<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tara Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000107</td>
</tr>
<tr>
<td>Centre address:</td>
<td>5/ 6 Putland Road, Bray, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 286 3931</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:nirocan@gmail.com">nirocan@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Nirocon Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Paul Costello</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Anne Costello</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Gary Kiernan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>46</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements 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 2013 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: 01 July 2014 09:00  To: 01 July 2014 14:30

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

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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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, relatives, 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 that the service provided was compliant in relation to both outcomes. There was 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 relatives and evidenced throughout the inspection.

The nutritional needs of residents were met to a high standard and there were audit systems in place which were focused on improvement. Residents were provided with food which was varied and nutritious and respected their preferences. 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 and relatives provided feedback to the inspector, regarding food and nutrition, which was very positive.
Residents requiring end of live care received a high quality and person-centred service at this stage of life. 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 and this information showed that families were satisfied with the care given to their loved ones. Good documentation was in place for end of life assessment and care planning.

These matters are discussed further in 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 2013 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

**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 and resulted in positive outcomes for the residents. The person in charge had auditing systems in place aimed at facilitating continual improvement in this area.

As part of the self assessment process the person in charge had identified the need for further staff training in end of life care. The training records showed that training had been provided for a range of different grades of staff. The inspector spoke to staff members concerning this training and all stated that they found it helpful and beneficial. Additional training was also planned for the coming months. The inspector found that practices and procedures described in the self assessment document were in place and were adhered to.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. There was a 100% response rate with all questionnaires issued being returned to the Authority. This information showed that that the vast majority of 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 shown to families. This was evidenced in comments such as the “the staff were excellent” and the “the care she got was exceptional”.

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There was a policy on end-of-life which was centre specific and provided detailed information to guide staff regarding physical, psychosocial and spiritual needs of the dying person. Staff members were knowledgeable about this information.

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 all residents in accordance with the centre’s policy. The person in charge had designed an assessment tool to facilitate discussion with residents. The person in charge used this tool to gather detailed information on residents’ end of life preferences around place of death, funeral services and details such as who they wanted present in their final hours. Information regarding residents’ spiritual and emotional needs was also documented following consultation. Family members were also consulted where appropriate. All decisions concerning future health care interventions and residents’ preferences with regard to transfer to hospital were clearly documented in the medical notes following consultation with the GP. The inspector spoke to a number of residents who said they had been consulted by the person in charge about their end of life preferences. Residents said they could confide in the staff and also reported that staff members had been very supportive of them when a fellow resident had passed away.

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. Family discussions were held and the GP and nursing staff were consulted as appropriate. Practices and facilities were in place to ensure that resident’s needs were met and the residents’ dignity and autonomy was respected. Some residents resided in sharing 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 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.

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. The person in charge provided a mattress and comfortable chairs in the small family sitting room to facilitate this if required. A small proportion of the questionnaire feedback indicated that the amount of time staff had to spend with the dying person could have been improved. The inspector spoke to residents and relatives and reviewed rosters in order to investigate this matter further but found that staffing levels appeared to be adequate to meet the needs of the residents at the time of inspection. 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 person in charge and the assistant director also lived close by and were also available if needed.
Residents’ cultural and religious needs were supported. Mass took place in the centre at a minimum of monthly intervals and there were weekly prayers and communion. Other religious ministers were welcomed and visited as appropriate. Residents, spoken to by the inspector, stated that there religious and spiritual needs were respected and supported. Residents also stated that staff members were caring and respectful and they were comfortable confiding in them. The inspector found that staff members were sensitive to the need to respect the varied religious and cultural practices of the residents in their care. Staff were knowledgeable regarding procedures and practices to follow when laying out the body. Staff members also reported that they received emotional support from the provider and person in charge following a death in the centre.

Residents and visitors were informed sensitively when there was a death in the centre. Residents were informed in person and allowed to pay their respects if they wished to do so. In response to the self assessment process the person in charge had developed a bereavement booklet 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 professional support services available. An end of life symbol was displayed to alert residents and visitors when someone was at the end of life stage. Appropriate and dignified arrangements were in place for returning residents belongings to the family following a death in the centre.

In order to derive continual improvement in the area of end of life care the person in charge had introduced an audit to be completed by the staff within one week of all deaths in the centre. The audit evaluated compliance with the centres policy and also required staff to identify any ways in which the end of life care could have been improved. The inspector reviewed a sample of this audits and found that they recorded a high level of compliance with the centres policy. The person in charge discussed ways in which she was planning to further develop these end of life audits by seeking feedback from the families of the deceased residents.

**Judgement:**
Compliant

**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:**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
The inspector found that residents’ nutritional needs were met to a high standard and this was underpinned by good oversight by the person in charge and the ADON, supervision of mealtimes and audit practices. 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. The policy had been revised and updated in response to the training provided by the Authority on thematic inspections. Staff members spoken to by the inspector were knowledgeable regarding this policy.

The inspector observed the service of breakfast and the lunch time meal. Residents were served breakfast in bed or in the dining room in accordance with their preferences. There was good practice in relation to the timing of the meals. Mealtimes were flexible in accordance with residents’ routines. 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 also observed the main meal and found that it was hot and attractively presented with ample portions. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The menu choices were clearly displayed and residents were asked about their preferred meal option each morning. In the response to the findings of the previous inspection there was now a system in place to ensure better supervision at meal times. A staff member was allocated each day to supervise and coordinate the meal time experience each day. The inspector observed that there were sufficient numbers of staff to assist residents. Each residents’ dietary intake was clearly recorded and any unusual patterns were highlighted to the nursing staff.

The main meal was unhurried and there was a calm and relaxed atmosphere. There was sufficient space in the two dining rooms provided and tables and place settings were set attractively in advance of the meal. Residents were encouraged to be independent and specially adapted utensils had been provided for one of the residents to facilitate this. Where residents required assistance this was given in an unhurried and respectful manner. The inspector spoke to a number of staff members who were assisting residents with their meals and found that they were knowledgeable with regard to swallowing difficulties and 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 puréed, were attractively plated and these residents had the same choice as other residents. 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 consulted with the dietician in order to ensure that the menu was varied and nutritionally balanced. A recent review of the menu had been carried out by the dietician. A small number of minor changes were recommended following this audit and
the inspector saw that they had been implemented. For example additional carbohydrates had been recommended for the evening meal and the inspector saw that this had been incorporated. Meals were fortified with butter, cheese, milk powder and cream in accordance with the advice of the dietician and the individual preferences of the resident.

There was good on-going monitoring of residents nutritional, hydration, and oral health needs. Monthly weight monitoring was carried out for all residents and this was carried out more frequently if indicated. 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. The inspector reviewed a fluid balance record which was being maintained for one resident and found that it had been accurately maintained. 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. Residents had access to the dietician, speech and language therapist (SALT) and dentist in house. Access to the occupational therapist, diabetic services and other diagnostic services was also facilitated as appropriate. The care plans were implemented in practice and the inspector saw that advice from the dietician and SALT were implemented for individual residents. Nutritional supplements were prescribed where appropriate and the inspector saw that these supplements were offered to residents at the appropriate times.

There was clear, documented system of communication between nursing and catering staff regarding residents’ nutritional needs and preferences. The inspector spoke to 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 a location where both catering and clinical staff could readily access it.

The inspector spoke with a number of residents and relatives regarding food and nutrition. All responses were positive with residents and relatives 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. Residents said that the food was provided in ample portions.

The provider and person in charge had facilitated a range of training for the staff in relevant areas such as dysphasia, nutritional screening and monitoring of nutritional intake. The inspector spoke to a number of the staff regarding this training and found that they were knowledgeable in these areas.

The person in charge had good governance systems to oversee and manage risks associated with the nutrition and the meal time experience. Regular audits of the meal
time experience were carried out and any areas for improvement were promptly remedied. A good quality audit of residents who were losing weight was carried out on a monthly basis and an action plan was drawn up for any resident who was identified as losing weight. The inspector reviewed these action plans and found that they were being implemented. For example, residents had been referred for review by the dietician or prescribed supplements as appropriate in response to the audit findings.

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.

Judgement:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

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