**Centre name:** Talbot Lodge Nursing Home  
**Centre ID:** ORG-0000182  
**Centre address:** Kinsealy Lane, Malahide, Co. Dublin.  
**Telephone number:** 01 846 2115  
**Email address:** maryc@talbotgroup.ie  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Kinsealy Properties Limited  
**Provider Nominee:** Mary Clemenger  
**Person in charge:** Mary O'Rourke  
**Lead inspector:** Michael Keating  
**Support inspector(s):** None  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 88  
**Number of vacancies on the date of inspection:** 8
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: 29 April 2014 08:00
To: 29 April 2014 15:30

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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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 were invited to attend 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 Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. A number of residents completed questionnaires on food and nutrition on the day of inspection and were analysed accordingly.

The person in charge who completed the provider self-assessment tools had judged the centre to be in minor non compliance under both outcomes. The provider had identified actions within the self-assessment questionnaire to ensure they moved towards full compliance under both outcomes.

On the day of inspection the inspector found the centre to have a minor non compliance in relation to food and nutrition and to be moderately non compliant under the outcome of end of life care against 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.

The inspector found that residents' end-of-life needs were well managed with good access to medical and specialist palliative care and that residents wishes to be cared for in their final days within the centre had been supported and encouraged. Improvement was required to ensure that all care plans provided a comprehensive
assessment of needs and to ensure that residents had been consulted in relation to their end of life care.

The nutritional needs of residents were met to a high standard. There was access to allied health professionals for residents such as medical, occupational therapy, dental and speech and language therapy. The food provided to residents was appetising and nourishing. Residents were facilitated to maintain their independence and adequate and discreet support was provided by staff as required. Residents and relatives reported high levels of satisfaction with the service provided. The dining experience was a positive, social experience for all residents. However, some improvement was required to ensure that food and nutritional care plans provide relevant detail to ensure staff are adequately guided to provide the appropriate supports to all residents.

These matters are discussed in further detail within the report and in the Action Plan at the end of this report.
### Outcome 11: Health and Social Care Needs

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Only the component in relation to care planning processes around food and nutrition and end of life care were considered as part of this thematic inspection. As stated under both outcomes, care planning practices were not adequately guiding practice. The detail provided under both outcomes identifies gaps in the related care planning documentation.

### 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:**
Non Compliant - Moderate

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

**Findings:**
End-of-life care was person centred and respected the values and preferences of each individual resident. There was a policy on palliative care in place which was out of date.
and due for review. The person in charge had identified via self-assessment that further improvements were required to reflect practice which they had proposed to document to ensure a more detailed integrated end-of-life policy was in place and understood by staff.

The inspector spoke with a number of residents throughout the inspection, and it was identified that residents had not been spoken to about their end of life care wishes, including those whom had been as assessed as approaching end of life. Review of care plans, and discussions with the person in charge confirmed this to be the case. The inspector reviewed six care plans in detail including care plans of two residents who had recently passed away. Within the care plans the 'nursing notes' provide a section on end of life care. This section only referred to next-of-kin details for the six residents while one residents plan documented their wish to be returned to the nursing home from acute services as they reached end of life. However, the person in charge showed the inspector a revised end-of-life care plan which they were working on as a result of deficits identified within the self-audit. This plan, while not yet implemented at the time of inspection provided a comprehensive support plan considering all physical, emotional, social and spiritual needs while respecting the dignity and autonomy of the individual resident.

Over the past two years 27 out of 36 deceased residents had received end-of-life care within the centre without the need for transfer to an acute hospital. The person in charge spoke about her efforts to ensure residents were supported to end their lives within the centre. This included the opportunity to repose within the centre which was felt was a benefit to the deceased resident, relatives and other residents who were supported to visit the deceased and pay their final respects. Residents spoke with the inspector about their experiences of losing friends within the centre, and how they felt very well supported during this time. Statistics provided within the self-assessment tool documenting the number of deaths in the past two years provided evidence that residents were supported to spend their final days within the centre.

Relatives were facilitated to stay with their loved one overnight and to be with the resident when they were dying. All relatives questionnaires provided to the Authority prior to the inspection indicated that they were very satisfied with the care which had been provided at the time of death. They were made feel welcome and felt well supported by staff during their bereavement. Relative questionnaires relating to the sudden and unexpected death of a resident suggested that their relatives’ death had been responded to with dignity and propriety and that the needs and wishes of the family, next-of-kin and friends, insofar as possible were accommodated. The person in charge informed the inspector that she ensures that a bouquet of flowers from the centre was provided at the funeral and that a card acknowledging the death of a resident was sent to the deceased resident's family.

The majority of residents who had died in the centre over the past two years had been provided with a single room if they were not already in one as they reached their end of life. However, a single room could not always be guaranteed, and the person in charge referred to the need to respect the wishes and needs of residents who may have to be moved to accommodate such a wish as a reason as to why this may not be guaranteed.
Residents had good access to a community based palliative care team, and the person in charge met and consulted with this team on a regular basis. Residents had not been supported to die in their own home to date and the person in charge stated that this has not been requested previously. However the person in charge was confident that they were well prepared for this eventuality.

The centre has had a large extension built onto the premises which was nearing completion at the time of inspection. Efforts to enhance the experience for residents and relatives were considered within this development. A family room was to be provided to be more accommodating to high numbers of relatives and friends who were often present during the final days of a resident life. A sofa-bed was also planned for this room to provide relatives the opportunity to sleep overnight should they wish. In addition this development proposed a reduction in the numbers of double and multi occupancy rooms to ensure all residents had a single room as they approach end of life.

Training records and the provider self assessment indicated that staff had received training in end of life care. Staff spoken with had a good understanding of the policy on end of life care and related practices. However, the inspector found further education in relation to discussing death and dying with the resident was required.

Residents' spoken with, stated that their religious and spiritual needs were respected and supported. Mass took place on a monthly basis. If a resident had recently died, mass became a remembrance event. An annual mass of remembrance was held to acknowledge bereavements within the centre.

There was a list of all personal possessions maintained within in residents' file and a protocol to ensure the return of personal possessions following the death of a resident. The inspector saw that the centre had recently purchased a number of bags from the Irish Hospice Foundation for this purpose.

There was a lack of written information on services available to support relatives, residents and staff following the death of a resident.

**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:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Residents received a varied and nutritious diet that was tailored to meet individual needs and preferences. There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. However, individual care plans did not provide adequate information and clear guidance to all staff and individual support requirements were not always being provided.

All residents 'eating and drinking' support needs were compiled as part of the residents' nursing notes. However, there was limited detail provided, and very little room within the document for supporting staff to detail changing needs and support requirements. Hand-writing was often illegible due to efforts to squeeze the information into a box provided. In addition 'post-it' type notes were being used to provide updated information. On reading these plans the inspector determined that these plans were not sufficient to guide practice. This finding was consolidated by the fact that for one resident their support needs were not being provided as per instruction within their plan. This resident's plan spoke of his need to be supervised during meal times due to recent ill-health and significant weight loss. This resident was observed by the inspector eating his meal alone in his room. He also informed the inspector that he always eats alone. Additional non compliance is detailed under Outcome 11 Health and Social care needs.

The self-assessment questionnaire completed by the person in charge identified issues in relation to access to a dietician. This had been identified in the previous inspection by the Authority on the 5 November 2013. This issue had not been addressed, and residents were not being provided with access to a qualified dietician. The catering manager employed within the centre had completed a recognised qualification in food and nutrition and was consulting with the chef's on the menu. However, while the self-assessment questionnaire identified 33 residents who were on a prescribed supplement for weight loss and nutritional requirements, no residents were recognised as requiring a fortified diet.

There was prompt access to other allied health professionals for residents who were identified as being at risk of poor nutrition or hydration, such as speech and language therapy, occupational therapy, General Practitioner (GP) and diabetic services.

Food and fluid record charts were maintained with exact food and fluid intakes documented in a timely manner. A number of nursing and care staff had been trained in using these records to recognise deterioration in residents and to respond accordingly. A quality monitoring system had recently been implemented where clinical information was gathered and examined by a multi-disciplinary team which meet every second week.

The inspector observed breakfast and lunch. Nursing and care staff monitored the meal times closely. Second helpings were offered. There were four dining rooms used throughout the centre. Two dining rooms were used for residents' who required support to eat their meals. Residents who required assistance received this in a sensitive and appropriate manner. There was an emphasis on residents' maintaining their own independence. Equipment such as non-slip plate mats and high-edged plates were used by residents.
Breakfast was a relaxed affair with many residents receiving breakfast in their rooms, or in one of the dining areas. Lunchtime was unhurried, and was a social experience. The dining rooms were well presented with tables set thoughtfully with adequate cutlery, napkins and a choice of soft drinks served throughout the meal. There was choice available to all residents including those on soft or pureed diets. There was a choice of homemade soup or fresh fruit salad for starters, a choice from five mains courses and a choice of desserts offered. A menu was displayed in the main lobby showing the choices available. Residents were asked their choice of meals the previous day. Residents' spoken to by the inspector at dinner, told the inspector what they had chosen the previous day. These choices were subsequently served to these residents. All residents spoken to where highly complementary of the food provided. They particularly praised the 'specials' which were provided as a meal of choice three times per week. These specials included curry which was a favourite of many.

Evening meals were served at 4.15pm with a further supper at 7.30pm. Drinks and snacks including plates of sandwiches were available throughout the day and night if required. Homemade scones were also served to residents at 10.15hrs with fresh fruit salad also served in the evening time.

There was a clear, documented system of communication between nursing and catering staff regarding residents' meal choices and preferences. The inspector spoke with both chef's on duty whom were knowledgeable about specific diets and preferences of residents. The chef's meet with the person in charge and catering manager to review and revise the menu on a quarterly basis. Efforts were made to consult with residents in this regard. The inspector read a list of starters that was prepared by a resident who has an interest in food and the residents recommendations were being considered within the review of the menu that was currently underway. The kitchen was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. The centre has had inspections by environmental health officers, the most recent of which was on the 7 February 2014. The inspector read the reports from the last three inspection of the centre, and corresponding documentation ensuring all recommendations had been addressed or would be addressed within the refurbishment of the kitchen as part of on-going renovations.

Tea and coffee making facilities were not provided for residents and/or relatives. However, residents and staff confirmed that tea and coffee was available at any time upon request. There were no facilities for residents to prepare their own food, or to be involved in food preparation. As previously referred to, the centre has a large extension close to completion. Efforts to enhance opportunities to promote independence and dignity has been considered within this development. The inspector was shown the 'coffee dock' where residents and their families could access tea and coffee facilities independently. Facilities were also in place to provide residents future opportunities to cook, bake and tend to their laundry should they choose to.

All staff had received training in relation to food safety and demonstrated and articulated good knowledge of how to provide optimal care to residents.
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:

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Talbot Lodge Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000182</td>
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<tr>
<td>Date of inspection:</td>
<td>29/04/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23/05/2014</td>
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</tbody>
</table>

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

**Outcome 11: Health and Social Care Needs**

**Theme:** Effective Care and Support

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

Care plans were not developed and agreed with residents under the outcomes inspected against, and kept under formal review to reflect residents changing needs in an appropriate comprehensive fashion.

**Action Required:**

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Care plans are being reviewed and will be kept under review and agreed with residents under the thematic inspection outcomes. The outcomes of these reviews will reflect resident changing needs in a comprehensive fashion. This review will take place at least on a 3 monthly basis and more frequently where resident needs change. The care plans

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
will guide practice.

**Proposed Timescale:** 30/09/2014

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<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Palliative care policy was out of date and required review.

**Action Required:**
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

**Please state the actions you have taken or are planning to take:**
The End of Life Care Policy has been revised to reflect the findings of the inspection held on 29th April 2014. The revised policy has now been implemented and training for staff will be provided. The policy is available to residents and families on request.

The policy will inform practice and be supported by standard operating procedures. This will ensure an improved standard of care for residents and a more positive experience for their families.

The issues raised in the inspection report in relation to speaking to residents about their end of life care wishes, further education in relation to discussing death and dying with the resident and the provision of written information on services available to support relatives, residents and staff following the death of a resident are provided for in the revised policy and associated standards operating procedures.

**Proposed Timescale:** 31/05/2014

| Theme: Person-centred care and support |

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
At the time of inspection there was no detailed written information or protocol relating to the individual support needs of each resident identifying their end of life supports needs and requirements.

**Action Required:**
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

**Please state the actions you have taken or are planning to take:**
End of life supports, needs and requirements are included in Nursing Procedures but needs to be implemented fully for each individual resident. An updated comprehensive Care Plan which includes End of Life Care is in development and will be fully
implemented for all residents.

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**Proposed Timescale:** 30/09/2014

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<th><strong>Outcome 15: Food and Nutrition</strong></th>
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<td><strong>Theme:</strong> Person-centred care and support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all residents were supported with appropriate assistance as identified within their care plan, as the care plans were not fully directing the care that is to be provided.

**Action Required:**
Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

**Please state the actions you have taken or are planning to take:**
An updated care plan document has been developed by the multidisciplinary team. The care plan is designed to provide adequate information and clear guidance to residents and staff to include the provision of individual support requirements for residents when deemed necessary.

The updated care plan documentation makes adequate provision to document in detail the needs of residents at all times. The care plan is designed to support and guide practice.

The Catering Manager has undertaken an accredited course (accredited by the Royal Society for Public Health UK) at Level 4 in Nutrition. Specific training on the nutritional requirements for residents will be provided for all appropriate staff. This training will also include recognising when fortified diets should be provided.

**Proposed Timescale:** 30/09/2014