

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Middletown House Nursing Home
Centre ID:	OSV-0000251
Centre address:	Ardamine, Gorey, Wexford.
Telephone number:	053 942 5451
Email address:	info@middletownhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Joriding Limited
Provider Nominee:	Joseph Butler
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	1

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:
10 January 2017 09:40	10 January 2017 16:00
11 January 2017 08:40	11 January 2017 13:10

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	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
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	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

The inspector met with residents, a relative and staff members during the inspection. The journey of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia using a validated observation tool were observed by the inspector. These observations evidenced that staff engaged positively with residents with dementia. The inspector

reviewed documentation such as care plans, medical records, staff files and examined relevant policies including those submitted prior to inspection.

Care, nursing and ancillary staff were well informed, were observed to have friendly relationships with residents and could convey a comprehensive understanding of individual residents' wishes and preferences. The design and layout of the centre met its stated purpose to a high standard and provided a comfortable and therapeutic environment for residents with dementia. Quality of life and wellbeing was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated by actively engaging in their care programmes and in social activity.

There was a varied programme of activities and a dedicated activities coordinator was available daily to ensure activities took place as scheduled. Staffing arrangements facilitated continuity of care and supported a consistent positive approach to the behaviours and psychological symptoms of dementia (BPSD). Residents physical and mental health needs were met to a high standard.

A high 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. Safe and appropriate levels of supervision were in place to maintain residents' safety in a calm and supportive manner. Residents had access to general practitioner (GP) services and to a range of other allied health services.

The inspector found there was a high level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016). In particular there was an effective system of governance with an emphasis on continual improvement. The management team were very involved in the daily operation of the centre.

They had a very visible presence in the centre and were observed to spend a lot of time with residents, their families and visitors. The commitment of the provider entity to deliver individualised, holistic care that meets the health and social care needs of residents was also evident in their involvement in the personal and professional development of the overall service and staff team.

There were no action plans generated from this report.

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):

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

Findings:

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed and reviewed accordingly. The centre implemented an effective admissions policy which included a pre admission review. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information about their care and treatment was readily available and shared between providers and services.

The systems in place to ensure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. The care plans were found to be detailed enough to guide staff on the appropriate use of interventions to manage the identified need and the reviews considered the effectiveness of the interventions to manage and/or treat the need. Overall, nursing documentation was very clear and co-ordinated. Risk assessments, care plans and nursing progress notes were linked and gave an overall picture of residents' current condition. The inspector noted that the assessment, planning, implementation and evaluation process used to plan and deliver care was encapsulated in a person centred and holistic approach.

The centre catered for residents with a range of healthcare needs. On the day of this inspection, there was a total of 49 residents in the centre. 25 residents had dementia. The inspector focused on the experience of residents with dementia on this inspection. The inspector tracked the journey of a sample of residents with dementia and also reviewed specific aspects of care such as safeguarding, nutrition, wound care and end-of-life care.

There was evidence that the wellbeing and welfare of residents was being maintained through the provision of a high standard of nursing, medical and social care. Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre to review residents and

medications. Medication was reviewed to ensure optimum therapeutic values. Access to allied health professionals such as speech and language therapists, dietitians, occupational therapists and staff from mental health services for older people was timely when referrals were made. Residents and staff informed the inspectors they were satisfied with the current healthcare arrangements and service provision.

Residents either diagnosed with dementia or presenting with impaired cognition had appropriate assessments around communication needs in place. Each care plan viewed by the inspector had a detailed communication and cognition care plan in place. A communication policy was available to inform residents' communication needs including residents with dementia.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary. The residents' nutritional needs were well met. Residents were seen to be provided with a regular choice of freshly prepared food. Menu options were available and residents on a modified diet had the same choice of meals as other residents with appropriate consideration given to the presentation of these meals. The inspector observed that residents with dementia were assisted and supported to choose their meals on a daily basis through the use of picture enhanced communication. Systems were in place to ensure residents had access to regular snacks and drinks as observed by the inspector.

There was evidence in care plans of good links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and discussed at clinical meetings and used to inform a planned care pathway to meet resident's needs. Community psychiatry of older age specialist services attended residents in the centre. This service supported GPs and staff with care of residents experiencing behavioural and psychological symptoms of dementia as needed. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. A pain assessment tool for residents, including residents who were non-verbal was available and in use to support pain management. The inspector reviewed a number of end-of-life care plans and found that they outlined residents' individual preferences regarding their physical, psychological and spiritual care. The inspector observed that residents who were nearing end-of-life received timely assistance and support from the relevant professionals. The inspector observed that advance care planning provided residents with the opportunity to plan ahead for changes in circumstances, deteriorating health and preferred care. A system was in place to ensure residents with a do not attempt resuscitation (DNAR) status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis. Single rooms were available for end-of-life care and relatives were accommodated in the centre to be with the resident at this time of their lives. An oratory was available and residents had good access to religious clergy as they wished. The inspector was satisfied that end-of-life care encompassed high-quality care, support,

choice and control.

The inspector reviewed care plans of residents receiving wound management. There was evidence that the wounds had been assessed and dressed in accordance with good practice guidance. There was a wound management policy which guided the staff in the prevention and management of wounds. The inspector saw that records outlined the size and extent of the tissue damage, the dressings in use and progress each time the dressing was changed. Staff were well informed on wound care practice. Expert advice was available from nursing staff in the acute services that had specialist expertise in this area.

There were arrangements in place to review accidents and incidents within the centre and residents were assessed on admission and regularly thereafter for risk of falls. There was a low incidence of resident falls with evidence of identification and implementation of learning from fall reviews. The inspector observed that there had been a total of 16 falls in 2016 with three incidents of residents sustaining a bone fracture due to a fall. Procedures were put in place to mitigate risk of injury to some residents assessed as being at risk of falling including increased staff supervision/assistance, hip protection, low level beds and sensor alarm equipment. There was very good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained.

Medication management practice and procedures were in line with professional guidelines. The inspector observed that medicines were administered safely to residents by a registered nurse. The inspector reviewed a sample of administration and prescription records and found that they were in line with prescribing legislation. The centre's pharmacist was facilitated to meet their obligations with dispensing medicines for residents in the centre.

Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration. Temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. The inspector checked a sample and found that it was correct.

Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Medication audits were carried out on a regular basis by the person in charge and pharmacist. There had been four incidents in relation to medicines in 2016. The inspector saw that these issues were discussed at team meetings. All nursing staff had completed medicines management training.

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:

The inspector found evidence that all reasonable measures were being taken to protect residents from abuse. Systems and processes were in place to protect residents from being harmed or suffering abuse. A policy and procedures for the prevention, detection and response to allegations of abuse was in place. The person in charge told the inspector that training was currently being rolled out on the national policy on safeguarding vulnerable persons at risk of abuse policy. All staff had up-to-date training in prevention, detection and response to abuse.

There was an up-to-date policy available informing management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). As outlined under Outcome 1 there was evidence that residents with dementia and responsive behaviours were appropriately referred and reviewed by specialist psychiatric services. Training records viewed indicated that 63% of staff had completed training in responsive behaviours. The inspector saw that further training had been scheduled for the remainder of staff in April 2017.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties. Positive behaviour care plans were developed if needed and used to guide care. No p.r.n (a medicine only taken as the need arises) psychotropic medications were administered to residents for management of symptoms of their dementia. The inspector observed that residents had been regularly reviewed by their GP, and were referred to psychiatry of later life for further specialist input as necessary.

Residents who spoke with the inspector confirmed they were happy living in the centre. All were full of praise for staff working in the centre and felt safe and well cared for. The inspector observed interactions between residents and staff were mutually respectful friendly and warm. There was a policy on the management of restraint which was based on national policy. A restraint-free environment was promoted in the centre. There was no environmental or chemical restraint in use. A restraint register was in place. Five residents were using bed rails at night. The inspector noted that throughout the previous year bed rail usage was constantly decreasing.

Risk assessments had been completed for all bedrails in use, and alternatives trialled beforehand were also documented. Bedrail safety checks were in place and the inspector saw that these were consistently recorded. Restraint assessments were reviewed on a regular basis as observed by the inspector. The person in charge

confirmed that all staff had An Garda Síochána vetting completed. There were no volunteers working in the centre.

There was a system in place to safeguard residents' money. Small amounts of cash held on behalf of residents was securely stored, with access limited to a number of senior staff. All transactions were recorded and had been dual-signed, including the resident where possible. A sample of resident account balances was checked by the inspector, all of which were found to be correct.

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 found that residents were consulted regarding the planning and organisation of the centre. Choice was respected and residents were asked how they wished to spend their day. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

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 inspector also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person-centred way. Staff, including the provider, person in charge and management team were observed to take time to chat to each resident.

There was evidence that feedback was sought from residents including residents with dementia on an ongoing basis. It was clearly evident to the inspector that no decisions were taken or decisions made without the input of residents. The person in charge and staff were also observed by the inspector to consistently sit and talk to residents throughout the days of inspection.

There was evidence that any issues raised by residents or requests made by them were acted upon. Residents spoken with by the inspector expressed a high level of satisfaction with the service they received and with living in the centre. One resident told the inspector that "the inspector would not get a place in the nursing home as the waiting list was too long as it was so good there." The centre had its own bus. Residents had access to venues and events outside of the centre that were decided by

them. There was an open visiting policy and family were encouraged to be involved in aspects of residents' lives as observed by the inspector. The inspector saw that some family members had lunch with residents. Visitors were observed visiting throughout the days of inspection.

The inspector spoke with the activities coordinator who had been appointed on a full-time basis in August 2016. The inspector found that she was very enthusiastic and dedicated to improving quality of life for residents. The inspector found that she had intimate knowledge of each resident and their past history in relation to their personal and working life. There was a planned detailed activity programme in place which was reviewed every two months. Group activities on the days of inspection included gentle exercises, flower arranging and sonas (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation). For those residents who did not fully participate, staff made time to sit with them, hold their hand or chat to them quietly. Some residents preferred to stay in their rooms and the activity coordinator would visit them on a daily basis.

Aside from routine observations, as part of the overall inspection, a standardised tool was also used to monitor the extent and quality of interactions between staff and residents during discrete 5 minute periods in a block of 30 minutes. Four episodes were monitored in this way both during the morning and afternoon in different sitting and dining areas. The observations returned a positive result in that staff had engaged positively and meaningfully with residents on a regular basis.

The inspector observed staff interactions with residents that were appropriate and respectful in manner. The inspector found 100% of three observation period, the quality of interaction score was +2 (positive connective care). The inspector observed that there was a very pleasant, tranquil and relaxed atmosphere in the centre which was further enhanced with soft music playing in the background. All residents were engaged, and interested in what was going on. Residents were very chatty to other residents, staff and the inspector. Mealtimes were a social occasion and many residents had formed friendships with other residents including residents with dementia.

There was evidence of a good communication culture amongst residents, the staff team provider and person in charge. Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in shared rooms. Residents were well dressed. Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected as evidenced through the care planning process. Residents were satisfied with opportunities for religious practices.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily as observed by the inspector. A residents' forum was in

place and minutes of meetings were viewed by the inspector. Residents had access to an independent advocacy service.

'Its about me' and personal life histories were completed for all residents. Photographs were used to catalogue significant people and events in residents' lives and each resident had received a framed family photograph from staff as a Christmas present. The activity schedule was displayed and included dementia appropriate activities. Each resident including residents with one-to-one needs had a personal activity programme completed to meet their needs. The activity coordinator told the inspector that she sees all residents every day.

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:
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed. Residents and a relative told the inspector that they would have no hesitation reporting an issue to the provider or person in charge. On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

All complaints were found to be resolved in a timely way. The independent advocacy service was advertised and details of the Office of the Ombudsman were displayed in the centre and listed in the complaints policy.

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 formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Residents spoken with confirmed that staffing levels were good stating they never had to wait long for their call bell to be answered or their requested needs to be met. A staff rota was maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition. There was evidence of regular staff meetings taking place. The inspector observed that staff appraisals took place on an annual basis. Good supervision practices were in place with the nurses visible on each floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspector confirmed that they were well supported to carry out their work by the provider and person in charge.

The inspector found staff to be confident, well informed and knowledgeable regarding their roles, responsibilities and the standards for care of residents with dementia living in residential care. The inspector observed that residents were at ease in their surroundings and content with staff.

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours, infection control, restraint and medication management. There was a detailed training plan available for 2017. This enabled staff to provide care that reflects current best practice. Staff spoken with told the inspector their learning and development needs were being met and they demonstrated a good knowledge of policies and procedures.

Staff recruitment procedures were in place and included vetting of staff. Evidence of current professional registration for nurses was available in a sample of files reviewed. A sample of staff files were examined by the inspector and were found to contain all of the necessary information required by Schedule 2 of the regulations.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

The inspector found that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The building was laid out over two separate floors. The perimeter of the building is monitored by CCTV (closed circuit television) surveillance. Overall the inspector found that the premises was decorated and maintained to a high standard and had suitable heating, lighting and ventilation.

The inspector observed that the environment was cosy, tranquil and therapeutic for residents with dementia. There was very good use of tactile decorations, traditional furniture and memorabilia throughout the centre. The inspector observed that colour was used to support people with dementia such as toilet seat covers were in contrasting colours to assist residents with dementia. There was adequate signage displayed to support residents navigating their way around the centre.

On the day of inspection the building and surrounding grounds were clean and well presented. Bedroom accommodation was provided mostly in single rooms and some twin bedrooms. The amount of useable space available to each resident in single and twin occupancy bedrooms enhanced their safety and comfort. The bedrooms were spacious enough to accommodate personal equipment and assistive devices required by existing residents. The inspector observed that bedrooms were personalised with photographs, paintings and furniture. The bedrooms all had adequate storage space and a functioning call bell to summon assistance from staff. Residents had a locked facility for safe storage in their rooms. There was an adequate number of toilets and bathroom/shower facilities. Bathrooms and toilets were situated close to bedrooms and communal rooms.

There was sufficient communal spaces available for residents' use throughout the building. It also encouraged and aided their independence. There was a programme of regular maintenance as observed by the inspector. There was a secure outdoor area which could be accessed from a number of points. There was a water feature in the outdoor area and garden seating was provided. Suitable external lighting was provided.

There was evidence of the availability of equipment to meet residents' needs and systems were in place to monitor this equipment for example servicing of a variety of hoists and profile beds. The corridors were wide allowing easy access for residents using wheelchairs and other assistive equipment. Overall it was found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable and tastefully furnished environment for residents.

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:

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