<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sheelin Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000160</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tonagh, Mountnugent, Cavan.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>049 854 0414</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@sheelinnursinghome.com">info@sheelinnursinghome.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>Sheelin Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Russell Mellett</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>32</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
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</tbody>
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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 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.
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: 16 July 2014 08:45  
To: 16 July 2014 14:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td></td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td></td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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</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 the person in charge undertook a self assessment in relation to both outcomes. The inspector reviewed policies and the provider’s self-assessment tools relating to End of Life Care and Food and Nutrition submitted by the person in charge pre-inspection. The person in charge had judged that the centre was compliant in relation to Food and Nutrition and End of Life Care. The inspector met residents, staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records.

Relatives who returned information to the Authority prior to the inspection confirmed that the care provided at this time was appropriate and they were welcomed and facilitated to remain with their relative for as long as they wished. The inspector noted many examples of good practice in this area and staff were supported by prompt access to palliative care services. Staff exhibited an in-depth knowledge of the residents and their backgrounds. Residents requiring end-of-life care received a high quality and person-centred service. While advance care plans for end of life were in place for the majority of the long stay admissions, further work was required to complete end life care plan for the remaining eleven residents.

The food and nutritional needs of residents was met to a high standard. The food provided to residents was appetising and wholesome with a range of homemade options. Residents had care plans for nutrition and hydration in place. There was good access to allied health professionals for residents who were identified as being at risk of poor nutrition, hydration or had difficulty swallowing. Meal times were a social occasion. Residents' food likes and dislikes were well known by staff and meals
were served meals in accordance with their preferences and dietary restrictions.

The inspector found the centre to be compliant in the area of Food and Nutrition and minor non complaint in End of Life Care. These matters are discussed further in this 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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:**
Person-centred care and support

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

**Findings:**
The inspector reviewed the assessment and care planning for residents' nutritional and end-of-life care and found that some improvements in care planning were required as described under Outcome 14 and 15 of this report.

**Judgment:**
Non Compliant - Minor

**Outcome 14: End of Life Care**

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
End of life care formed an integral part of the care service provided at the centre. Questionnaires, asking relatives’ opinions regarding end-of-life care were sent to the relatives of deceased residents. All responses reflected a high level of satisfaction with the care received and the communication between families and staff. Documentation indicated that within the last two years, 72% of deaths occurred in the centre where end-of-life care needs were met without the need for transfer to an acute hospital.

There was an end-of-life policy in place. The policy reviewed included procedures to
guide staff on documenting resident’s wishes in relation to end of life, the right to refuse treatment and information on referral to palliative care services for specialist input. A document titled multi faith guide on beliefs and requirements at death was available as a reference to provide guidance to staff to meet residents’ religious and cultural beliefs. Staff spoken with had an understanding of end of life care and all staff had completed training in this area recently. Staff indicated to the inspector the training had increased their confidence and professional development in providing care for residents at end of life.

All care needs are identified by a comprehensive assessment on admission and documented accordingly. This is regularly reviewed. The inspector read the records of two recently deceased residents and three care files of the current six residents with a do not resuscitate (DNR) status. The policy of the centre is all residents are for resuscitation unless documented otherwise. There was evidence of good practice in this area. Each resident’s resuscitation status was reviewed at regular intervals. The documentation reviewed outlined the clinical judgement of the general practitioner.

Where the need was identified referrals were made to the palliative care team. Records reviewed evidenced good input by the palliative team to monitor and ensure appropriate comfort measures. Medication was regularly reviewed and closely monitored to ensure optimum therapeutic values. The person in charge had a validated pain assessment tool available. At the time of this inspection there was one resident in receipt of end of life care. A pain monitoring log was not maintained as the medication review with the palliative team indicated the resident was presently pain free and appropriate comfort measures were in place. However, the pain assessment tool and monitoring log was not included in the resident’s care plan for ease of access by the nursing team if required.

A new assessment tool was developed to implement a system of advance care planning for end of life to maximise residents’ ability to participate in the decision-making process to record their wishes and preferences. Residents were consulted regarding their future healthcare interventions, personal choices and wishes in the event that they became seriously ill and were unable to speak for themselves. While advance care plans for end of life were in place for the majority of the long stay admissions, further work was required to complete end life care plans for the remaining eleven residents.

Care practices and the facility of the physical environment ensured that resident’s needs were met and their dignity respected. Presently 22 residents are accommodated in single bedrooms and a choice is offered for end of life care. Families are supported to be with their relative and facilitated to stay overnight. There is a visitors’ room on the ground floor and a family room are offered refreshments. Residents’ cultural and religious needs were supported. Mass took place in the centre generally every three weeks for Roman Catholic residents and a Eucharistic Minister visited weekly. Residents of other religious denominations had access to ministers who visited. An oratory is presently undergoing renovations to provide a quiet space for residents to facilitate meeting their spiritual needs.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally) and on what to do following the death of their relative. An information leaflet on how to access bereavement and
counselling services is available and these were on display in the entrance foyer. There was a protocol for the return of personal possessions. However, the person in charge did not have specially designed bag or similar facility to return personal possessions. Records of residents' personal property were maintained up-to-date.

**Judgment:**
Non Compliant - Minor

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Residents spoken to during the visit and relatives in questionnaires returned to the Authority expressed satisfaction with the food provided and the choices available to them. The menu was planned on a weekly basis and all food was cooked on the premises. The inspector reviewed the menu and discussed options available to residents with the chef. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake particularly those for those on fortified diets. A trolley served residents mid morning offering a choice of soup, tea/coffee and biscuits. Homemade breads and scones were provided. In the afternoon residents were offered a fruit option, with some bread or biscuits.

The inspector observed breakfast and the main lunchtime/dinner meal. Residents confirmed they could choose where they wanted to eat. Residents are accommodated in two separate dining rooms. Resident with high dependency are accommodated on the second floor closest to their bedrooms. The majority of residents came to the dining room for their breakfast at various stages throughout the morning. Meal times were a social occasion and a calm environment was ensured. The dining areas are well decorated with a bright decor. The lunch time menu provided residents with three different options to include meat, poultry and a fish dish. The dessert trolley was brought into the dining room to allow residents view options available to assist in making an informed choice.

The menu choices were clearly displayed on a board in the dining room and menus were placed in the day sitting room. Residents' food likes and dislikes were recorded and served meals in accordance with their preferences and dietary restrictions. The inspector noted that food including food that was pureed was attractively presented and in accordance with the menu of the day. The instructions for foods and liquids that had to
have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific requirements.

Sufficient dining space was available. Tables accommodated small groups of residents which supported social interaction. The inspector saw that there were adequate staff available to assist at mealtimes. Staff sat with residents who required assistance with meals, were respectful with their interventions and promoted independence by encouraging residents to do as much as they could for themselves. One resident had specialist cutlery to promote his independence in eating.

Clinical documentation was of a good standard. Assessments, care plans and nursing evaluation notes were reviewed. Residents had care plans for nutrition and hydration in place. 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. While care plans were reviewed at the required intervals, reviews were indicated by a date and a signature only. It was not clear exactly what aspects of the care plan had been reviewed. A narrative of the reviews was not provided to outline the conclusion or clinical judgment of the effectiveness of the care plan pathway in place.

There was ongoing monitoring of residents nutritional, hydration and skin integrity. Nutritional screening was carried out using an evidence-based screening tool at a minimum of three-monthly intervals. 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 general practitioners instructions. Staff monitored the fluid intake of all residents. Fluid charts were totalled and reviewed to ensure a daily fluid goal was maintained. Detailed dietary monitoring records of food intake were implemented when appropriate. Three residents food intake was being recorded at the time of inspection.

Staff were knowledgeable about the recommendations of health professionals and how to implement nutritional recommendations into practice. Information was available to staff to assist in their recordings of food and fluid intake.

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.
Provider’s response to inspection report

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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000160</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>16/07/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30/07/2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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 11: Health and Social Care Needs

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans reviews were indicated by a date and a signature only. It was not clear exactly what aspects of the care plan had been reviewed. A narrative of the reviews was not provided to outline the conclusion or clinical judgment of the effectiveness of the care plan pathway in place.

Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
As stated in the report care plans are reviewed regularly, and signed and dated by the nurse reviewing same. This will now be expanded with a narrative on whether the care plan is to continue, adapt further to the resident’s needs or if to conclude etc prior to it being signed off as reviewed.

**Proposed Timescale:** 30/07/2014

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**Outcome 14: End of Life Care**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Further work was required to complete advanced end of life care plans for the remaining eleven residents.
The person in charge did not have specially designed bag or similar facility to return personal possessions.

**Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
As stated in the report, advanced end of life care plans are already in place for the majority of long stay residents. The remaining eleven that hadn’t been commenced at the time of the inspection was down primarily to finding a time that was convenient to both the resident and their family, as all family are involved in the residents end of life care plan where possible. We would hope to complete the remaining end of life care plans within the next two to three months.

In relation to the specially designed bags for resident’s property and possessions, these have been ordered and should be delivered any day to the nursing home.

**Proposed Timescale:** 30/10/2014

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The pain assessment tool and monitoring log was not included in the resident’s care plan for ease of access by the nursing team if required.

**Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
As Stated in the report, although a Validated pain assessment tool was available, this had not been amalgamated into residents care plans for easy access. This has now been corrected and will roll out with immediate effect.

**Proposed Timescale:** 30/07/2014