

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Lakes Nursing Home |
| Centre ID: | ORG-0000447 |
| Centre address: | Hill Road, Killaloe, Clare. |
| Telephone number: | 061 -375547 |
| Email address: | adminlakes@ehg.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Elder Nursing Homes Limited |
| Provider Nominee: | Pat Shanahan |
| Person in charge: | Nisha Joy |
| Lead inspector: | Mary Costelloe |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 57 |
| Number of vacancies on the date of inspection: | 49 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 1 day(s).

The inspection took place over the following dates and times

From: 08 April 2014 08:30 To: 08 April 2014 15:30

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

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|--------------------------------|
| Outcome 14: End of Life Care |
| Outcome 15: Food and Nutrition |

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff, and observed practice on inspection. Documents were also reviewed such as training records and care plans.

The centre was in substantial compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland in the area of food and nutrition and end-of-life care.

The inspector was satisfied that the nutritional needs of residents were met and residents' end-of-life needs were well managed with a high standard of nursing care being provided at this stage of life.

There was ample evidence of good practice under both outcomes and no actions were required from this inspection.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. There was a system in place to ensure that staff read and understood the policy. Staff members spoken with were knowledgeable and confirmed this.

The inspector saw that extensive development work had recently been undertaken as regards the use of appropriate care plan documentation. A computerised nurse documentation system had recently been introduced. The person in charge told the inspector that staff had been actively updating comprehensive and individualised end of life care plans for all residents. The person in charge told the inspector that the majority of residents now had up to date care plans in place and that she had made contact with the next of kin of all other residents with a view to updating residents' plans. The inspector reviewed the records for a number of residents who had end-of-life care plans in place, including the records of a resident who was deceased. The inspector found that these care plans were of good quality and in some cases residents and relatives outlined very specific instructions and preferences such as their wishes regarding transfer to general hospitals and funeral arrangements. The person in charge told the inspector that the residents' general practitioner (GP) was informed about any updates to residents' wishes regarding their end of life preferences. The inspector saw that these were recorded in the GP notes. The person in charge showed the inspector where all communication with families was now being recorded.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. Relatives stated that they were very satisfied with the care which had been provided before, during and after the death of their loved one. They stated they were made feel welcome and were facilitated to stay overnight and be with the resident during his/her last days. Relatives reported that residents' wishes, with regard to their place of death were respected and residents had access to a single room at this time. The majority of residents resided in single rooms and the person in charge and staff spoken with stated that a single room was facilitated for those in shared rooms during end-of-life care.

Staff discussed with the inspector other initiatives that had recently taken place within the centre. The person in charge had linked with the hospice friendly hospital (HfH) initiatives and had introduced the use of the spiral end of life symbol to alert others to be respectful whenever a resident was dying. The person in charge had developed a resource folder/information pack for staff which included guidance and information on areas such as communication with families. The inspector also saw the bereavement resource pack which was available to families following a death.

The person in charge stated that the centre maintained strong links with the local palliative care team. The inspector saw that there was good access to this service when required and that recommendations from the palliative team had been recorded in detail in residents' care plans and had been implemented by the staff.

Religious and cultural practices were facilitated. Religious ministers visited frequently. The policy provided guidance for staff on spiritual and end-of-life care for people from a diverse range of religions. Residents told the inspector that they were supported to continue with their religious and spiritual practices. Many residents enjoyed weekly Mass which was celebrated in the centre and the oratory was used to say the rosary two evenings a week. Staff confirmed that the sacrament of the sick was administered as requested by residents and families. The inspector saw that some residents had specific wishes relating to their preferred religious minister whose names and contact telephone numbers were documented in their care plans.

The policy outlined guidance for staff to follow after the death of a resident and the verification and notification of death. The inspector saw from records of deceased residents and relatives comments that family were usually present at the time of death and felt supported following the event. Many staff had received training regarding end-of-life care and staff spoken with were knowledgeable. Additional training was scheduled for 26 staff on 18 April 2014. The person in charge and another nurse had received training in the use of syringe drivers.

Residents and staff were appropriately informed and supported following the death of a resident. Residents and staff told the inspector about the remembrance mass where each resident who had died in the previous 12 months was remembered. Staff told the inspector that they issued an invitation to families to participate in this annual event.

Staff and residents confirmed that they had availed of the opportunity to say farewell to and participate in the prayer service at the removal. The person in charge told the inspector that she and as far as possible several staff members attended each funeral to

pay their last respects. A floral wreath from all at the centre was presented at the funeral and a sympathy card was sent to the families.

There was a procedure in place for the return of possessions. A specific bag which included the end of life symbol was set aside for this. Relatives were given adequate time to return to the centre to pack belongings or alternatively staff would organise, record and pack belongings if the family wished.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

Findings:

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

There was a centre-specific nutritional status and management policy in place for the monitoring and documentation of nutritional intake. This provided detailed guidance to staff. Staff members spoken with were knowledgeable regarding this policy which had been updated in July 2013. There was a range of other policies relating to food and nutrition which were currently in the process of being reviewed and updated. These included policies on oral mouth care, management of hydration and fluid maintenance, meals and mealtime planning, facilitating choice, enteral feeding and communication of information regarding residents' diets and nutrition.

The inspector observed the breakfast and lunch time meal experiences. Meals were served in a large bright dining room on the ground floor, some meals were served in the first floor sitting room while others choose to have meals in their bedrooms. Residents were offered a varied nutritious diet. The quality, choice and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. The inspector noted that residents were offered a choice of juices, cereals, cooked breakfasts, breads, tea or coffee at breakfast time and offered soup, a choice of two main dishes, desserts, tea/ coffee and biscuits at lunch time. Residents stated that food, drinks and snacks were available to them at all times.

A variety of hot and cold drinks were available throughout the day. Staff were observed offering and encouraging drinks throughout the day of inspection. Fresh drinking water dispensers were available in each day room area. The inspector saw a variety of home-cooked food being served throughout the day including homemade soups, brown bread and apple tarts. The menus were displayed in a folder in the dining room, staff informed the inspector that the dining room had been recently painted and that the menu board was due to be put back on the wall in a prominent position.

The person in charge together with the nursing staff monitored the meal times closely. The atmosphere during meal times was relaxed and unhurried. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently. Specialised drinking cops and plate guards were in use to assist some residents eat independently. The person in charge told the inspector how staff tried to improve the meal times experience and ensure that it was a social occasion, for example, medications were no longer routinely administered during meal times.

Some residents required special diets or modified consistency diets and these needs were met. Modified consistency meals were attractively presented in individual portions. The inspector saw that residents who required their meals in an altered consistency had the same choice as other residents.

The inspector spoke with the chef on duty who was knowledgeable regarding residents' special diets, likes and dislikes. There was a monthly rolling menu plan in place which was reviewed six monthly. The chef told the inspector that she spoke with all residents on a regular basis to ensure that their particular food likes were catered for. She stated that there were no restrictions on buying food and that specific requests were always met. The chef showed the inspector the communication folder which she maintained in the kitchen which contained up to date information on all residents food likes/dislikes, special diets and recommendations from the dietician and speech and language therapist (SALT). The chef told the inspector that some cognitively impaired residents liked finger food, the inspector saw where these foods were provided at meal times. The inspector noted that the chef and catering staff spoke with the residents during the meal asking if everything was satisfactory.

The inspector visited the kitchen and found it to be well equipped with plentiful supplies of fresh and frozen foods available. The chef told the inspector that there was food safety management plan in place. Catering staff spoken with confirmed that they had received food safety management training. The inspector was shown a copy of the letter following the last environmental health officers visit, no issues of concern were reported.

The inspector was satisfied that residents' nutritional needs and changes to weight were closely monitored. All residents were nutritionally assessed using a validated tool on admission and regularly reviewed thereafter. Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. All residents had an up to date eating/drinking care plan in place. The person in charge told the inspector that if weight changes of concern were noted or if a resident was not eating well a referral would be made to the dietician. Records showed that some residents had been referred for dietetic review. The treatment plans for the residents

were recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately. Dietary monitoring records and fluid balance charts were implemented for those residents at risk of poor intake and the inspector saw that these records were accurately maintained.

Records showed that some residents had been referred to the speech and language therapist (SALT). Specific recommendations regarding the consistency of meals and particular eating requirements were recorded in the residents' notes. Staff spoken with were familiar with these recommendations and the inspector saw that they were acted upon. Staff confirmed that they had received recent training from the SALT on dysphagia which included instruction on modified consistency diets and thickening of fluids as well as training from the dietician on nutrition and specialised diets.

The person in charge confirmed that they had good access and support from the dietician and SALT who attended the centre regularly and as required.

Records indicated that all residents had an up to date oral assessment and some residents had recently attended the local dentist. The person in charge told the inspector that a mobile dentist visited annually and cleaned all residents dentures while attending residents in their rooms.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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