

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	East Ferry House Nursing Home
Centre ID:	ORG-0000226
Centre address:	East Ferry, Midleton, Cork.
Telephone number:	021 465 2538
Email address:	annepatrica_wilson@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Anne Wilson
Provider Nominee:	Anne Wilson
Person in charge:	Anne Wilson
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	5

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: 09 April 2014 11:30 To: 09 April 2014 19:30

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

Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection of East Ferry House Nursing Home which focused on two specific outcomes, end of life care, and food and nutrition. In preparation for this thematic inspection providers and persons in charge were offered an information seminar, received evidence-based guidance and undertook to carry out a self-assessment in relation to both outcomes. The provider, who is also the person in charge, had not completed the self assessment questionnaires prior to inspection and these were completed during the inspection.

The inspector met with residents, relatives and staff and also observed practice on inspection. Documents in the centre were also reviewed such as, training records, residents' care plans, medication management charts, menus and policies for end-of-life care and nutrition. The provider concluded that that the centre was fully compliant with the Regulations with regards to end-of-life care and also fully compliant with regards to food and nutrition.

The inspector's findings did not correlate with the self-assessment questionnaire results completed by the provider. The inspector found minor non-compliance in the area of food and nutrition and moderate non-compliance in the area of end-of-life care 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.

While the thematic inspection focused on two outcomes as described above, the

inspector reviewed other outcomes in so far as they related to end-of-life care and food and nutrition. These are discussed in the body of the report.

Actions on safeguarding and safety (Outcome 6), on record keeping (Outcome 4), on staffing (Outcome 18) and on safe and suitable premises (Outcome 12) issued on the follow up inspection of 11 September had not been addressed by the provider. The action required under Outcome 6 had not been addressed following the previous two inspections.

Residents expressed that they were happy in the centre and were complimentary of the food and of the staff. While there was a dining room in the centre it was not being used. The residents ate their meals in a large bright sitting room which had a wood burning stove in use. Staff to whom the inspector spoke were knowledgeable about the residents' and their families and were observed caring for residents in a respectful manner. They were also aware of the residents likes and dislikes as there is a small group of residents currently in residence in the centre.

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 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
The inspector noted that on the day of inspection work was on-going to enable compliance with fire regulations. However, the inspector noted that some of the fire doors were wedged open upstairs. These wedges were removed by the person in charge.

As this inspection was focusing on food and nutrition as one of the themes the inspector observed the hygiene practices as regards food preparation and access to proper hand washing facilities for all the staff involved in serving food and helping residents with their meals. The kitchen did not have adequate hand washing and drying facilities for those involved in food preparation.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector observed that nutritional supplements for one resident were not prescribed by the GP even though staff to whom the inspector spoke said that the resident has these regularly. Kitchen staff showed the inspector where the nutritional supplements for the resident were kept.

Guidelines for crushing medications and administering them, for a particular resident with a swallowing difficulty, were not followed in practice. These guidelines were outlined by the speech and language therapist. This was observed by the inspector and brought to the attention of the person in charge.

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 provider's self-assessment questionnaire was completed during the inspection process and the provider had indicated on this that she felt the centre was fully compliant with Regulations and Standards.

There were written operational policies and protocols in place for end-of-life care . This had been reviewed by the person in charge on 03/04/2014. There was no signature

sheet to indicate that staff had read the policy even though the person in charge indicated in her self assessment questionnaire that the staff were encouraged to read the policy. The policy was viewed by the inspector and was found to contain information on the emotional, psychological and spiritual support required for the resident and relatives at end-of-life. However, it lacked advice and best practice guidelines for staff in caring for the physical needs of the resident at the end-of-life, such as skin care, oral care, nutritional and hydration needs. The person in charge told the inspector that the staff were experienced in this aspect of care and that she provides guidance to them. The inspector spoke with the person in charge, the nurse, care staff, and kitchen staff. They explained to the inspector how they would support and care for the residents and relatives at end of life stage.

The inspector viewed training records which indicated the end of life care training had not been undertaken in the centre. Staff also told the inspector that they did not have end-of-life training.

Residents had the opportunity to attend religious service held in the centre and there was a single room available on the day of inspection for any resident who might need it. There were facilities for relatives to stay overnight with a relative, if necessary. Facilities were provided for relatives to have refreshments and snacks from the kitchen staff. The person in charge told the inspector that open visiting times were facilitated at the end-of-life stage.

The inspector reviewed a sample of care plans and noted that the residents were regularly reviewed by the general practitioner (GP) and that prompt attention and care was given. The person in charge indicated that if a resident refused treatment this request would be facilitated in consultation with the GP and that if a resident expressed a wish to go home at the end-of-life stage this could be facilitated where possible.

There were no processes in place to ensure end-of-life care discussions were recorded in the care plans seen by the inspector. The inspector spoke to one resident who indicated that he trusted the staff in the nursing home to provide pain control and comfort measures if he was approaching death and that his friends would also be involved in carrying out his wishes, which he verbalised to the inspector. The person in charge described to the inspector how she ascertains the residents' wishes for their future care and explained how the families were consulted in the process, if the resident consents to this. However, the inspector noted that these wishes were not recorded in a formal way in the residents' care plans. This had been identified by the person in charge in the self-assessment questionnaire.

A resident with whom the inspector spoke said that he attends religious service in the oratory, which took place monthly. A religious minister attends the centre every two weeks.

The person in charge stated that when a resident died in the centre the family or representatives were given verbal advice on what to do following the death. Information leaflets on how to access bereavement and counselling services were not available for relatives or residents. The policy mentioned the return of personal possessions to the relatives but the centre did not have a specific property bag for this purpose. The

residents' care plans which were seen by the inspector did not contain inventories of their personal property therefore there was no regular update of these as required by Regulation 7. This would have ensured that all possessions and clothing would be returned and accounted for at the end of life.

Of the seven residents who died in the centre over the previous two years, four of them had had their end-of-life needs met in the centre while three people had been transferred to the acute sector. The person in charge indicated that these decisions would be made in consultation with the resident, the relatives and the GP with the clinical decision being made by the GP according to the resident's medical needs.

Questionnaires for relatives regarding their opinion on the care given in the centre at end-of-life were circulated by the person in charge and there was a 75% response rate to the Authority. There was a high level of satisfaction reflected in the questionnaires seen by the inspector with evidence recorded of spiritual care, medical attention and staff support for both the resident and the relatives.

Specialist palliative care services could be accessed according to the staff nurse with whom the inspector spoke. She indicated that this service was rarely needed as the GP provided pain and other symptom control where necessary. She told the inspector that it was quite a while since there was occasion to use a syringe driver for the administration of palliative medication. She informed the inspector that she did not have any formal end of life training but had experience of caring for residents at this life stage.

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:

No actions were required from the previous inspection.

Findings:

The self-assessment questionnaire on nutrition for the centre had not been completed prior to the inspection. This was completed by the provider/person in charge and reviewed by the inspector during the inspection. The provider/person in charge had assessed her centre as in full compliance with Regulations as regards nutrition.

The policy on Nutrition was seen on inspection and a copy was sent to the inspector on request, post inspection. This was last updated on 03/04/2014. This was found to be comprehensive. There was no evidence that staff had signed that they had read and

understood the policy.

The inspector viewed training records which indicated that staff did not have training in nutritional aspects of care. One staff member did not have her HACCP (food hygiene) training updated in the last ten years and this was relevant to her role in preparing food. This is addressed under Outcome 18.

The person in charge said that she was a qualified chef herself and she gives the staff guidance and information on nutrition on a regular basis. One staff member with whom the inspector spoke did not have the knowledge necessary to utilise the MUST (Malnutrition Universal Screening Tool) and this was relevant to her role as she was involved in updating nutritional care plans for the residents. This required an action under Outcome 18.

The inspector observed mealtimes including dinner served at 13.00hrs, afternoon tea at 15.00hrs and the evening meal served at 17.00hrs. The residents informed the inspector that they also get tea and food at 20.00hrs and can avail of drinks and snacks when needed including night time. The dining room in the centre has not been in use since last November according to the kitchen staff member with whom the inspector spoke. The meals were served in the sitting room on individual bed-tables for each resident. The inspector sat with the residents at their invitation and sampled the food on offer. The residents told the inspector that they were very happy with the choice of meals on offer. The residents said that they were content with the time at which meals are served and that there is flexibility allowed.

On the day of inspection the inspector noticed that there were choices on offer but there was no menu for the residents to choose from. The choice on offer was relayed verbally to residents before each meal. The person in charge said that when the dining room was in use the choice of meals was written on a blackboard. The inspector was shown a dietary choice form which had been in use previously to ascertain the residents choice at each meal. This was no longer in use.

The food was served hot and was sufficient in quantity. Some residents required a modified diet and the inspector observed this being served and it had an appetising appearance. The inspector noted that a staff member was available to assist and observe residents during mealtimes. The inspector observed that the staff member was assisting the resident in a respectful manner.

Snacks and hot/cold drinks including juices and fresh drinking water were available throughout the day. The complaints log was reviewed by the inspector and there was no evidence of any complaints in this book. The person in charge said that she did not receive any complaints about the food.

The inspector spoke with the chef who said that she regularly met with the person in charge and the senior nurse to discuss the residents' dietary needs. She was aware of the dietary needs and preferences of residents even though she did not have any documentation to support these preferences or dietary needs. She said she did baking on a daily basis. When the inspector asked her about fortifying the food she said she was told how to do this by the person in charge. There was no menu rotation plan in

use. The chef stated that if a resident did not like what was on the menu, an alternative was available. The food store was well stocked with a variety of food and the quantity was sufficient. The inspector noted that there was poor hand washing facilities in the kitchen area, the sink was small and stained and hand drying facilities were not adequate.

The staff on duty were knowledgeable about the residents and were able to tell the inspector how they would cope with a resident who had swallowing difficulties or a resident who appear to be choking. However, there was no evidence of training for staff in diet consistency.

Documentation seen by the inspector indicated that:
Two residents (28%) were on a puréed/mashed diet
One resident (14%) was on a diabetic diet
One resident (14%) had dysphagia.
One resident (14%) was on nutrition supplements.
The remaining two residents (30%) were on a normal diet.

This was confirmed by the inspector through observation on the day of inspection and by talking to the staff and residents.

A sample of medication administration charts reviewed by the inspector indicated that nutritional supplements were not prescribed by the GP for one resident even though the inspector observed them in use and was told that they were required by the resident. Another resident who had swallowing difficulties did have his supplements prescribed but there was no photographic identification on his medication chart.

The inspector also joined the residents for tea and observed that because of the seating arrangements the social aspect of mealtimes was somewhat inhibited, as the residents were seated by the wall, in a row, at individual tables.

Residents had access to dietary, dental, as well as speech and language services and there was some evidence of this in the sample of care plans reviewed. The inspector noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated three-monthly or when required. Residents' weights were checked monthly and these were maintained. There was evidence in the care plans that skin care was attended to and that wounds which were present had now healed. However, the inspector observed that the advice in a resident's care plan received from the speech and language therapist was not followed for a resident who had swallowing difficulties. This outlined how his medications were to be administered to enable safe swallowing and also concerning his oral care. There were no care plans in place for these aspects of his care and the practice observed by the inspector was not in line with the advice given.

A food chart was also completed for new admissions. If a dietary need or weight loss was identified the GP was informed and the appropriate service contacted to review the resident. The self assessment questionnaires indicated that most of these services were available on an out patient basis but the dental service was also available in house. There was limited access to the occupational therapist service and the speech and

language service but all the residents were noted to be seated comfortably for meals as well as having access to any specialised cutlery if required.

The inspector spoke to one resident who was served his meals in his bedroom. The inspector noted that the meal appeared appetising and was served hot. He was happy with the choice of meals on offer and the availability of food and drinks.

The person in charge indicated that family members can attend and assist their relative at meal times and on special occasions and the inspector spoke with relatives and residents who confirmed this.

The person in charge told the inspector that there are no formalised residents' meetings but she said that she talks to the residents daily to elicit their views on the menu. The residents confirmed that the person in charge was accessible and attentive to their needs.

The health care attendant on duty in the afternoon told the inspector that health care attendants do not attend handover reports but are informed of changes by the person in charge or the staff nurse.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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:

There were no records of residents' personal property in the residents' care plans. There was no updated record of residents' possessions as required in the Regulations.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The staff on duty did not have training in end of life care or aspects of nutrition such as the use of the MUST tool for screening residents at risk of malnutrition. One staff member admitted that she did not know how to use the MUST tool even though she was responsible for recording these scores in the residents' care plans. A resident with a swallowing difficulty did not have his medications administered in line with professional advice in his care plan, the importance of which would have been emphasised if training had been available.

A staff member on duty did not have an update of HACCP (Hazard Analysis Critical Control Points) training relating to food preparation and hygiene. This was relevant to her work area.

All records required for staff required under Schedule 2 of the regulations were not maintained in the centre. There was no An Bord Altranais agus Cnaimhseachais na hEireann PIN (Personal Identification Number) available for one staff member.

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:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	East Ferry House Nursing Home
Centre ID:	ORG-0000226
Date of inspection:	09/04/2014
Date of response:	30/05/2014

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 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

The policies on health and safety are in place but gaps in practice were evident.

There was no documentation in place to support a cleaning regime for the centre.

Some fire doors were wedged open.

Hand washing and drying facilities for those involved in the preparation and serving of food were not adequate.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff

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

and visitors.

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

1. Cleaning - Policy in large folder in office also daily signing off documentation
2. Fire Doors – wedges removed upstairs
3. New sink to be installed.

Proposed Timescale: 01/06/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Nutritional supplements were administered to a resident but these were not prescribed by a GP.

The guidelines for administering medications to a resident with swallowing difficulties were not followed.

Not all the prescription sheets had evidence of regular review.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Medication given to resident was an iron capsule (all other meds are crushed) and it will be given with Forticreme as advised by SALT

Policies and practices have been discussed with staff.

Proposed Timescale: 01/06/2014

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:

The policy did not contain sufficient information and advice to ensure that appropriate care and comfort was given to the resident to address physical needs at the end of life.

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 to be arranged as soon as a course becomes available.

Proposed Timescale: 01/11/2014

Theme: Person-centred care and support

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

There was no record of the residents' wishes recorded in the care plans to enable their choice as to place of death be identified.

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:

A new care plan regarding end of life care to be drawn up to facilitate end of life arrangements with residents. Discuss same with relatives.

Proposed Timescale: 01/07/2014

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:

A resident who had an assessed swallowing difficulty was given clear fluids contrary to advice from SALT.

Action Required:

Under Regulation 20 (3) you are required to: Facilitate any dietary restriction on medical or religious grounds.

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

Training will be provided in all aspects of nutrition including dysphagia within the next six months.

Proposed Timescale: 01/11/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

There was no property inventory or any updated record of residents' possessions in place.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

Update policy required.

Proposed Timescale: 01/07/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

The staff on duty did not have training in end of life care or aspects of nutrition such as the use of the MUST tool for screening residents at risk of malnutrition.

One staff member did not know how to use the MUST tool even though it was pertinent to her role.

A staff member on duty did not have an update of HACCP (Hazard Analysis Critical Control Points) training relevant to her work area in food preparation.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Cook will do HACCP training. MUST training will be done.

The environmental officer keeps the chef up to date with every new policy.

I Ann Wilson am trained in HACCP as of 2010 – completed a one year course in Cork Institute of Technology.

Proposed Timescale: 01/08/2014

Theme: Workforce

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

A member of staff on duty on the day of inspection did not have current registration status with her professional body as required under Schedule 2 of the Regulations.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

Already seen to.

Proposed Timescale: 19/05/2014