

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ryevale Nursing Home
Centre ID:	ORG-0000091
Centre address:	Ryevale Mill, Leixlip, Kildare.
Telephone number:	01 624 4201
Email address:	enquiries@ryevalenh.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ryevale Nursing Home Kildare
Provider Nominee:	Pearce Gallagher
Person in charge:	Eileen Gallagher and Antoinette Gallagher
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	130
Number of vacancies on the date of inspection:	1

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 June 2014 09:00 To: 19 June 2014 14:30

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 providers attended an information seminar, received evidenced based guidance and undertook a self –assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

The inspector found a high level of compliance 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. This was reflected in positive outcomes for residents, which were confirmed by residents and evidenced throughout the inspection.

Practices and facilities were in place to ensure that residents received a high quality service at the end of life stage. There was an emphasis on meeting residents emotional and psycho-social needs as well as physical needs in a person-centred manner. The inspector noted many examples of good practice in this area and staff were provided with appropriate training and supported by prompt access to palliative care services. Questionnaires were received from a number of relatives of deceased residents which showed that families were very satisfied with the care given to their loved ones. Some ongoing improvement was required in the area of care planning for end of life needs and consultation with residents and their families concerning

these matters.

The nutritional needs of residents were met to a high standard. Food was nutritious, varied and in ample quantities. Residents' nutritional needs were assessed and their preferences were recorded and facilitated. There was a good standard of nutritional assessment, monitoring and care planning and residents had very good access to the general practitioner (GP) and allied health professional such as the dietician when indicated. Residents provided feedback to the inspector, regarding food and nutrition, which was very positive.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were not sufficiently consulted with regard to the development of their end of life care plans, as described under outcome 14.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that residents received a high standard of end of life care which was person centred and respected the values and preferences of the individual, however, some ongoing improvement was required regarding consultation with residents and care planning for end of life. The inspector found that practices and procedures described in the self assessment document were in place and were adhered to.

There was a policy on end-of-life which was centre specific and provided a lot of helpful guidance to staff. Staff members had been provided with training on the policy and were knowledgeable about this information. The training records showed that a substantial amount of training had been provided for a range of clinical and non clinical staff. The inspector spoke to staff members concerning this training and all stated that they found it helpful and beneficial. In addition to meeting physical needs of residents, staff members, were very aware of the need to meet the emotional and psycho-social needs of residents at this time of life.

The inspector reviewed documentation for a number of residents in relation to end of life care planning. The person in charge had initiated end of life care planning for residents in accordance with the centre's policy. Care plans had been developed for a number of residents who required them and some useful information was provided. However, residents or their families had not been sufficiently consulted in the development of these care plans. Resident's spoken to by the inspector were unaware of their care plans and said they had not been consulted regarding their development. Residents said they could talk freely to the staff about any concern that they had. Improvement was needed in order to ensure residents' preferences regarding preferred place of death, including the option of returning home, was recorded and also regarding the documentation of spiritual, religious and emotional needs. All medical decisions, agreed with residents and their families, concerning future health care interventions such as preferences regarding transfer to hospital were clearly documented and signed by the medical practitioner.

The inspector read the records of a resident who was deceased and found evidence of good practice, including regular review by the GP and practices to monitor and control pain. The inspector found that the resident's end of life care wishes were respected and facilitated. Practices and facilities were in place to ensure that resident's needs were met and the residents' dignity and autonomy was respected. The centre had designed and implemented a daily comfort care plan to ensure that end of life needs such as pain control, mouth care and positioning were met on a consistent basis. The majority of residents resided in double rooms with the remaining residents residing in 21 single rooms. However the person in charge stated that every effort was made to facilitate a single room for end of life care in accordance with the wishes of the resident.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. There was a good response rate with 60 percent of questionnaires

issued being returned to the Authority. This information showed that that all respondents were satisfied overall with the care which had been provided at the time of death. Respondents commented on the caring nature of the staff, the respect and dignity shown to the dying person and the support given to families. One questionnaire commented that the end of life care provided was "exceptional" while another stated it "could not have been better".

Relatives reported in the questionnaires that they were made feel welcome and were facilitated to stay overnight and be with the resident when they were dying. Overnight facilities, including shower facilities were available in the event that a family member needed this.

The inspector spoke to residents and reviewed rosters and found that staffing levels appeared to be adequate to meet the needs of the residents in a person centred manner. The person in charge stated that she based staffing levels on the assessed needs of the residents and she always scheduled additional hours in the event of increased need such as when a resident was very sick or dying. The ADON reported that she always supervised care and liaised with families at the time of death. Individual support was offered and sensitive consultation was carried out regarding the removal of the remains. The inspector found that staff were knowledgeable regarding the sensitive handling of the remains following death in accordance with the procedures set out in the centre's policy. Appropriate arrangements were in place for returning residents' belongings.

The person in charge stated that the centre received support from the local palliative care team when required. Staff members were knowledgeable about how to initiate contact with the service which was by means of referral through the GP. Staff members had received training in pain management and the inspector found that they were knowledgeable in this area. There were documented systems in place to monitor and manage residents' pain including those residents who had cognitive impairment. Care plans were developed and maintained for any resident who reported pain.

Residents' cultural and religious needs were supported. Mass took place in the centre on a weekly basis and number of residents stated that they appreciated this very much. Other religious ministers were welcomed and visited as appropriate. The wishes of those residents who were not religious were also respected and were documented in the care plans. Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported.

Residents and visitors were informed sensitively when there was a death in the centre. A discrete symbol was used to alert residents and visitors when someone was at the end of life stage. Residents were informed in person and allowed to pay their respects if they wished to do so. Bereavement support booklets were available for distributing to families following the death of a loved one. The inspector read this document and found that it provided a lot of useful information including details of how to register a death and details of professional support services available. There was an oratory available for use by all in the centre. The inspector was informed that many residents had been laid out here and had a removal service from the oratory in accordance with their preferences. A annual remembrance service took place for all deceased residents in November each

year and families and friends were invited to this event. The person in charge said that she used this event to seek feedback on the end of life care provided, where appropriate.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This outcome was compliant. The inspector found that residents' nutritional needs were met to a high standard and there were good governance systems in place to promote ongoing monitoring and improvement in this area. Residents were provided with a varied and nutritious diet that was tailored to meet individual preferences and requirements. The inspector found that practices and procedures described in the self assessment document were in place and were adhered to.

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy.

The inspector observed the service of breakfast and the lunch time meal. Breakfast was served in a variety of different locations, including bedrooms, sitting areas and the dining room in accordance with residents' preferences. Residents stated that they chose when to get up and when to have breakfast. Residents expressed satisfactions with the meals provided and the choices available to them including the option of a cooked breakfast if they wanted this. The inspector noted that the breakfast time was well organised, there was a wide choice of breakfast items to chose from and some breakfasts were fortified with cream for those residents who required this.

The inspector also observed the main meal and found that it was hot and attractively presented with ample portions. There were a number of different dining rooms to suit the needs of residents. For example, some residents preferred to eat in a small dining room which was less noisy and stimulating than the main dining room. Dining rooms were attractively decorated with nice place settings. A starter, main course and dessert was served. Residents were offered three choices of main course at each meal time and individual preferences were readily accommodated. For example, one resident chose to have fish most days and this was readily accommodated. The menu choices were clearly

displayed in restaurant style menus placed on the tables. The inspector observed a resident who had dementia being shown the dessert options in order to facilitate his decision making process. Gravy, sauces and second helpings were offered. A record of residents' intake was maintained where indicated. Residents were encouraged to remain independent and modified utensils were supplied to facilitate some residents in this regard. Where residents required assistance, this was offered in a respectful and unhurried manner. Satisfactory numbers of staff were present to assist residents. The inspector spoke to a number of staff, who were assisting residents at the meal time, and found that they had received training in dysphasia and were knowledgeable about the risks associated with it.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents. Training had recently been provided to the staff with regard to altered consistency meals and the provider had sourced a range of moulds to facilitate this. Kitchen staff and other staff members were aware of those residents who were at risk of poor intake and additional snacks and drinks were offered and food fortification was used where appropriate. The staff worked closely with the dietician, who had recently reviewed the menu in order to ensure that it was varied and nutritionally balanced. The person in charge had also carried out an audit of "meals and the meal time experience in June 2014 in order to drive improvement in this area.

Meals were fortified with butter, cheese and cream in accordance with the advice of the dietician and the individual preferences of the resident. Additional snacks, freshly baked cakes and milk puddings were also offered to residents who were at risk of poor nutrition. Staff members spoke to by inspectors were very aware of residents food preferences, likes and dislikes and this was recorded in the care plans. Residents stated that they could request any food item they wished to be provided. Water, juices and soft drink were readily available. A number of residents were prescribed food supplements. The inspector reviewed the medication prescription and administration records and found that residents were provided with their prescribed supplements at the required times.

There was good on-going monitoring of residents nutritional, hydration, and oral health needs. Regular weight monitoring was carried out monthly for residents. The inspector identified that in a small number of cases, residents who were identified as being at risk of losing weight, were not weighed at weekly intervals in accordance with the centre's policy. This matter was brought to the attention of the person in charge who undertook to address it. Nutritional screening was carried out using an evidence-based screening tool at a minimum of three monthly intervals. Nursing staff highlighted any significant changes to the person in charge and the centre's policy was implemented as appropriate. Staff monitored the food and fluid intake of all residents and detailed dietary monitoring records and fluid balance charts were implemented when appropriate. Drinks, including water, juices and soft drinks were readily available and residents and their visitors were free to access these.

Residents had satisfactory care plans for nutrition and hydration in place based on

regular nutritional assessments which were up to date. 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. The care plans were implemented in practice and the inspector saw that advice from the dietician and speech and language therapist (SALT) was implemented for individual residents. There was also access to the occupational therapist, the dentist and diabetic services for residents when required.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The inspector spoke staff in the kitchen who were knowledgeable about special diets and a record detailing residents' special dietary requirements and preferences was maintained for each resident in the kitchen. The dining experience was supervised by the clinical nurse managers (CNMs) and the nursing staff.

The inspector spoke with a number of residents regarding food and nutrition. All responses were positive with residents expressing a high level of satisfaction with the choice of food and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents for example on birthdays. An attractively designed club house had been provided to facilitate this.

The inspector reviewed the staff training records which showed that the provider and person in charge had facilitated a wide range of training for the staff in relevant areas such as dysphasia, nutritional screening and nutritional monitoring and bowel health. The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A kitchenette was provided in one area of the centre where residents could prepare a snack with the assistance of staff.

Judgement:
Compliant

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 all the people who participated in the inspection.

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Ryevale Nursing Home
Centre ID:	ORG-0000091
Date of inspection:	19/06/2014
Date of response:	08/07/2014

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:

Residents were not consulted with regard to the development of their end of life care plans.

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:

95% of Resident's have a diagnosis of moderate to severe Dementia on admission to the nursing home, this can cause problems for advance care planning around their wishes for end of life care. For these Residents a clinical decision is made by the GP in collaboration with the Resident (where appropriate) their families or representative and

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

ADON. There are guidelines around these discussions and the outcome is to identify:

1. Wishes that the person may have expressed in the past and are unable to do so now.
2. What's in their best interest

Proposed Timescale: (9 months)

Family meetings to coincide with the GPs availability can take time to organise.

Proposed Timescale: 01/04/2015

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:

Satisfactory procedures were not in place to identify residents' end of life preferences such a preferred place of death.

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:

There is a procedure in place to identify Resident's preferences for place of death as evidenced in our advanced care plan: 'GUIDELINES FOR PATIENTS RETURNING TO / RESIDENT IN NURSING HOMES FOR SUPPORTIVE-COMFORT CARE'. This has been adapted by Ryevale Nursing Home. Discussions held around this include discussions around preferred place of death. This procedure is in place and ongoing for 46 Residents.

Information which is sought for end of life care planning is already gathered through verbal communications with families and in other domains of Care Planning i.e. the psychosocial well being care plan. This information will now be included in the domain of End of Life Care Planning. This process has already commenced.

Where appropriate and with sensitivity, Resident's or their representatives will be given choice of place of death, this is already identified for Resident's who have an end of life care plan in place.

This is work in progress and aim to have completed in approximately 9 months.

Proposed Timescale: 01/04/2015