclosed gardens as well as other well maintained grounds around the building. Adequate parking was available to the front.

Judgment:
Substantially Compliant

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:
This outcome was not inspected against but the inspector checked that the actions required from the previous inspection had been completed.

At the previous inspection it was noted that learning outcomes and issues highlighted during fire drills were not routinely documented to ensure appropriate learning and improvements are consistently applied. The inspector saw that this had been addressed.

It was also noted at the previous inspection that some fire exits were partially obstructed. The inspector noted that this had been addressed. Fire exits, which had regular checks, were unobstructed at the time of inspection.

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:

Sheila Doyle
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:	Kerlogue Nursing Home
Centre ID:	OSV-0000240
Date of inspection:	12/10/2016
Date of response:	03/11/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

The arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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:

Staff have been re-educated and trained on the importance of documentation as per regulation 5(2). Care plans will be in place to meet the required needs of individual residents as their medical requirements change. DON & ADON will audit 4 monthly and document same.

Proposed Timescale: immediate effect and ongoing monitoring by team leaders.
01/11/2016

Proposed Timescale: 01/11/2016

Theme:

Safe care and support

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

Some residents required medication on a PRN basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded in line with national guidelines.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Implemented immediately on all new residents. Audits on our medication management will high light any deficiencies if they arise by our Duty manager

Proposed Timescale: Immediate effect 01/11/2016 Ongoing

Proposed Timescale: 01/11/2016

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:

Safety checks were not consistently carried out on a two hourly basis when restraint was in use as required by the policy in place.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

website of the Department of Health from time to time.

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

Staff are re-educated and trained on the importance of documentation for all restraints checks which are recorded 2 hourly, as per our policy. Audits will be carried out quarterly by supervisors and documented

Proposed Timescale: 01/11/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

4. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Applying for planning to planning authority for new sitting room in Roxborough area. There is also the possibility of changing a 4 bed assessment unit into the sitting area. We will assess which will have the least amount of upheaval on our residents during building.

Proposed Timescale: 30/05/2017 Prior to registration we hope to complete building works for a new sitting room

Proposed Timescale: 30/05/2017