

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Conna Nursing Home
Centre ID:	ORG-0000215
Centre address:	Conna, Mallow, Cork.
Telephone number:	058 59 876/59 888
Email address:	connanursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Conna Nursing Home Partnership
Provider Nominee:	Pat Beecher
Person in charge:	Marian Prendergast
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	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: 11 June 2014 11:30 To: 11 June 2014 20:00

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 in Conna Nursing Home which focused on two specific outcomes, end of life care, and food and nutrition. In preparation for this thematic inspection the person in charge attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and relevant documentation prior to the inspection. The inspector met with residents, relatives, nursing staff, care staff, kitchen 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 records pertaining to deceased residents.

The person in charge has been in her position for the past ten years and had completed the self assessment questionnaires circulated by the Authority in advance of the inspection.

The inspector spoke with residents and relatives and they all expressed a high level of satisfaction with the food, the staff and their experiences in the centre. The inspector was present at dinnertime and teatime and assessed the food and the dining arrangements with the residents. Overall, the inspector noted that an enabling and supportive environment existed in the centre which resulted in positive outcomes for the residents, the staff, and the visitors.

There was evidence that the findings of the self-assessment questionnaires were being implemented. Staff to whom the inspector spoke displayed relevant knowledge of the residents and their needs. They were observed caring for residents in a respectful manner while maintaining the residents' privacy and independence.

The provision of end-of-life care was assessed through interviews with staff, residents and relatives as well as information in the care plans of residents. The policy on end-of-life care was read by the inspector and was applied in practice, as evidenced from the file of a recently deceased resident.

The centre had been self-assessed by the person in charge as fully compliant in both outcomes. However, the inspector found minor non-compliance in the area of food and nutrition and minor non-compliance in the area of end-of-life care as regards the requirements of 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.

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

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 aware of the policy and were knowledgeable of how to support residents and families at the end-of-life stage. There was information in the policy on the diversity of religious beliefs, on supporting families and on reporting obligations following a death. The policy offered guidance for staff in caring for the emotional and spiritual needs of the resident at end-of-life. However, there was not sufficient guidance for staff in caring for the resident's physical needs such as oral care, pain control and skin care. Instructions on the rationale for, or availability of, subcutaneous fluids were not included. The procedure for staff to follow, when preparing the body of the deceased person, lacked detail and the person in charge informed the inspector that she would augment the policy in line with existing practice.

The inspector spoke with the person in charge, the nursing staff, care staff, administration staff, laundry and kitchen staff about their attendance at recent training. The inspector viewed the training records for the centre. This training was up to date and most of the staff had attended end-of-life training in 2014. Other staff members had completed a module in end-of-life care as part of their training.

A comfortable library 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. However, as most of the rooms in Conna Nursing Home were single occupancy rooms, this had not arisen. The person in charge explained that in her experience residents or relatives rarely want to move from familiar surroundings at the end-of-life stage.

The inspector reviewed a sample of care plans of deceased residents and noted that they were regularly reviewed by the general practitioner (GP) and that appropriate care was given. There was evidence that medications, symptom control and pain relief were regularly reviewed and closely monitored by the GP. There were also indications that the next of kin had been kept informed of any change in condition and was present at the

time of death. Care plans reviewed indicated that staff had provided emotional, psychological and physical care to the person at the end-of-life. Spiritual needs had been attended to, as required.

The inspector also viewed the care plans of some residents who were receiving palliative care on the day of inspection. The inspector observed that there was evidence that the GP and the person in charge had discussed end-of-life wishes with either the resident or the relative, where appropriate. The care plans revealed that assessments were in place to ensure good oral care, skin assessments and pain control as well as fluid and nutritional intake for these residents. Staff with whom the inspector spoke, explained how advanced care wishes were being documented when these become known and that end-of-life care plans are now reassessed on a three-monthly basis.

Residents also told the inspector that they felt their wishes would be respected by staff if they were to become ill or their needs changed. There was evidence in the care plans that discussions had been held with the GP and some residents about CPR (Cardio-Pulmonary Resuscitation) and where relevant, this had been signed by the resident and the GP or signed on their behalf.

The inspector was informed by the person in charge that the option was available for a resident to return home in the event of expressing a wish to do so. However, there was no documentation seen by the inspector, which supported any discussion with residents about preferred place of death as required in the Regulations. The inspector saw documentation which indicated that of the 29 residents who died in the last two years, 28 had died in the centre.

There were processes in place to ensure involvement of staff and families in end-of-life planning, when this was required. The person in charge described to the inspector how the staff would ascertain the residents' wishes for their future care. She explained how the families were consulted in the process, if the resident consented to this. The inspector noted that on most occasions these wishes were recorded in the residents' care plans. The inspector spoke with some relatives who had been involved in planning for the future needs of their residents. They expressed that they found the staff to be very patient and understanding with them during this time. Some relatives explained that they were supported in the decision making by the person in charge and the GP was available to them for advice also. These relatives also emphasised to the inspector that the end-of-life care plan is reassessed with them on a regular basis. The inspector viewed the care plans of the resident involved and saw that the discussion had been documented and signed and that reassessments were carried out as described.

The inspector spoke with residents who said that they were included in the religious services when a resident passed away. The person in charge informed the inspector that the family of a deceased resident could request to have the removal from the oratory in the centre. There was a religious service in the oratory every Saturday and some of the residents went there each evening to pray. A remembrance service was held yearly in the centre and staff, residents and families attended this. There were suitable books and prayer leaflets in the oratory and available in the special box of items kept for the end-of-life period. The person in charge said that it was planned to augment the choice of information leaflets on offer to include advice on bereavement and counselling services.

The person in charge stated that when a resident died in the centre the family or representatives were given verbal advice on what to do following the death. According to the self assessment, staff and other residents were supported following a death of a resident and this was confirmed to the inspector as above, in discussion with the staff and residents.

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.

Specialist palliative care services were readily available to support the residents' care in the nursing home and the person in charge explained how training in the use of subcutaneous fluids and in the use of syringe drivers for end-of-life care was being sourced for relevant staff.

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:

The inspector reviewed the self-assessment questionnaire and the policies on nutrition, mealtimes and hydration. These were found to be relevant and comprehensive.

The inspector viewed training records which indicated that most of the staff had attended training. These education sessions were being provided for staff by a dietician and a speech and language therapist (SALT). Training sessions included nutrition, dysphagia, the use of supplements and modified diets. The inspector saw that further training sessions were planned.

The inspector observed mealtimes including dinner at 12.30hrs, afternoon tea at 15.00hrs and the evening meal at 16.30hrs. 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. Other 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 noted 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. 50 residents utilised the main dining room and the staff ensure that these residents maintained their independence by preparing their food in an individualised manner. Residents were appropriately encouraged and were seen to receive their meal in a timely manner. Second helpings were readily available. After dinner, residents were offered dessert and tea or coffee. Residents having tea were given individual small pots. The inspector observed that there was a specific dining room assistant on duty at each mealtime and she later spoke to the inspector and said that she shared the role with another member of staff throughout the week. She was seen to be very helpful and supportive of the residents and the inspector noted that they were very familiar in their interactions with her.

Residents requiring full assistance were seen to be accompanied to the dining room earlier than the main group of residents. A staff member was assigned to sit at each dining table with the resident requiring assistance. The inspector observed that the staff members were assisting the residents carefully and in a respectful manner. The inspector spoke with these residents who said that the food on offer was appetising. Staff told the inspector that they were aware of the actions to take if a resident appeared to be choking. Cutlery was appropriate to the needs of specific residents. The modified diets on offer were served in an appetising manner, However, the residents requiring modified diets were not afforded a choice of meat. The chef explained how certain meats were easier to blend to the required consistency than others. However, the chef explained how the residents' preferences are always checked when preparing modified diets also.

The dining room was bright and easily accessible. The residents were able to dine with dignity and there was plenty of space between the tables. The tables were nicely decorated with fresh flowers and the crockery and cutlery were of good quality. However, the menu was not displayed on the tables in the dining room or in a prominent position where residents would be able to see the choice on offer. The person in charge informed the inspector that this would be addressed.

Snacks and drinks including juices and fresh drinking water were available throughout the day. The inspector reviewed records of residents' meetings in January and April this year, which had been chaired by the activities coordinator. It was evident that issues raised by residents, as regards to food, were attended to. The inspector spoke with the activities coordinator who also acted as support for the advocate. The complaints log was also seen and there was no evidence of complaints concerning food. The person in charge said that when issues were raised at the residents' meetings they were addressed promptly.

The kitchen was noted to be very clean and a high standard of hygiene was evident in the preparation and storage of food. The inspector spoke with the chef who said that she regularly met with the person in charge to discuss the residents' dietary needs. The chef showed the inspector her files, which contained relevant information, including a copy of the most recent assessments carried out by the speech and language therapist and the dietician. The inspector was shown a record of residents' food preferences. The

chef and the kitchen staff indicated that they received relevant training in food safety and nutrition. The inspector saw these records in the training file and also saw the HACCP file (Hazard Analysis Critical Control Points) for the kitchen.

The chef also showed the inspector her arrangements for storing the gluten free food and the diabetic food. The chef explained to the inspector how she ensured 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 viewed the file containing the names of these local suppliers. 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. 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.

There was evidence that ample choice was available for dessert and the inspector heard residents indicate their individual choices to the staff. Staff were seen to be attentive and knowledgeable about the residents and were able to tell the inspector how they would support a resident who had swallowing difficulties. It was evident to the inspector that the individual resident's preferences and habits were known to staff and accommodated by them.

Documentation submitted to the Authority indicated that:

9 residents were on nutritional supplements.

8 residents were on a diabetic diet.

1 resident was on a gluten free diet.

1 resident was on a lactose free diet.

9 residents were on fortified diets.

This was confirmed by the person in charge 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 in some cases not prescribed by the GP even though they were seen to be administered by staff. The inspector noted that on one occasion there was no indication in the resident's file that the advice given by the dietician, concerning weight loss of a resident, had been reported to the GP, as she suggested. The inspector saw that there were plans of care in place for residents with swallowing difficulties, diabetes or other nutritional need.

Subcutaneous fluids were an option which the person in charge said would be considered if the need arose. However, this was only at policy development stage and the inspector was informed that training for staff would be organised at a future date. Fluid and food records were maintained for any resident who was at risk, as assessed by the MUST (Malnutrition Universal Screening) tool.

The inspector spoke with the physiotherapist who explained how she liaised with the SALT and sometimes the occupational therapist (OT) as regards positional seating for residents who had swallowing difficulties or postural issues at mealtimes. She came to the centre on a weekly basis or more frequently if necessary.

The inspector joined 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. All the residents at the table were seen to eat a variety of food. The residents said that every afternoon a food choice form is circulated to them with up to ten different combinations on offer for tea time. The evening meal was served from 17:00hrs onwards and the inspector observed that there was a varied choice of menu on offer, as described by the residents, as well as a selection of home baking. 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 dietary, dental, as well as speech and language services and there was evidence of this in the sample of care plans reviewed. The inspector noted that all residents had a MUST assessment and that this was repeated three-monthly or when required. 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 had a comprehensive care plan in place. 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. Care plans were in place to provide guidance on oral hygiene. Staff spoken with by the inspector were knowledgeable on this subject.

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 family members at 15.00hrs. Relatives, with whom the inspector spoke, confirmed that they would be offered tea when visiting the residents. The relatives also told the inspector about the efforts made by staff to facilitate the celebration of special occasions.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Conna Nursing Home
Centre ID:	ORG-0000215
Date of inspection:	11/06/2014
Date of response:	24/07/2014

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 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:

While there was a policy in place it lacked detail to guide staff in the physical care of the resident at end of life, particularly if there was a protracted time frame involved. The policy required information on supporting the hydration needs of these residents and also details to guide staff on the care of the body after death.

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:

The policy on End of Life Care will be updated to include information on supporting the

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

hydration needs of residents and details to guide staff on the care of the body after death.

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:

The supplements which the dietician had recommended on medical grounds for residents were not always supported by a prescription from the GP.

Action Required:

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

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

All dietary restrictions will be facilitated on medical and religious grounds and all recommendations by the dietician will be supported by a prescription from the GP.

Proposed Timescale: 24/07/2014