# Health Information and Quality Authority Regulation Directorate

## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Connolly Hospital (Silver Birch &amp; Woodland Units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000528</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Blanchardstown, Dublin 15.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 646 5077</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mairead.lyons3@hse.ie">mairead.lyons3@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mary Walshe</td>
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<tr>
<td>Person in charge:</td>
<td>Mairead Lyons and Grace Carew</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<td>Type of inspection:</td>
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<td>43</td>
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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.
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: 16 April 2014 07:30
To: 16 April 2014 16:00

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

| Outcome 11: Health and Social Care Needs |
| 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 the persons in charge attended an information seminar. They had judged that the centre was in minor non-compliance with both outcomes. They received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

On inspection the inspector reviewed policies, assessments, care plans, training records and the provider self-assessment tools relating to End of Life Care and Food and Nutrition submitted by the persons in charge pre-inspection. The inspector met residents, relatives and staff and observed practice on inspection.

End-of-life care practices and outcomes for residents and relatives were found to be of a good standard. End-of-life policy reflected some practices. Feedback from relatives of residents who had died within the centre was positive overall, staff were highly praised for the kind, sensitive and friendly manner in which they treated each resident. However, some improvements were required in relation to records reflecting residents’ death and dying wishes/preferences, the decisions they had made about their end of life care and ensuring safe transfer of the deceased remains. In addition, residents did not have end of life care plans in place at the time of their death. The inspector also found that more specific written information on services and supports available to relatives was required to be given to relatives following the death of a loved one.

Food and Nutrition outcomes and practices were of a good standard. Residents spoken with confirmed this. However, residents did not all have a choice of meal at
lunch and tea time and the appropriate equipment to meet the residents needs was not always available.

From evidence gathered on inspection the inspector formed the view that the centre was in minor non-complaint in relation to Food and Nutrition and moderately non-complaint in relation to End of Life Care. The action plans at the end of this report reflect these non compliances.
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 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 - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
All residents did not have an end of life care plan in place. Files of residents who had deceased prior to the inspection were reviewed and end-of-life care plans were not in place prior to their death. Documentation was the only aspect of this outcome reviewed on inspection.

### 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:**
The end-of-life care provided to residents was to a good standard. The inspector saw
that residents received end-of-life care which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy. However, records such as assessments, care plans, end of life discussions and transfer details of the deceased remains were not always completed. Written information on services and supports available to relatives was not consistently given to them.

There was a comprehensive end-of-life policy in place which reflected the care relatives said was provided to their dying relative in the centre. It was reviewed last in February 2014. Staff spoken with had an understanding of the policy and implemented care accordingly which upheld the dignity and respected the autonomy of residents.

No resident was receiving end-of-life care at the time of inspection. Staff said residents were given the choice of where they would like to die. One resident spoken with said he wanted to die at home, another informed the inspector it was something she never thought about as it did not bother her. Both residents confirmed they were never asked about their preferences regarding end of life care. The inspector noted that 30 out of the 30 residents who had died in the past two years had died in the centre. Residents on each unit occupying multiple occupancy bedrooms had access to a single room available for end of life care. The staff showed the inspector the single room available on each unit for this purpose. There was also a visitor’s room on each unit which contained a sofa bed for relatives to sleep on. Relatives who completed questionnaires confirmed they were facilitated to stay with there loved one when they were dying. Tea and coffee making facilities were accessible to relatives at all times. Feedback received from relatives stated that the end-of-life care provided was good and ensured the resident was comfortable and pain free. The centre had access to the palliative care team in the main hospital. The inspector was informed that prompt referral and review from the team was provided whenever necessary and the inspector saw evidence that they had been involved in the care of one deceased resident.

Nursing documentation was reviewed and confirmed that nurses did not record residents’ death and dying wishes/preferences at the time of their initial assessment or during their three monthly assessment review. No resident had an end of life care plan in place. The inspector was informed that some residents, their families together with the Medicine for Elderly Team had decided that the resident was not for cardio pulmonary resuscitation (CPR). However, records reflecting the decision made, with whom and what was said were not always completed and therefore not available for review.

Residents’ religious needs were facilitated by a visiting priest. The Sacrament of the sick was provided and the priest sought at the residents’ request. Relatives stated that there were enough staff on duty at the time of their relatives death. The end of life policy included details about caring for the remains of a deceased resident and the return of personal possessions to loved ones. Relatives were informed prior to the deceased remains being transferred in a specific trolley via an internal ambulance to the on site mortuary. An Irish Hospice Foundation drape was available to cover this trolley. Records reflecting details of personnel involved in the transfer of the deceased remains from each unit to the mortuary and on to the undertakers were vague. For example, times of transfer from each unit, arrival in mortuary and removal by undertakers from mortuary were not recorded. In addition, the inspector noted that those responsible for the
transfer and in some incidents the name of the undertaker was not recorded.

A document by the Health Service Executive titled inter-cultural guide to death was available for staff as a reference. The inspector saw that following the death of a resident staff used an Irish Hospice canvas bag to return personal possessions. Some information was available to relatives on the death of a loved one. However, the provision of written information was not consistently provided to relatives of the deceased. The inspector noted that the information available was not centre specific and there was no written information about bereavement counseling available.

Staff informed residents’ about the funeral arrangements and those who wished to attend the funeral were facilitated. The unit’s manager sent a sympathy card to relatives when a resident died and an annual memorial service was held in November each year to remember all residents who had died in the past year. Education records showed some staff had received training in relation to the provision of end of life care.

**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 discreet and sensitive manner.*

**Theme:**
Person-centred care and support

**Judgement:**
Non Compliant - Minor

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

**Findings:**
The inspector found that each resident was provided with food and drink at times and in quantities adequate for his/her needs. Food was properly prepared, cooked, served and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner, when required. However, residents did not all have a choice of meal at lunch and tea time and the appropriate equipment to meet the residents needs such as beakers with lids were not always available.

The policy on food and nutrition had been reviewed on several occasions, most recently in February 2014. It was robust and provided clear guidance to staff on how to care for residents’ nutritional and hydration needs. The inspector saw that most staff had signed to say they had read and understood the updated policy and others were in the process of reading it. Catering and care staff had demonstrated a clear understanding of its content and of their role in ensuring residents’ nutritional and hydration needs were met.

There was also a policy on guidelines for care of residents with Percutaneous
Endoscopic Gastrostomy (PEG). There was no resident receiving PEG feed on this inspection.

Residents had access to fresh drinking water and a variety of hot and cold drinks throughout the course of the day. Staff were observed offering residents a choice of hot and cold drinks with their meal and each resident stated they were individually offered a drink between each main meal and between supper and bedtime. Residents spoken with confirmed that staff provided them with a drink if and when they requested. Residents told the inspector they had a glass and a jug of drinking water by their bed which staff renewed daily. Snacks were available and served throughout the day. For example, soup was offered together with tea, coffee and biscuits mid-morning.

The inspector observed breakfast and lunch being served to the residents. Residents confirmed they could choose where they wanted to eat. Most choose to have their breakfast served in bed or by their bed. Residents in each unit had access to a communal dining room. Two catering staff prepared trays and served breakfast from two trolleys containing all breakfast foods. There was a choice of cereals, a full fry, scrambled or boiled eggs together with bread and/or toast, tea or coffee. Catering staff knew the residents likes/dislikes and needs. For example, those that did not have good hand co-ordination were left finger type foods such as pieces of pudding and/or sausages. Residents spoken with told the inspector that they liked the breakfast served to them.

At lunch time the choice was displayed on a board and there was a menu on each table in both dining rooms. Residents completed a meal choice form the day previous and the resident was asked their preferred choice again prior to the meal been served. On one unit pictures of food and meals served were available to facilitate residents with communication difficulties to make choices. On the other unit they were in the process of being developed. Lunch was served by catering staff from a trolley in the dining room. Residents could view the food prior to making a choice. The lunch was prepared and cooked in the main kitchen of the hospital. The choice of food displayed on the menus was not reflected in the trolley sent from the main kitchen. For example, there was no parsley sauce available to accompany the ham and cabbage although it was on the menu. Staff offered residents gravy as an alternative. The menu offered a choice of four main courses but only two were delivered, two of the deserts did not arrive, therefore, residents did not get a choice of a hot desert, the choice was limited to jelly, ice cream or fruit salad. Residents who required a minced or smooth pureed diet did not get a choice of meal, the menu only offered one meal and only one meal of both these consistencies were delivered to the units at lunchtime.

The catering staff had a good knowledge of those on special diets such as weight reducing, diabetic, healthy heart, high protein and high calorie diets. They described the steps taken to ensure each resident received their required special diet and the inspector saw the food served reflected the resident's individual dietary needs. Catering and care staff spoken with had a good knowledge of each resident’s individual preferences, likes/dislikes, those on special diets and those who required alternation to the normal food consistency. The inspector saw that catering staff had all of this information available to them on a board in each unit kitchen.
The dining room tables were set with all required condiments and cutlery to meet the residents’ individual needs. However, the inspector observed that the crockery available did not meet the needs of residents’, beakers did not have lids and the inspector was told there were none. The food was presented to residents in an appetising manner. Residents requiring smooth pureed or minced moist food could clearly identify what they were eating as each food group was presented separately on their plate. The quality of the food was good and the quantities reflected each resident’s individual dietary requirements, which were also reflected in their care plan. Staff were available to assist residents at mealtimes in both units. They were observed encouraging and promoting residents to be independent in a sensitive manner. The person in charge informed the inspector that plate pals were in the process of starting in the centre. They would be available at meal-times to assist residents.

Residents’ chatted amongst themselves and to staff while enjoying their lunch. Residents spoke highly of the quality of the food and the manner in which it was cooked and served and confirmed that feedback was sought from them at their monthly residents’ meeting.

Clinical documentation was of a good standard. Assessments, care plans and nursing evaluation notes were reviewed. Residents were assessed on admission and reviewed three-monthly with a validated assessment tool for food and nutrition, skin integrity and oral hygiene. A baseline weight and height was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk. Assessments were detailed and reflected the resident’s individual needs. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the GP instructions.

The provider’s self-assessment indicated that access to medical and peripatetic services was good and the inspector found there was no delay in any resident being referred or reviewed as required. A dietitian had been employed to work part time in the centre since the last inspection. She had been involved in assessing all residents and providing education and support to both care and catering staff. Education records showed staff had received training in several areas in relation to food and nutrition. There was an in-house speech and language therapist also available to assess 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:
Sheila McKeivitt
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>Connolly Hospital (Silver Birch &amp; Woodland Units)</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000528</td>
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<tr>
<td>Date of inspection:</td>
<td>16/04/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26/05/2014</td>
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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:
Each resident did not have an end-of-life care plan in place at the time of death.

Action Required:
Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

Please state the actions you have taken or are planning to take:
The Nurse Practice Quality Department (NPQD) are updating the end of life care plan documentation, and discussions regarding residents ‘death wishes/preferences and decisions regarding end of life care will be included.

The Clinical Nurse Manager (CNM) and/or Registered General Nurse (RGN) will

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
document an end of life care plan for all residents in consultation with the residents and with the support of family members and the multidisciplinary team to include the Medicine for the Elderly medical team.

The CNMs and NPQD are developing end of life residential leaflets to address information needs, and these will be available in the residential units to guide and support bereaved relatives.

**Proposed Timescale:** 30/07/2014

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**Outcome 14: End of Life Care**

**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Records were not always available to reflect discussions residents’ had with their general practitioner regarding their end-of-life preferences.

**Action Required:**
Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

**Please state the actions you have taken or are planning to take:**
The Medicine for the Elderly Team will document discussions regarding residents’ end of life preferences and conversations with residents ‘relatives in the residents’ medical notes.

CNMs and RGNs in the residential units will participate and support these discussions in order to facilitate residents’ end of life wishes.

**Proposed Timescale:** 01/05/2014

**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There are no arrangements in place for seeking residents’ end-of-life preferences.

**Action Required:**
Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

**Please state the actions you have taken or are planning to take:**
The NPQD are updating the end of life care plan documentation to include discussions
regarding residents’ death wishes/preferences and decisions regarding end of life care.

The Clinical Nurse Manager (CNM) and/or Registered General Nurse (RGN) will complete and document an end of life care plan for all residents in consultation with the residents and with the support of family members and the multidisciplinary team to include the Medicine for the Elderly team.

**Proposed Timescale:** 30/07/2014

**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Records were not in place to reflect accountability and responsibility for the safe transfer of the deceased residents remains from the unit to the mortuary and on to the undertakers.

**Action Required:**
Under Regulation 14 (4) you are required to: Put in place arrangements to ensure respect for the remains of deceased residents and make arrangements, in consultation with the deceased residents family, for the removal of remains.

**Please state the actions you have taken or are planning to take:**
The NPQD is updating the Transportation of the deceased to the mortuary guideline and this will outline the arrangements to ensure respect for the remains of the deceased residents and in order to meet the requirement as set out in Regulation 14 (4).

The Person in Charge will meet with the General Services Manager, line manager for Transport, Director of Clinical Services and Mortuary Manager to develop an action plan for the improvements required regarding record keeping in relation to the documentation required for completion by the transport and mortuary staff. This documentation will include the time of deceased remains being removed from the residential units, the arrival to the mortuary and the funeral undertakers' removal times from the mortuary. This action plan should be implemented fully by end of July 2014.

**Proposed Timescale:** 30/07/2014

**Outcome 15: Food and Nutrition**

**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All residents did not have a choice available to them at for lunch or tea.

**Action Required:**
Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each residents individual needs.

**Please state the actions you have taken or are planning to take:**
The catering manager will ensure that the displayed lunch meal menus and meals requested by the residents are supplied to both residential units daily.

The CNM or nurse in charge will check with the catering staff daily that the meal choices are received in the residential units. This has been implemented into practice.

The catering manager will ensure more variety in relation to minced and pureed diets, and will be implemented by end of June 2014

**Proposed Timescale:** 30/06/2014

**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The beakers used to serve drinks to residents were not adequate to meet the residents' needs.

**Action Required:**
Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each residents individual needs.

**Please state the actions you have taken or are planning to take:**
All residents using beakers for fluid intake have been assessed by the Speech and Language Therapist since the inspection. Beakers that require lids are being purchased by the catering manager, and these will be available by June 2014.

**Proposed Timescale:** 14/06/2014