

**Health Information and Quality Authority  
Regulation Directorate**

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



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| <b>Centre name:</b>                                       | Beneavin Lodge Nursing Home                              |
| <b>Centre ID:</b>   | OSV-0000117  |
| <b>Centre address:</b>                                    | Beneavin Road,<br>Glasnevin,<br>Dublin 11.               |
| <b>Telephone number:</b>                                  | 01 864 8577  |
| <b>Email address:</b>                                     | beneavinlodge@firstcare.ie                               |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Beneavin Lodge Limited                                   |
| <b>Provider Nominee:</b>                                  | Mervyn Smith   |
| <b>Lead inspector:</b>                                    | Sheila McKeivitt   |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Unannounced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 68   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 0  |

## **About monitoring of compliance**

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with 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.**

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: 29 July 2014 07:30 To: 29 July 2014 15:00

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 which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection the person in charge and key senior managers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed the provider self assessment tools relating to end-of-life care and food and nutrition submitted by the person in charge before the inspection. The person in charge had judged that the centre was in moderate non-compliance in relation to both food and nutrition and end-of-life care.

The inspector met residents, staff and relatives and observed practice on inspection. Documents reviewed included policies, assessments, care plans and training records. The person in charge together with her team of staff had implemented all the planned changes outlined in both self assessments submitted prior to this inspection. These changes had lead to positive outcomes for residents and resulted in the centre being in compliance with regulations relating to both food and nutrition and end-of-life care as outlined under 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.

**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(s):**

No actions were required from the previous inspection.

**Findings:**

The end-of-life care provided to residents was to a high standard. The inspector saw that residents received end-of-life care which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy.

There was a comprehensive end-of-life policy in place which reflected the care relatives said was provided to their dying relative in the centre. It was last reviewed in May 2014 and had been implemented in full. Staff spoken with were fully aware of revised practices.

There was no resident receiving end-of-life care at the time of inspection. Staff said residents were given the choice of where they would like to die and relatives who completed questionnaires confirmed this. A number of residents spoken with discussed their end of life wishes with the inspector and confirmed they had been asked about their preferences regarding end of life care and to their knowledge this had been recorded in their file. The inspector noted that 32 out of the 40 residents who had died in the past two years had died in the centre the remaining 8 had been transferred and died in an acute hospital.

The majority of residents had their own bedroom. The visitor's room contained a private area for relatives to reside in if they wished. Those relatives who completed questionnaires confirmed they were facilitated to stay with their loved one when they were dying and refreshments were supplied by staff. Feedback from relatives stated that the end-of-life care provided was to a high standard and ensured the resident was comfortable and pain free. The centre had access to the local palliative care team, there was a referral system in place and review by the team was provided without delay.

Nursing documentation was reviewed and confirmed that nurses had recorded residents' death and dying wishes/preferences at the time of their three monthly assessment review and most residents now had a detailed advanced end of life care plan completed which included all their preference/wishes identified during their assessment review. The inspector reviewed the medical and nursing documents of two residents who had died

recently in the centre; both had a detailed advanced end of life care plan in place at the time of their death. The inspector was informed that some residents, their families together with the resident's General Practitioner (GP) had decided that the resident was not for cardio pulmonary resuscitation (CPR). Records to reflect these decisions were in place and were reviewed on a regular basis. There were clear and concise records kept of when and how the resident was assessed and certified dead by the visiting medical practitioner.

Residents' religious needs were facilitated. Residents spoken with told the inspector that the priest anoints them at Mass and the priest was sought to provide additional services at their request. Relatives stated that there was enough staff on duty at the time of their relatives death.

The end of life policy included details about caring for the remains of a deceased resident and the return of personal possessions to loved ones. There was specific freshly pressed white linen and an Irish Hospice Foundation quilt for use on the deceased residents' bed. An end of life symbol was displayed at the nurses' station of the unit where the resident had died another was also placed on the deceased residents' bedroom door. The deceased remains were transferred by the undertakers. The person in charge and staff described how they formed a guard of honour at the front door of the centre at this time and the pastoral carer or a member of staff known to the resident read some prayers and said a few words about the resident.

The inspector was informed that residents' personal possessions were packed in boxes and kept in a secure store room until the family were ready to collect them. Written information was available to relatives on the death of a loved one and relatives stated in questionnaires returned this was given to them at the time of their loved ones death.

The pastoral carer and staff informed residents' about the funeral arrangements and those who wished to attend the funeral were facilitated. The person in charge personally sympathised with the residents next of kin by telephone if not on duty when the resident passed away. A sympathy card was also sent by the person in charge to relatives when their loved one died.

Education records showed staff had received training in relation to the provision of end of life care.

**Judgment:**

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(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that each resident was provided with food and drink at times and in quantities adequate for his/her needs. Food was properly prepared, cooked, served and was wholesome and nutritious. Residents had a choice at each meal time. Assistance was offered to residents in a discreet and sensitive manner, when required.

The policy on food and nutrition had been reviewed on several occasions, most recently in May 2014. It was robust and provided clear guidance to staff on how to care for residents' nutritional and hydration needs. The updated policy had been implemented and was being followed by staff. There was also a policy on guidelines for care of residents with Percutaneous Endoscopic Gastrostomy (PEG).

Residents had access to fresh drinking water and a variety of hot and cold drinks throughout the course of the day and they confirmed that staff provided them with a drink when they requested it and renewed the jug of fresh drinking water in their bedroom each morning. Staff were observed offering residents a choice of hot and cold drinks with their meal and they were individually offered a drink between each main meal and between supper and bedtime. Residents spoken with confirmed drinks offered included milk shakes, a variety of chopped up fruit, mousses, soup, cakes, scones and/or biscuits.

The inspector observed breakfast and lunch being served to the residents. Residents confirmed they could choose where they wanted to eat. The inspector saw a number gathering in each of the dining rooms to enjoy breakfast others spoken with had chosen to have theirs in the comfort of their bedroom. Residents in each unit had access to a communal dining room. Catering staff, prepared trays in each unit's pantry with the residents' chosen preference. The care staff assisted serving breakfast to residents'. The inspector saw that there was a choice of cereals, scrambled/fried or boiled eggs together with a variety of breads and/or toast, different juices, tea or coffee being offered and served to each resident. Residents told the inspector that the breakfast was always good and they always got what they ordered.

At lunch time the residents were given a choice, they completed a meal choice form. The lunch was prepared and cooked in the main kitchen and sent within a heated trolley to the kitchenette adjoining the dining room in each unit. Lunch was then served by catering staff from the heated trolley in each dining room. Residents could view the food prior to making a choice.

The dining room tables were set with all required condiments and cutlery to meet the residents' individual needs. The inspector observed that a variety of crockery and utensils was available to meet the needs of all residents. The food was presented to residents in an appetising manner. Residents requiring smooth pureed or minced moist food could clearly identify what they were eating as each food group was presented separately on their plate. The quality of the food was good and the quantities reflected each resident's individual dietary requirements, which were also reflected in their care

plan. Adequate numbers of staff were available to assist residents at mealtimes. They were observed encouraging and promoting residents to be independent in a sensitive manner. Residents' were observed chatting amongst themselves and to staff while enjoying their lunch. Relatives were facilitated to come in and assist their loved one at lunchtime if they wished.

Catering and care staff spoken with had a good knowledge of each resident's individual preferences, likes/dislikes, those on special diets such as weight reducing, diabetic, healthy heart, high protein and high calorie diets and those who required alternation to the normal food consistency. They consulted a list within the main kitchen and within each kitchenette displaying all this information for each resident in a discreet manner.

The catering manager stated that there was a four week rolling menu which was changed on a regular basis. However, meals were trialled by residents and feedback sought prior to going on the menu for a period of time. All menus had been reviewed for nutritional content and details of this evaluation were available for review. Residents spoke highly of the quality of the food and the manner in which it was cooked and served and confirmed that feedback was sought from them at resident meetings, asking them to complete questionnaires and verbally by the catering manager. They also confirmed that snacks including fresh fruit was available and served between meals.

Clinical documentation was reviewed. Assessments and care plans were in place for all residents'. Residents were assessed on admission and reviewed three-monthly with a validated assessment tool for food and nutrition and skin integrity. A baseline weight and height was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk. Assessments were detailed and reflected the resident's individual needs. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the GP instructions. Residents spoken with who informed the inspector that they were on a fluid restriction had this maintained and totalled by staff at the end of each 24hr day.

The provider's self-assessment indicated that access to medical and peripatetic services was good and the inspector found there was no delay in any resident being referred or reviewed as required.

**Judgment:**  
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:***

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