

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beaumont Residential Care
Centre ID:	OSV-0000198
Centre address:	Woodvale Road, Beaumont, Cork.
Telephone number:	021 429 2195
Email address:	admin@brccork.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beaumont Residential Care
Provider Nominee:	Kieran O'Brien
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	73
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 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: 01 July 2014 10:50 To: 01 July 2014 17:45

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 11: Health and Social Care Needs
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 one day 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 met residents, relatives, staff and observed practice throughout the inspection. The inspector reviewed policies, training records, care plans, medical records and analysed survey questionnaires completed by relatives and received by the Authority following the inspection.

The person in charge, who completed the provider self-assessment tools, had judged the centre to be in minor non-compliance under both outcomes.

The inspector found that residents' end-of-life needs were well managed with good access to medical and specialist palliative care. Records indicated that residents received a good standard of care in their final days and their needs were set out in person-centred care plans.

Residents and relatives spoken with by the inspector were complimentary of the food provided. The menu was varied, food appeared wholesome and nutritious and residents requiring assistance received assistance in a respectful manner. However, improvements were required in relation to assessment and review by allied health/specialist services such as speech and language therapy and dietetics.

While the thematic inspection focused on two outcomes as described above, the inspector reviewed other outcomes in so far as they related to end of life care and food and nutrition. This is discussed in the body of the report.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

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 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

An inventory of residents' property was maintained, however, a record was not maintained of items returned to family members following the death of a resident. The centre maintained a directory of residents, however, the directory did not include cause of death for deceased residents, as required by the Regulations.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

As will be discussed in Outcome 15, not all residents on modified diets had been assessed by speech and language therapy and not all residents with specific dietary

requirements, such as diabetes, were routinely reviewed by a dietician.

Judgment:

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(s):

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

Findings:

The provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 14 and Standard 16, which address end-of-life care. Questionnaires had been sent to families of ten deceased residents, by the person in charge, prior to the inspection and eight completed questionnaires were returned to the Authority. The feedback was predominantly positive in relation to the quality of care provided to residents approaching end of life and there was only a small number of recommendations for improvement.

There was a policy governing end of life care dated May 2009 and most recently reviewed in April 2014. Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and ministers from a range of religious denominations visited the centre.

All residents were accommodated in single bedrooms. There was an open visiting policy and family/friends were facilitated to be with the resident approaching end of life. There were ample communal and private sitting rooms and a portable bed to facilitate families remain overnight. Tea/coffee/snack facilities were available for relatives.

Based on a sample of records reviewed, including those of deceased residents, there was evidence that residents received care at the end of their life which met their physical, emotional, social and spiritual needs. Records indicated that residents were comprehensively assessed on admission and at regular intervals thereafter. There was evidence that residents were regularly reviewed by their GP and with increased frequency as they approached end of life. Care plans were personalised to residents individual needs. While residents' place of death was not specifically detailed in records, the person in charge informed the inspector that should residents wish to die at home that this will be facilitated and this had occurred once in the two year period prior to this inspection. Records of a number of residents indicated that discussions had taken place around end of life preferences, including that residents and/or their families had expressed a wish not to be transferred to hospital.

There was evidence of referral and access to palliative care services and evidence of a proactive approach to the management of pain and anxiety.

Based on records reviewed, care was provided to residents approaching end of life to a good standard, however, training records indicated that only a small number of staff had attended end of life training. No deficits were identified in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life.

Judgment:
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(s):

No actions were required from the previous inspection.

Findings:

The provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 20 and Standard 19, which address food and nutrition.

There was a policy for the management of diet, nutrition and hydration, dated April 2010 and most recently reviewed in March 2014. Based on a sample of records reviewed, all residents had a nutritional assessment on admission and at regular intervals thereafter using a recognised assessment tool. Residents were weighed on admission and monthly thereafter and there was evidence of action taken in response to weight loss. Records indicated that residents intake was monitored and where there was a variation in intake this was recorded and reported to nursing staff by healthcare assistants.

All residents were offered choice of food at mealtimes, including residents on modified consistency diets. Food was available in sufficient quantities, appeared to be nutritious and wholesome, and based on discussions with catering staff and a review of the menu, a well balanced diet was provided to residents. The chef was knowledgeable of resident's individual dietary preferences and needs and the menu was varied based on feedback from residents. The kitchen was clean, well stocked and there was a separate toilet and changing room for catering staff.

There were regular audits of the dining experience and evidence of actions as a result of findings from the audit. Minutes of residents' meetings indicated that food was regularly

discussed and issues raised were addressed.

The inspector observed mealtimes including lunch, afternoon tea and evening tea. Breakfast was served from 08:00hrs and all residents had their breakfasts in their bedrooms. Lunch was served from 12:00hrs and was served to residents in the dining rooms or in residents' bedrooms, depending on residents' preferences or need. There were two dining rooms, a small dining room in the self-contained East Wing of the premises that predominantly accommodated residents with a diagnosis of dementia, and a larger dining room in the main section of the nursing home. The dining rooms were bright and dining tables were suitably presented with good quality utensils and delph/glassware. Evening tea was served from 17:00hrs and a wide variety of food was available for residents. There was a drinks/snack round at 19:00hrs that included high calorie drinks and snacks. Snacks, hot and cold drinks, juices and fresh drinking water were readily available throughout the day.

The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents were appropriately assisted based on their level of need and received their meals in a timely manner.

A number of residents had swallowing difficulties and were provided with modified consistency food, however, not all residents on modified consistency foods had been assessed by speech and language therapy and not all residents with specific dietary requirements, such as diabetes, were routinely reviewed by a dietitian. This was not in compliance with the centre's own policy on the management of nutrition.

There was a good system in place for ensuring that care staff and catering staff were kept informed of the consistency of food preferable for each resident and also for identifying residents at risk of malnutrition and requiring increased supervision in relation to their dietary intake.

The inspector reviewed a sample of residents' records. There was evidence that residents received regular nursing assessments using the activities of daily living model and these were personalised to individual residents. The person in charge informed the inspector that where issues were identified on assessment a care plan was developed outlining the care to be provided. There was evidence of this in practice, however, detailed care plans were not developed for all issues identified, such as the dietary regime of a resident with a percutaneous endoscopic gastrostomy (PEG) tube.

Records were not available to enable inspectors to determine the component of the training and whether or not it addressed modified diets and fluids.

A sample of medication prescription records were reviewed and indicated that nutritional supplements were prescribed by the residents' general practitioner. There was an adequate system in place to ensure residents were administered dietary supplements as prescribed.

A record of staff training submitted to the Authority indicated that staff had attended training on dysphagia and nutrition.

Judgment:

Non Compliant - Minor

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:

John Greaney
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:	Beaumont Residential Care
Centre ID:	OSV-0000198
Date of inspection:	01/07/2014
Date of response:	22/07/2014

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre maintained a directory of residents, however, the directory did not include cause of death as required by the Regulations.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

Our systems have been modified to routinely include residents' cause of death in our records.

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

Proposed Timescale: 21/07/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An inventory of residents' property was maintained, however, a record was not maintained of items returned to family members following the death of a resident.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Our record keeping has been modified to routinely include a list of items returned to family members following the death of a resident.

Proposed Timescale: 21/07/2014

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:

A number of residents had swallowing difficulties and were provided with modified consistency food, however, not all residents on modified consistency foods had been assessed by speech and language therapy and not all residents with specific dietary requirements, such as diabetes, were routinely reviewed by a dietician.

Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

The HSE makes no service provision for nursing home residents requiring Speech and Language Therapy review if they are unable to attend as out patients in the South Lee area, a situation beyond the control of Beaumont Residential Care. In the absence of such service provision, BRC has engaged therapists through our nutritional products supplier who will assess those BRC residents identified with varying degrees of swallowing difficulties.

The situation is the same with those residents requiring access to dietician assessment, with the HSE again making no service provision for nursing home residents if they are

unable to attend as out patients in the South Lee area.

In the absence of such service provision, BRC has engaged a dietician sourced through our nutritional products supplier, who will assess four of our residents with Type 2 diabetes as soon as possible.

Proposed Timescale: 31/08/2014