

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cedar House Nursing Home
<b>Centre ID:</b>	OSV-0000023
<b>Centre address:</b>	35 Mount Anville Park, Goatstown, Dublin 14.
<b>Telephone number:</b>	01 283 1024
<b>Email address:</b>	cedarhouseadministration@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Cedar House Nursing Home Limited
<b>Lead inspector:</b>	Leone Ewings
<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>	23
<b>Number of vacancies on the date of inspection:</b>	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 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 1 day(s).

**The inspection took place over the following dates and times**

From: 25 April 2018 09:00 To: 25 April 2018 17:00

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

**Summary of findings from this inspection**

Cedar House Nursing Home is located in Goatstown, Dublin 14, in a residential area close to bus routes. The centre is a single-story building, and purpose-built with 24 single bedrooms and one twin room. Full-time, general nursing care is provided, The majority of residents are living their long-term but short-term respite care for older people male and female is also available.

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six outcomes and also followed up the actions from the last monitoring inspection, which took place on 8 February 2017. Improvements had taken place since the last inspection and all five actions relating to records, statement of purpose, staff training and infection prevention and control were now fully addressed.

A small number of residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit. Prior to this inspection the provider had completed a self-assessment document. The judgments in the self assessment identified two outcomes moderate non-compliances, and other outcomes were in substantial or full compliance. The inspector found the provider was in compliance with all but two outcomes reviewed, and both outcomes were substantially compliant. The inspector found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours were well managed by staff with good communication skills and meaningful activities available.

The staff included suitably qualified people with a good skill-mix to meet the individual needs of residents. Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Good communication was observed and staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives fully respected by staff.

**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):**

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

**Findings:**

This outcome was judged to be a moderate non-compliance in the self-assessment, the inspector judged it as compliant.

The care and welfare of residents with a diagnosis of dementia, Alzheimer's and those with cognitive impairments was being well met. There was a detailed admissions policy which was reflected in practice. Future residents had the opportunity to visit and/or stay at the centre on a short-term basis to evaluate the service available. The nursing, medical and social care needs of these residents were met to a high standard. Dementia specific activities including a sensory programme of communication were in place, and staff had been trained to implement the programme.

Since the last inspection the provider and person in charge had made improvements. Policies had been reviewed, and staff were familiar with the revised key operational policies. The use of the electronic record-keeping system had improved the quality of transfer letters. Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents had access to medical and allied health care professionals. Residents' general practitioner's visited regularly. Some residents had access to a consultant psychiatrist and other acute hospital consultants. Referrals for residents for assessment to any of the allied health care team members was timely. All residents assessed needs were found to be well managed to achieve the best outcomes on a daily and long-term basis. The inspector saw evidence of referrals made, assessments completed and recommendations made in residents' files. The provider facilitated all residents to have routine assessments of eyesight and dental screening. There was clear evidence that all residents had their medical needs including their medications reviewed by the pharmacist, general practitioner and person in charge. The community pharmacist delivered medications when required and conducted audits of medication management practices.

Nursing assessments and care plans were reviewed on a four monthly basis and those

reviewed reflected the residents' changing needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. A sample of care plans reviews read by the inspector were found to be person-centred and up-to-date.

Staff provided end-of-life care for residents with the support of the general practitioner and the palliative care team if required. Each resident had their end-of-life preferences recorded and a detailed end-of-life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end-of-life. They were detailed and included input from the resident and their next of kin.

The nutritional needs of residents were well met and they were supported to enjoy the social aspects of dining. The menu provided a varied choice of meals to residents, and independent dining was promoted. Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw this was provided in a quiet, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had their meals with other residents. This was seen to work well for all the residents. The catering manager had attended an training course on facilitating people with dementia at mealtimes. Following this he had commenced using new plates and contrasting placemats and tableware to improve the dining experience.

Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed three monthly. Residents' weights were recorded and had their body mass index calculated on a monthly basis. Those with any identified nutritional care needs had a nutritional care plan in place. Nursing assessments for any resident identified as at risk of malnutrition triggered a referral to a dietician. The inspector saw that residents' individual likes, dislikes and special diets were all recorded and were well known to both care and catering staff.

Where appropriate wound assessments and care plans were in place and records were reflective of care provided. The records were reflective of care provided. Pressure ulcer prevention and management practice was found to be well managed and all staff were knowledgeable and well informed about skin care.

**Judgment:**

Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

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

**Findings:**

Suitable measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The approach used by all staff demonstrated a good standard of consent-led service provision. Many elements of good practice to safeguard residents privacy and dignity and rights were observed during this inspection.

There was an evidence-based safeguarding policy in place, which had been updated since the last inspection. The inspector spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing.

Records that were reviewed confirmed that since the last inspection, all staff had received training on recognising and responding to elder abuse. There had been no reports or any allegations of abuse notified to HIQA.. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive and respectful. They also spoke highly of the care provided by the staff and their caring attitude.

Evidence based policies in place about responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) and a policy on restraint was in place. The inspector was informed by the staff that they had training in how to support and communicate with residents with dementia. Training records confirmed that staff had attended training on responsive behaviours and dementia awareness. Further training in communication and dementia was part of the training plan for 2018.

Residents who required supports in terms of any responsive behaviours, had an assessment completed and care plans were developed that set out how residents should be supported if they had responsive behaviours. The inspector saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. For example, using a low arousal or a sensory approach with some re-direction techniques. Staff were very clear about any actions to take and used clear communication techniques. Staff also considered how residents were responding to their environment and were supporting people to feel calm.

There were a small number of residents who were assessed as requiring the use of bed rails in the centre. There was a clear policy on the use restrictive practices. The policy, practice and assessment forms reviewed reflected practice that was in line with national policy, as outlined in 'Towards a Restraint Free Environment in Nursing Homes' (2011). Alternatives to the use of any bedrails were documented in the resident's records.

The provider was no involved in administering pensions or acting as a pension agent. A small number of residents had supports in place with storage of some items of personal property. The governance and oversight on this was found to be satisfactory and overseen by the person in charge in line with policy.

**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:**

Residents in the centre were consulted with about how the centre is run. Residents' rights were promoted and dignity was respected. The ethos of the centre to provide a high standard of care for all people, including the retired members of the congregation. Maintaining independence and autonomy was a key part of this approach, which is a consent-led service. The location of the centre ensured that members of the community had access to friends and colleagues living and working nearby.

The inspector formally monitored staff and resident interactions during the day. Staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. The inspector observed staff knocking on doors before entering residents' bedrooms. The inspector observed that the staff helped put the residents at ease. Mealtimes were observed to be a social occasion with residents chatting and all were supported to enjoy the dining experience.

Residents were observed to be moving throughout the centre, both independently, using mobility aids and with staff assistance. Staff informed the inspectors that there was an open visiting policy, with a visitors sign-in book at reception. Residents could receive visitors either in one of the private rooms, library or in private in their bedrooms or access refreshments in the dining room.

During the inspection, residents were observed walking in the garden, reading newspapers and attending religious services. Residents also told the inspector they could engage in personal activities in private. Each resident had a private bedroom, with sufficient space for their books, mementoes and personal items.

There was level access to a safe enclosed landscaped courtyard garden for residents. A sensory garden was also in place where some residents liked to take walks, in warmer weather. A fully-equipped hairdressing room was in place with a hairdresser visiting on the afternoon of the inspection.

Residents had access to the provider representative and could raise any issues through him or the person in charge, both were based in the centre. Contact details for advocacy services were listed under the complaints procedure displayed at the centre. Regular resident's meetings took place and any issues raised by residents during these meetings were submitted to the management of the centre, so they could be addressed.

Residents were satisfied that their spiritual and religious needs were met in the centre. Residents were supported to be connected with the external community. They had access to a wireless internet connection, land-line telephone and could utilize Skype calls. Staff informed the inspectors that a number of residents had their own mobile phones and there was access to a computer. Newspapers were delivered to residents on a daily basis, and these were available in a well stocked library. There was good access to television and radio in the centre.

Residents' civil rights were respected in the centre. Residents were supported to ensure they were registered to vote, or visit the local polling station. Less mobile residents were also facilitated to vote in the centre. Details and information about service provision was not available in an up-to-date resident's guide at the time of the inspection.

**Judgment:**  
Substantially 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 and policy was in place that guided practice. The person in charge was the person nominated to deal with all complaints. There had been no complaints recorded since the time of the last inspection.

The complaints procedure was displayed prominently and this was in line with the information within the complaint's policy. The inspector confirmed that in the first instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy, which was overseen by the provider. There was a clear appeals process outlined within the policy should the complainant remain dissatisfied. Residents were facilitated if they wished to access independent advocacy supports.

**Judgment:**  
Compliant

#### *Outcome 05: Suitable Staffing*

**Theme:**  
Workforce

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

**Findings:**

This outcome was judged to be substantially compliant in the provider's self assessment, and the inspector judged it as compliant. Since the last inspection all nursing staff had completed a safeguarding update, and the policy had been reviewed.

The centre had appropriate staff numbers and skill mix to meet the assessed needs of the residents. Throughout the inspection, the inspector found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Staff did not seem rushed and the provision of care never seemed to be task driven. Care tasks were appropriately paced to ensure that residents were not rushed. Staff were observed to reassure and communicating in a clear and open manner with residents, offering choice before continuing to assist them.

The inspector reviewed the planned and actual rota in the centre. The person in charge managed staffing planning and provision. The actual rota was found to be representative otherwise of the staff that were on duty during the inspection. The inspector found that there was an appropriate level of staff supervision. There was always at least one nurse on duty day and night. An on-call management rota was in place and unanticipated leave was usually covered by existing staff and relief staff. The up-to-date registration and personal identification numbers for all registered nurses were found to be in place.

Training records were reviewed and found to be up-to-date for training in fire safety, safeguarding and moving and handling.

The inspector confirmed recruitment procedures and that Garda Vetting was in place for all staff. A sample of staff files were reviewed and was found that all contained the requirements listed in schedule 2.

**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:**

This outcome was judged to be substantially compliant in the provider's self assessment, and the inspector judged it as substantially compliant. The provider had provided additional racking for storage in the sluice room, and had made improvements to the hairdressing room since the last inspection. Further improvements planned for included the provision of more clocks, reviewing of the use of calming and contrasting colours in the décor. Also, the use of whiteboards and orientation aids to be individually assessed

for use with each resident as a helpful tool.

The design and layout of the centre was in line with the Statement of Purpose and met residents' individual and collective needs.

The centre was kept clean and maintained to a good standard of repair. Plans were discussed with the inspector to upgrade one corridors' flooring. An internal courtyard was well landscaped and provided ease of access for fresh air for residents.

The centre was purpose-built and was spacious with kitchen, large dining room, offices, staff facilities, and 23 residents bedrooms. On the day of the inspection all bedrooms were single occupancy, the twin room had been single occupancy for some time. The provider was reviewing the use of this twin room. Each bedroom was provided with a wardrobe and a suitable locker for personal items. All bedrooms were en-suite, with a shower, hand wash basin and toilet. All beds had an emergency call facility and each resident was assessed for their use. There was also sufficient number of assisted communal bathrooms and showers to meet the needs of all residents. There was adequate provision of assistive equipment such as hoists, and suitable storage was provided.

An accessible and secure large, landscaped garden was directly accessible to residents, some of whom were observed taking walks during the inspection. The inspector found the premises was well designed and laid out with suitable and well lit communal areas. Adequate private and communal accommodation was provided, with a chapel and sitting area for residents to sit in during the day.

**Judgment:**

Substantially 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:***

Leone Ewings  
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>	Cedar House Nursing Home
<b>Centre ID:</b>	OSV-0000023
<b>Date of inspection:</b>	25/04/2018
<b>Date of response:</b>	29/05/2018

#### 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 03: Residents' Rights, Dignity and Consultation

##### Theme:

Person-centred care and support

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

An up-to-date resident's guide was not available for inspection.

##### **1. Action Required:**

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

<sup>1</sup> 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:**

A resident's guide will be made available to each resident.

**Proposed Timescale:** 29/06/2018

**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:**

The provider has yet to fully implement planned improvements outlined on self assessment, including clocks and calendars, and the use of colour for residents with dementia.

Pictorial signage was not fully used as a means of way-finding.

**2. 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:**

Clocks and calendars will be offered to residents with dementia. The use of colour will be explored. Pictorial signage will be implemented.

**Proposed Timescale:** 31/07/2018