

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Lystoll Lodge Nursing Home
<b>Centre ID:</b>	ORG-0000246
<b>Centre address:</b>	Skehenerin, Listowel, Kerry.
<b>Telephone number:</b>	068 24248
<b>Email address:</b>	lystoll.lodge@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Lystoll Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Christine and Patrick McElligott
<b>Person in charge:</b>	Johanna Horgan
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	48
<b>Number of vacancies on the date of inspection:</b>	0

## 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: 21 May 2014 11:30 To: 21 May 2014 19:30

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

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 by the Health Information and Quality Authority of Lystoll Nursing Home, which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection the provider and person in charge had attended an information seminar. The centre had received evidence-based guidance and had undertaken a self-assessment in relation to both outcomes.

The person in charge had completed the self assessment questionnaires. The inspector reviewed relevant documentation prior to the inspection. The inspector met residents, relatives and staff and observed practice on inspection. Documents in the centre were also reviewed such as, training records, residents' care plans, medication management charts, menus and also records pertaining to deceased residents.

The inspector spoke with residents and relatives and they all expressed a high level of satisfaction with the quality and choice of food, the times of meals and the overall care in the centre. The inspector joined the residents at dinner time and again at teatime and assessed the food and the dining experience with the residents. Residents expressed how happy they were in the centre and were complimentary of the food and of the staff. Overall, the inspector noted that an inclusive environment existed in the centre which resulted in a positive living experience for the residents.

Staff with whom the inspector spoke exhibited an in-depth knowledge of the residents and their needs. They were observed caring for residents in a thoughtful manner while maintaining residents' independence and dignity.

End-of-life care was assessed from information in the care plans of residents, interviews with residents, relatives and staff and documentation on end-of-life care maintained in the centre. The inspector also viewed information in the care plans of

residents who had died in recent months.

The person in charge had concluded that the centre had a minor non-compliance with regard to end-of-life care and full compliance with regard to food and nutrition. The inspector's findings correlated with the self-assessment questionnaire results as regards end of life care but also found a minor non compliance for nutrition, as set out in the Regulations under 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.

Of the ten next of kin questionnaires sent out by the person in charge on behalf of the Authority, seven had been returned prior to inspection.

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

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There were written operational policies and protocols in place for end-of-life care in the centre. Staff, with whom the inspector spoke, were knowledgeable about how to support residents and families at the end-of-life stage. The policy offered guidance for staff in caring for the needs of the resident at end-of-life as regards psychological and spiritual care. The procedure for staff to follow, when preparing the body of the deceased person, was outlined in detail in the policy and there was emphasis placed on the need for respect to be shown at this time. However, the policy lacked guidance for staff in caring for the physical needs of the dying resident such as oral care, skin care and the use of subcutaneous fluids, if required, at the end stages of life.

The inspector spoke with the provider, the person in charge, the nursing staff, care staff, administration staff, and viewed the training records for the centre. The person in charge outlined her plans for more end-of-life training to be undertaken, inclusive of all grades of staff, in the centre.

A comfortable sitting room was available for family and friends to use as an overnight facility or they had the option of staying in the room with their relative. Facilities were provided for relatives to have refreshments and snacks. Open visiting was facilitated at the end-of-life stage. A single room could be availed of for a resident if this was necessary or if this was requested.

The inspector reviewed a sample of care plans of deceased residents and noted that the residents were regularly reviewed by the general practitioner (GP) and that appropriate attention and care was given. The inspector read that the specialist palliative care services had been availed of. There were also indications of communication with the relatives and that the staff had provided psychological and physical care to the person at the end-of-life. Spiritual needs had been attended to, where required.

The inspector also viewed the care plans for residents who had complex advanced medical conditions lacked detail and comprehensive documentation was not present to direct the care which was to be given. It was obvious from the files, however, that specialist palliative services were consulted as part of the multidisciplinary approach to meeting the resident's needs.

The person in charge informed the inspector that she had commenced documenting the residents' wishes in the 'Advanced Care Plan' which had been developed for the centre. Staff, with whom the inspector spoke, explained the importance of good care at the end-of-life and how they would assess the residents' needs in the event that the residents' were unable to communicate verbally. Residents also told the inspector that they felt their wishes would be respected by staff in the centre if they were to become ill or their needs changed.

There was evidence in the care plans that discussions on advanced care planning had been held with some residents. This documentation required more detail however but the process was on going as some residents had yet to be spoken with. The activity coordinator had attended training which guided her practice in commencing the discussions on end-of-life wishes.

The option of a resident being facilitated to return home to die, in the event of expressing a wish to do so, was discussed with the person in charge. She said that every effort would be made to ensure this could happen. She also informed the inspector that residents of all religious beliefs could be accommodated. The inspector later spoke with residents who stated that the centre was their home now and they felt that any wishes they had would be facilitated by the staff and the GP. There was no documentation however, in the resident's care plans which supported any discussion with residents about preferred place of death to include the option of returning home.

The inspector saw documentation which indicated that 80% of residents, who died in the previous two years, were facilitated to die in the centre.

The person in charge described to the inspector how the staff would ascertain the residents' wishes for their future care by talking with the relatives, when this was required. She said that if a resident refused treatment the GP would have a consultation with the resident and the wish would be respected where this was appropriate. She explained that the families were consulted if the resident consents to this or if the resident cannot vocalise. The inspector noted that on most occasions the wishes were not recorded in the residents' care plans. However, staff had put notes in the care plans whenever relatives were to be consulted. This was currently under review, pending training.

The inspector spoke with some relatives who expressed that they found the staff to be very supportive of the residents and that they could discuss concerns with the provider and person in charge at any time. Residents and staff said that they were included in the services when a resident passed away and that there was a memorial service each November.

Families could request an individual memorial service for their resident. The policy outlined how the family would be supported in making funeral arrangements. There was an oratory in the centre and a religious service was held there every second week. There were suitable books and information leaflets available there and in the entrance hallway. The information contained in the self assessment questionnaire was that staff and residents were supported following any death and this was confirmed to the inspector, in discussion with the staff and residents. The inspector heard evidence that a group of residents had attended a 'wake' in the centre for one of their friends who had died. Residents had sat around and reminisced about the person who had died while staff provided tea and cake for them. The residents spoke to the inspector about this event and one man said that he hoped this would happen for him also.

A remembrance tree was put up every Christmas and the names and photographs of those who died during the year are hung on this. The inspector was shown photographs of this and also a copy of the special memorial booklet which is produced in memory of each resident. Staff with whom the inspector spoke explained that the booklet also contained the life story of the resident. The activity coordinator explained how this is read out at the funeral service in the centre.

Clothing inventories were maintained and the centre had a specific protocol for the return of residents' clothing to the family. The person in charge explained to the inspector that this was always done in a sensitive and thoughtful manner. The inspector spoke with a laundry staff member who explained how the resident's clothes are packed following death. The centre packed the clothing in a specific bag which had the logo of the centre on it.

The inspector reviewed the next of kin questionnaires returned to the Authority. These had been sent out by the provider to relatives of people who had died in the centre in the previous two years, excluding those who had died within the previous three months. All the questionnaires returned to the Authority indicated that the care given to the residents and their relatives was 'excellent' and that they were enabled to be involved in the care process. The relatives felt that they had been consulted on the removal of the body and that the staff were respectful in their care and their interactions after the death.

### **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 inspector reviewed the self-assessment questionnaire and the policies on nutrition, mealtimes and hydration. These were found to be relevant and comprehensive but required more detail to include advice on PEG (percutaneous endoscopic gastrostomy) feeding and subcutaneous fluid guidelines.

The inspector viewed training records which indicated that some staff had attended training on nutrition, dysphagia and modified diets. These education sessions were sourced from a dietician and a speech and language therapist (SALT). More staff had attended training since the self-assessment questionnaires had been returned to the Authority.

The inspector observed mealtimes including dinner at 13.00hrs, afternoon tea at 15.30hrs and the evening meal at 17.00hrs. The inspector sat at the dining table at the invitation of a group of residents. They told the inspector that they were very happy with the choice of meals on offer. The residents spoke with the inspector about their satisfaction with the time at which meals are served as well as the fact that their choice of dining venue was respected.

On the day of inspection the inspector noticed that there were two choices on the menu at dinner time and the inspector sampled the food on offer. It was served hot and was very well presented. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes. 23 residents utilised the main dining room and the staff ensure that these residents maintain their independence by preparing their food in an individualised manner. Residents having their meals were appropriately encouraged and were seen to receive their meal in a timely manner. Gravy was served separately. Second helpings were readily available. After dinner, residents were offered a choice of desserts and tea or coffee.

Residents requiring full assistance were seen dining in a separate area. A staff member was assigned to sit at each table to assist a resident. The inspector observed that the staff members were assisting the residents carefully and respectfully. The inspector spoke with residents in this room who said the food on offer was appetizing and the staff told the inspector that they were aware of the actions to take if resident appeared to be choking or had difficulty swallowing. Cutlery was appropriate to the needs of specific residents. The modified diets on offer were served in an appetising manner. The chef explained how the residents' preferences are always ascertained when preparing these meals also.

The dining room was bright and spacious and there was plenty of space between the tables. The tables were nicely decorated and the crockery and cutlery were of good quality. Each table had a menu displayed in a pictorial format and flower arrangements were on display. The menu was also displayed on a whiteboard placed at eye level and written legibly, for all those in the dining room. The inspector spoke with the residents who indicated that they were able to read it, as well as the menu card.



Snacks including juice and fresh drinking water were readily available throughout the day. The inspector reviewed records of residents' meetings chaired by the centre's advocate. It was evident that the issue of food quality was raised. The inspector saw evidence of these discussions in the minutes of the meetings and saw that the comments on food were very favourable. The complaints log was also reviewed and there was no evidence of complaints concerning food.

The inspector spoke with the chef who said that she regularly met with the person in charge and the provider to discuss the residents' dietary needs. The chef showed the inspector her files, which contained relevant information, including advice from the speech and language therapist, the dietician and a record of residents' food preferences. Food preferences and special requirements were written up daily on a whiteboard in the kitchen and the inspector saw that this also included information on drug interactions with certain foods. The chef and the kitchen staff indicated that they received relevant training in food safety and HACCP (food hygiene). The inspector saw these records in the training file. The chef also showed the inspector a list of residents on diabetic diets and on gluten free diets. The chef explained to the inspector how she ensures that the diet is nutritious by having a variety of meat, vegetables and fruit sourced from a reputable supplier, as well as providing home cooked bread and cakes. The inspector saw the supply of both fresh and frozen foods as well as the dry stores and saw that there was a variety of food available including fresh fruit and dairy produce.

The inspector saw that there was good communication between the chef and the staff about visits from the dietician, whom the chef said would suggest supplements or fortified food if a resident had nutritional issues. The chef was found to be knowledgeable about modified consistency diets for residents with swallowing difficulties. There was a four weekly menu rotation in place and the chef stated that if a resident did not like what was on the menu, an alternative was available. The inspector viewed copies of the daily 'food choice' form which was filled in with each resident.

Documentation submitted to the Authority indicated that:

11 residents were on a fortified diet

11 residents were on a diabetic diet

Two residents were on a gluten free diet.

One resident was being fed by PEG method

This was confirmed on the day of inspection.

A sample of medication administration charts and care plans were reviewed by the inspector. These indicated that nutritional supplements were prescribed by the GP. If a resident was not able to eat the food on offer or was judged by the dietician to need nutritional support she suggested the type of supplement to be given. The inspector saw these supplements being given to the residents and saw that they were documented as administered, by the nursing staff. Care plans were in place for residents with swallowing difficulties or other nutritional need.

One resident was being fed through a gastrostomy tube and the inspector noted that her weight and nutritional status was being maintained. However, the inspector noted that her file did not have a plan in place for attending to her oral hygiene as she was not taking any food or fluid orally. Fluid and food records were maintained for relevant

residents on a daily basis.

The inspector also joined a different group of residents for tea and observed that mealtimes were seen by the residents as social occasions. Residents were seen to engage in conversation with each other. They spoke to the inspector about their lives in the centre and how the fact that they were from the locality helped them to make the transition from their own homes. All the residents at the table were offered a variety of food which they seemed to enjoy.

The evening meal was served from 17:00hrs onwards and the inspector observed that there was a selection of home baking on offer after the main meal. The residents told the inspector that they would have tea and a snack at 20.00hrs and that food was available on request at any time of the day or night. This was confirmed to the inspector by the staff nurses and care attendants.

All residents had access to GP, dietary, dental, occupational therapy (who advised on positional and seating arrangements) as well as speech and language services. There was evidence of this in the sample of care plans reviewed. Residents had also attended outside services particularly the SALT service and the inspector noted that residents were facilitated to avail of a videofluoroscopy service if there was a requirement to assess their swallowing ability.

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 are weighed monthly and the inspector saw these records in the residents' files. 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. Residents with diabetes were provided with the appropriate diet and a record was maintained of their blood sugar levels. If a resident was seen to be at risk of dehydration a 24hr monitoring of fluid intake chart would be commenced.

Oral care assessments had been carried out for some residents and there was access to dental services both in the centre and outside in the community. Staff, spoken with by the inspector, were knowledgeable on the subject of providing good oral hygiene but the care plans of relevant residents needed to be updated to reflect and demonstrate this practice.

While residents were not in a position to prepare their own food there was availability of food and drink throughout the day. The inspector observed afternoon tea and cake being served to residents and some family members at 15.00. Staff members were present to observe and support those residents requiring assistance.

While there is not a protected mealtime policy in place, the person in charge has requested that only one relative per resident would attend during mealtime. Visitors only attend at mealtimes if they are supporting a resident to eat their meal. This affords dignity and privacy to other 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:***

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

Action Plan

Provider's response to inspection report<sup>1</sup>

Centre name:	Lystoll Lodge Nursing Home
Centre ID:	ORG-0000246
Date of inspection:	21/05/2014
Date of response:	11/06/2014

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 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 on end-of-life care lacked sufficient detail to guide staff in the physical care of the person at the end of life.

The policy did not contain sufficient guidance for staff on options to maintain hydration, such as the option to provide subcutaneous fluids if prescribed.

**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:**

Policy will be amended.

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

**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 wishes of each resident as regards preferred place of death were not recorded in the residents' care plans.

Care plans for end of life wishes were not completed for some residents.

**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:**

Regulation 14 (2) (d) is recorded in our end of life policy The policy also includes the option of a single room or returning home if it is their preferred choice.

Implementation of Residents end of life care plans are ongoing, (and will take some time to complete) their end of life wishes & preferred place of death will be included in their care plans.

**Proposed Timescale:** 31/08/2014

## **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:**

While there are policies, procedures and practices in place some gaps are evident in the maintenance of the documentation and care plans do not fully direct the care to be given.

**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:**

Any gaps that are evident in the maintenance of the documentation and care plans will be fully amended immediately

**Proposed Timescale:** 15/06/2014