

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oak View Nursing Home
Centre ID:	ORG-0000151
Centre address:	The Commons, Belturbet, Cavan.
Telephone number:	049 952 2630
Email address:	geraldine@oakviewnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Omega Nursing Home Limited
Provider Nominee:	Maureen Dennehy
Person in charge:	Geraldine Mary Donohoe
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	7

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: 19 May 2014 09:15 To: 19 May 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 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation

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 person in charge undertook a self assessment in relation to both outcomes. The inspector reviewed policies and the provider's self-assessment tools relating to End of Life Care and Food and Nutrition, submitted by the person in charge pre-inspection. The person in charge had judged that the centre was and non-complaint: minor in relation to Food and Nutrition and End of Life Care. The inspector met residents, staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records.

Staff exhibited an in-depth knowledge of the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. Residents requiring end-of-life care received a high quality person-centred service. The inspector noted many examples of good practice in this area and staff were supported by prompt access to palliative care services. Some ongoing improvement was required in the area of advance care planning for end-of-life needs.

The nutritional needs of residents were met to a high standard and the food provided to residents was appetising and nourishing. However, the meal time experience in the Willow suite was not a social occasion. There was insufficient space to comfortably accommodate all residents. All residents were required to confirm their menu choices for all meals in the morning time, a day in advance of having their meals. Residents were not provided with a copy of the menu to assist in making their choice.

The inspector judged the centre to be in minor non-compliance in the area of End of Life Care and moderately non compliant under the outcome Food and Nutrition with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland. These matters are discussed further in the report and in the Action Plan at the end of the report.

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 residents 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 residents 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:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the assessment and care planning for residents' nutritional and end-of-life care and found that some improvements were required as described under Outcome 14 and 15.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Findings:

The inspector reviewed the dining room facilities and found that some improvements were required as described under Outcome 15.

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 - Minor

Findings:

End of life care formed an integral part of the care service provided at the centre. Questionnaires, asking relatives' opinions regarding end-of-life care, were sent to the relatives of deceased residents. All responses reflected a high level of satisfaction with the care received and the communication between families and staff. Documentation indicated that, within the last two years, 62% of deaths occurred in the centre where end-of-life care needs were met without the need for transfer to an acute hospital.

There was an end-of-life policy in place. However, the policy required review as identified by the person in charge in the self assessment completed. The policy required review to ensure reference to supporting information and guidance on basic life support. A document by the Health Service Executive titled intercultural guide to death was also available for staff as a reference. Staff spoken with had an understanding of end of life care and thirteen staff had completed training in this area recently. Staff indicated to the inspector the training had increased their confidence and professional development in providing care for residents at end of life. However, not all staff had received end-of-life training. The person in charge had identified dates for future training of staff.

All care needs are identified by a comprehensive assessment on admission and documented accordingly. The inspector read the records of two recently deceased residents and found evidence of good practice, including regular review by the (GP) and the palliative care team to monitor physical symptoms and ensure appropriate comfort measures. The inspector found that the resident's end-of-life care wishes were respected and facilitated. Family discussions were held when residents were under the care of the palliative team and the GP and nursing staff were consulted as appropriate.

However, a system of advance care planning for end of life was not developed for all residents to maximise their ability to participate in the decision-making process to record their wishes and preferences at the earliest stage possible. While residents' spiritual preferences were recorded residents had not been consulted regarding future healthcare interventions, personal choices and wishes in the event that the resident became seriously ill and was unable to speak for themselves. Decisions concerning future healthcare interventions and resident's preferences with regard to transfer to hospital

were not documented.

Care practices and the facilities of the physical environment ensured that resident's needs were met and their dignity respected. All residents presently are accommodated in single bedrooms. Families are supported to be with their relative and facilitated to stay overnight. There is a visitors' room on the ground floor and a family room with tea making facilities on the first floor. However, the room does not include a couch or reclining chairs for comfortable rest. Residents' cultural and religious needs were supported. Mass took place in the centre generally once a week for Roman Catholic residents. Residents of other religious denominations had the opportunity to attend religious services held in the centre, and they had access to ministers.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally) and on what to do following the death of their relative. An information leaflet on how to access bereavement and counselling services was planned. There was a protocol for the return of personal possessions. However, the person in charge did not have specially designed bag or similar facility to return personal possessions. Records of residents' personal property were maintained up-to-date in care files reviewed.

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 - Moderate

Findings:

There was a food and nutrition policy in place which was centre specific. However, the policy required review to address areas as identified by the person in charge in the self assessment completed. Additionally the policy required revision to reference the links to the suite of allied documents supporting the nutritional policy, namely nutritional intake and screening, hydration, advanced dementia and percutaneous endoscopic gastronomy(PEG) feeding systems.

Residents and their relatives expressed satisfaction with the food provided and the choices available to them. The planned menu was rotated every four weeks and all food was cooked on the premises. The inspector reviewed the menu and discussed options available to residents with the chef. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake particularly those for those on fortified diets. A trolley served residents mid morning offering a choice of soup, tea/coffee and biscuits. In the afternoon residents were offered a fruit option, with some bread or biscuits. There was a good choice of nutritious, wholesome food provided. The

person in charge had forwarded a copy of the menu to a dietician for specialist advice.

The inspector observed breakfast and the main lunchtime/dinner meal. Residents confirmed they could choose where they wanted to eat. Most residents choose to have their breakfast in their bedroom and lunch in the dining. Residents are accommodated in three separate dining rooms. Two dining rooms are on the ground floor, one in a dementia specific unit which accommodates a maximum of 13 residents. The meal times were a social occasion and a calm environment was ensured. All dining rooms are decorated to a high standard with an attractive bright decor. There was a protected meal time arrangement in place. However, in consultation with nursing staff, family members were encouraged to come in and help if they wished with meals.

The Willow suite on the first floor is the largest unit. On the day of inspection 25 residents were accommodated in the unit and 22 residents attended the dining room for lunch. The meal time experience was not a social occasion in this dining room and appeared rushed. While food was served hot and attractively presented with ample portions there was insufficient space to comfortably accommodate all residents. Residents with walking aids had to leave their assistive equipment in the corridor outside the dining room. The meals were served from a heated trolley in the corridor. While there was a sufficient number of staff available in each dining room to assist residents, staff in the Willow suite did not have space to comfortably assist residents who required help. There was not space for staff to sit alongside residents requiring assistance. The desserts were served and placed on the tables prior to some residents having finished their main meal. A dessert trolley could not be brought into the dining room to allow residents view options available due to space restrictions.

Residents were offered a choice of food and individual preferences were readily accommodated. Residents' food likes and dislikes were recorded and served meals in accordance with their preferences and dietary restrictions. The inspector noted that food including food that was pureed was attractively presented and in accordance with the menu of the day. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. However, all residents were required to confirm their menu choices for all meals in the morning time a day in advance of having their meals. Residents were not provided with a copy of the menu to assist in making their choice. Residents were advised of the options by staff. While the menu was displayed on a blackboard in the dining room it had both the lunch and tea time menu options displayed during the main meal. The vegetables being served were not indicated on the menu board. Pictorial menus were not available in the dementia unit to assist residents in their menu choices.

Clinical documentation was of a good standard. Assessments, care plans and nursing evaluation notes were reviewed. Residents had care plans for nutrition, hydration and difficulty with swallow reflex in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. There was ongoing monitoring of residents nutritional status. Nutritional screening was carried out using an evidence-based screening tool at a minimum of three-monthly intervals. Each resident was weighed monthly and those identified at risk on a more frequent basis. The person in charge completed a monthly audit of all

residents weights. Additionally nursing staff highlighted any significant changes to the person in charge and the centre's policy was implemented as appropriate. 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 general practitioners instructions. Staff monitored the food and fluid intake of all residents. Fluid records were totalled each day and reviewed by the nurse in charge to ensure a daily fluid goal was maintained.

Staff demonstrated and articulated good knowledge of how to provide optimal care for residents. However, training on completing nutritional assessments and nutrition and hydration in care of the older person was not recently undertaken by staff.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Findings:

The systems to consult with residents regarding their nutritional options is discussed in detail under outcome 15 of this report.

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Oak View Nursing Home
Centre ID:	ORG-0000151
Date of inspection:	19/05/2014
Date of response:	16/06/2014

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:

A system of advance care planning for end of life was not developed for all residents to maximise their ability to participate in the decision-making process to record their wishes and preferences at the earliest stage possible.

Decisions concerning future healthcare interventions and resident's preferences with regard to transfer to hospital were not documented.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

The person in charge in consultation with the resident and/or their family will ensure that all residents will have a care plan in place which identifies their wishes for their end

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

of life preferences.

Proposed Timescale: 07/09/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The meal time experience in the Willow suite on the first floor was not a social occasion and appeared rushed due to the lack of adequate space.

There was insufficient space to comfortably accommodate all residents. Residents with walking aids had to leave their assistive equipment in the corridor outside the dining room.

Staff in the Willow suite did not have space to comfortably assist residents who required help. A dessert trolley could not be brought into the dining room to allow residents view options available due to space restrictions.

Action Required:

Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space separate to the residents private accommodation.

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

In consultation with residents and staff we are reviewing our meal times, menus and how we serve our meals.

We are going to remove a couple of tables from the dining room in Willow suite and propose to implement 2 sittings for meal times in consultation with the residents. We are going to stop taking the resident's meal choice the day before and introduce visual menu cards for the residents.

Proposed Timescale: 30/09/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The end of life care policy required reviewed as identified by the person in charge in the self assessment completed. The policy required review to ensure reference to supporting information and guidance on basic life support.

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 plan will be reviewed immediately and will be disseminated to all staff

Proposed Timescale: 20/07/2014

Theme: Person-centred care and support

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

Not all staff had received end-of-life training.

Action Required:

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

End of life training has been organised and all staff will have completed their training by the end of September.

Proposed Timescale: 30/09/2014

Theme: Person-centred care and support

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

There is a visitors' room on the ground floor and a family room with tea making facilities on the first floor but the room does not include facilities for comfortable rest for example a couch or reclining chairs.

There was not a specially designed bag or similar facility to return personal possessions

Action Required:

Under Regulation 14 (2) (c) you are required to: Facilitate each residents family and friends to be with them when they are dying and provide overnight facilities for their use.

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

The person in charge will ensure that the visitor's room will have comfortable resting facilities put in place immediately for families. Also the person in charge has been researching a specially designed bag for returning resident's personal possessions.

Proposed Timescale: 31/07/2014

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:

The policy required reviewed to address areas as identified by the person in charge in the self assessment completed. Additionally the policy required revision to reference the links to the suite of allied documents supporting the nutritional policy

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

The person in charge is currently reviewing the nutritional policy and once completed will implement and disseminate it to all staff members.

Proposed Timescale: 31/07/2014

Theme: Person-centred care and support

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

Training on completing nutritional assessments and nutrition and hydration in care of the older person was not recently undertaken by staff.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

The person in charge will ensure all staff will have training in nutritional assessment over the next couple of months

Proposed Timescale: 31/08/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All residents were required to confirm their menu choices for all meals in the morning time a day in advance of having their meals. Residents were not provided with a copy

of the menu to assist in making their choice.

The menu displayed on blackboard in the dining room it had both the lunch and tea time menu options displayed during the main meal. The vegetables being served were not indicated on the menu board.

Pictorial menus were not available in the dementia unit to assist residents in their menu choices.

Action Required:

Under Regulation 11 (3) (a) you are required to: Put in place practices that facilitate and encourage each resident to communicate.

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

As discussed earlier, we are currently reviewing our meal times, menus and the way we take the resident's meal preference. We are also implementing a copy of the menu to be given to the residents. Picture cards are also been organised for our residents in sycamore suite but will also be given to other residents throughout the nursing home who require them.

Vegetables are now being documented on the black boards.

Proposed Timescale: 31/08/2014