<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cedar House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000023</td>
</tr>
<tr>
<td>Centre address:</td>
<td>35 Mount Anville Park, Goatstown, Dublin 14.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 2831024</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:cedarhouseadministration@eircom.net">cedarhouseadministration@eircom.net</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>Cedar House Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>James Bergin</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Sheila Dillon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Linda Moore</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>21</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
</tr>
</tbody>
</table>
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: 24 June 2014 07:30
To: 24 June 2014 13:50

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

<table>
<thead>
<tr>
<th>Outcome 10: Reviewing and improving the quality and safety of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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</tbody>
</table>

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 evidence-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, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge had completed the self-assessment tool and had judged that the centre was in minor non compliance in relation to both outcomes. These improvements had not been implemented.

While areas of non compliance were identified under both outcomes, overall the inspector found a good level of 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.
Residents requiring end of live care received a high quality service at this stage of life. Improvements were required in care planning and training delivered to staff. The inspector noted many examples of good practice in this area and staff were supported by prompt access to palliative care services. Questionnaires were received from a number of relatives of deceased residents which showed that families were satisfied overall with the care given to their loved ones.

The nutritional needs of residents were met to a high standard. However, some improvement was required regarding gaps in the maintenance of documentation and
the care plans did not fully direct the care to be delivered. Assistance at meal times required improvement. Residents were provided with food which was varied and nutritious and respected their preferences. There was a good standard of nutritional assessment and monitoring and residents had very good access to the general practitioner (GP) when indicated. Residents and relatives provided feedback to the inspector, regarding food and nutrition, which was very positive. There was no quality review system to review the care delivered to residents in these two outcomes.

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 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

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

Findings:
There was no quality review system to review the care delivered to residents in the areas of end of life care or in the area of food and nutrition. See Outcome 14 and 15.

Judgement:
Non Compliant - Minor

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:
Care planning, as it relates to nutrition and end of life, were reviewed under this outcome. A moderate non-compliance as detailed under Outcome 14 and 15 was identified. Other aspects relating this outcome were not reviewed during this inspection.

Judgement:
Non Compliant - Moderate

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:
Overall residents received a high standard of end-of-life care which respected the values of the individual and resulted in positive outcomes for residents. However there were areas for improvement in the assessment and care planning.

There were no residents receiving active end-of-life care at the time of inspection and the inspector reviewed the care of three residents who had been recently deceased. The inspector found that while overall the care had being delivered, the care plans did not guide care.

One resident who had been deceased had a care plan but it was not updated as the residents condition deteriorated. Another resident did not have a care plan at their end of life. The inspector found that while some information on end of life was gathered as part of the residents assessments, this information was either incomplete or was not comprehensive.

Care plans were not comprehensive and did not fully reflect the physical, emotional, psychological and spiritual needs. Staff said these were a work in progress.
While residents future healthcare needs in the event that the resident became seriously ill were documented in the medical notes, residents did not have a care plan to guide the staff. The decisions concerning future health care needs had been discussed with the GP and family.

There was some evidence of resident and family involvement in decision making, but this was only taking place when the resident’s condition deteriorated. Relatives in the questionnaire said they would welcome the opportunity to provide feedback but were not asked.
The centre received support from the local palliative care team when required. Residents also accessed psychiatry of later life as required. These services were accessible upon referral by the nurses and GP. The inspector saw that there was prompt access to the services when required. Staff members were knowledgeable about how to initiate contact with the service. This was documented in resident’s files.

There was a policy on end-of-life care which was centre specific, however it did not provide detailed guidance to staff. The person in charge had identified this as an area for improvement within the self assessment. This did not include information management. There was so system to review the quality of care delivered to residents, for example a review of end of life procedures or audit of the end of life practices. The person in charge also identified this as an area for improvement but there was no progress in this area at the time of the inspection.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. All of the questionnaires issued had been returned to the Authority. This information showed that all respondents were very satisfied with the care which had been provided at the time of death.

There was an overnight apartment in the centre which relatives could use to be with the resident when they were dying. Residents reported a high level of satisfaction with the support and respect shown by staff members following the death. Residents and relatives also stated that staff members were caring and respectful and they were comfortable confiding in them. Resident’s right to refuse treatment was documented and reflected in the progress notes as it arose.

The procedure for the return of resident’s personal possessions required improvement. There were no bags available to handover personal possessions. Staff said relatives were required to bring their own cases to collect property. The policy on personal property would not guide practice. There was no evidence of any property returned to residents and staff on duty were not familiar with the practice and could not locate the records.

Records showed that two staff had received training in end-of-life care in 2014 and further training was planned for August 2014. The person in charge identified in the self assessment that this would be completed by May 2014. Many of the staff spoken to on the day had not received the training and said they would welcome the opportunity. Some of the residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported, however their wishes regarding their preferences and choices at their end of life had not been discussed with them or their family. Staff said they would like training to equip them with the tools to talk to residents about their wishes. Overall these were documented but were not comprehensively completed. Some of the residents told the inspector that they chose not to discuss their wishes with staff and this was respected. Other said their wishes to die at home would be facilitated, staff said this was never requested.
Mass services took place daily in the chapel and communion was also offered. The mass was also shown via television in the bedrooms if the resident could not attend mass. Residents expressed their satisfaction with this service. Access to other religious representatives from other faiths was available if requested. Last rites were provided and documented. Respect for the remains of the deceased was not documented but family were consulted throughout the whole process.

Residents and visitors were informed sensitively when there was a death in the centre. The pastoral care staff were available six days per week and met with families and residents, relatives at this time. A notice was placed at reception to alert all staff, residents and visitors when a resident was at end of life. Residents said they were supported when a resident dies in the centre, through the pastoral care service.

The inspector found that there was no information available for distributing to families following the death of a loved one. The staff told inspectors of the guard of honour that was performed as the resident left the centre after the funeral mass. Refreshments were provided in the centre for relatives and residents.

Judgement:
Non Compliant - Moderate

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:
Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. However, some improvement was required in the maintenance of the care plans. Assistance at meal times also required improvement.

There was a food and nutrition policy in place which was centre specific, however it did not provide detailed guidance to staff. The policy did not include any guidance regarding modified diets, ethnic needs, religious and religious practices. The person in charge had identified the policy as an area for improvement in the self assessment document that was submitted to the Authority, this was not as yet addressed.

There was one dining area which was bright, well maintained and adequate in size. The inspector observed the service of breakfast and the main meal to residents. Residents were served breakfast in their rooms at a time that they chose which was
documented. Breakfast was served from 7.30 am to 10am. Residents, spoken to by the inspector stated that they enjoyed the breakfast provided and they were offered choice.

The inspector observed the main meal and found that it was hot and attractively presented. Residents were not offered a choice of food at the main meal time but individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Residents could help themselves from the tureens on the tables or were provided with assistance. Improvements were required to the assistance of residents at this meal. One staff member assisted two residents at the same time which did not promote a person centered approach to care. Other residents were appropriately seated during the meal. Assistive equipment was not provided as it was not required for any resident.

Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal. However, the inspector noted and staff confirmed that the choice at the evening meal was limited. Staff confirmed that residents ate eggs almost every evening. Therefore the inspector found that this meal was not suitably varied and could be monotonous for some residents. There was no menu with modified meals documented.

Regular fluids were provided during the day and fruit was available in the dining room. A jug of water was provided in each resident’s bedroom twice daily. While residents had access to snacks during the day and in the evening, there was no list of modified snacks to guide staff.

The inspector found that there were adequate numbers of staff on duty, based on the assessed needs of the residents. The service of all meals had been sufficiently supervised by the nurse. The meal time provided opportunity for social interaction between staff, residents and relatives.

Overall residents who required specialised diets and altered consistency meals were facilitated and staff members were very aware of individual resident’s requirements. However, the inspector saw that advice from the speech and language therapist (SALT) was not implemented for one resident. One resident who required a soft diet was given bread for breakfast which contravened the resident’s requirements. Residents who required dietary restrictions due to medical grounds were facilitated, such as diabetic diets.

There was a documented system of communication between nursing and catering staff regarding residents’ nutritional needs and preferences, however this required improvement. There was insufficient evidence of a comprehensive record maintained in the kitchen of all residents needs, including those who required meals to be fortified.

There was ongoing monitoring of residents nutritional and hydration needs and residents at risk were reviewed by the dietician as required. Residents had good access to the general practitioner (GP). While oral assessments were completed, there were no records maintained that residents were reviewed by the dentist. Staff said the records were maintained in the progress noted but this could not be located.
Overall there were care plans for nutrition and hydration in place, while nutritional assessments were in place, they were not consistently completed in line with the policy. Staff showed the inspector how the malnutrition universal screening tool was not completed on a routine basis in line with the policy.

Care plans for residents who had lost weight recently did not fully direct the care to be delivered and had not been updated when a resident was reviewed by the dietician.

The inspector spoke to many residents regarding food and nutrition. Overall the response was uniformly positive with residents and relatives expressing a high level of satisfaction with the choice of food, the meal times and the overall dining experience. The chef met with residents daily in the dining room. However there was no formal system of review of residents needs, such as audits or information collection.

The menu plan consisted of fresh vegetables and fruit which was grown in the gardens, the menu had not been audited by the dietician in order to ensure that it was nutritionally balanced.

Resident’s committee meetings continued, however the minutes could not be located. The provider and nurse in charge said there had not been any complaints in 2014 in respect of food and nutrition and end of life.

Staff had received training in the area of nutrition and was knowledgeable in these areas. Inspectors visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

**Judgement:**
Non Compliant - Moderate

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**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

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

No actions were required from the previous inspection.

**Findings:**

Many of the staff had not received training in end-of-life care.

No other aspect of this outcome was reviewed by the inspector.
Judgement:
Non Compliant - Minor

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:

Linda Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cedar House Nursing Home</th>
</tr>
</thead>
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<tr>
<td>Centre ID:</td>
<td>ORG-0000023</td>
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<tr>
<td>Date of inspection:</td>
<td>24/06/2014</td>
</tr>
<tr>
<td>Date of response:</td>
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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 10: Reviewing and improving the quality and safety of care

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no quality review system to review the care delivered to residents across the two outcomes.

Action Required:
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Please state the actions you have taken or are planning to take:
Dining questionnaires will be available for all residents in the kitchen. Residents will be asked at the Residents’ Meeting if the food provided is satisfactory. This will be recorded in the Minutes of the Resident’s meetings, which the Chaplain will provide to the Nurse Manager. In the event that an improvement is suggested or a specific food is

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
requested, the resident will have the opportunity to speak to the Nurse Manager or the Chef.

Care Plan Audit will be carried out by the PIC or deputy and measured against care provided leading up to death, at time of death and afterwards.

Feedback on next of kin experience with end of life care provided will be sought from residents’ next of kin through questionnaire.

First retrospective audit by dietician will be completed by 11th August 2014. Dining questionnaires completed. Minutes of Residents’ Meetings available from 11th August 2014.

Care plan audits will be performed at six monthly intervals, as required. Questionnaires will be distributed to those family members who consent within three months of residents’ deaths, as appropriate.

**Proposed Timescale:** 11/08/2014

### 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 care plans did not guide practice and were not reviewed when the residents condition changed.

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

**Please state the actions you have taken or are planning to take:**
The wishes of residents will be discussed, documented in a care plan and implemented, in so far as is possible. Where it is not possible for a resident to inform staff of their wishes, family members will be asked, when appropriate. The care plans will be reviewed each time the resident’s condition changes, or any change is made to the management of their symptoms.

**Proposed Timescale:** 11/08/2014
### Outcome 14: End of Life Care

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy for end of life did not guide practice and was not updated in line with evidence-based practice.

**Action Required:**
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

**Please state the actions you have taken or are planning to take:**
End of Life care policy is currently under review.

**Proposed Timescale:** 11/08/2014

### 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:**
There was limited choice at supper for residents on a modified consistency diets.

**Action Required:**
Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each residents individual needs.

**Please state the actions you have taken or are planning to take:**
The person in charge and the chef will liaise with the dietician to ensure choice at Supper-time for those residents on modified consistency diets.

**Proposed Timescale:** 11/08/2014

### Theme:
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Appropriate assistance was not provided to all residents.
<table>
<thead>
<tr>
<th><strong>Action Required:</strong></th>
<th>Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Staff will assist each resident, promoting a person centred approach to care, at each meal.</td>
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</tbody>
</table>

**Proposed Timescale:** 14/07/2014  
**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
One resident’s dietary requirements as prescribed by the speech and language therapist were not being adhered too.

**Action Required:**  
Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each residents individual needs.

**Please state the actions you have taken or are planning to take:**  
This resident was reviewed by the Speech and Language Therapist on 01/07/2014.

**Proposed Timescale:** 14/07/2014  
**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The policy on nutrition management was not comprehensive and would not guide practice.

**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:**  
Nutrition and Hydration policy is currently under review.

**Proposed Timescale:** 18/08/2014
<table>
<thead>
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<th>Outcome 18: Suitable Staffing</th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Workforce</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Many of the staff were not provided with training on end of life.

**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:**  
End of Life Care Workshop is booked for 28th August 2014. A further workshop will be booked on a date later in the year, to ensure that all staff receive training.

**Proposed Timescale:** 31/10/2014