

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Lisdarn Centre for the Older Person
<b>Centre ID:</b>	OSV-0000490
<b>Centre address:</b>	Lisdarn Centre, Cavan.
<b>Telephone number:</b>	049 437 3190
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<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Rose Mooney
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	29
<b>Number of vacancies on the date of inspection:</b>	7

## **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: 02 July 2014 09:00 To: 02 July 2014 14:30

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

Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**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 and non-complaint: minor 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 end of life 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. Some ongoing improvement is required in the area of advance care planning for end-of-life needs and not all staff had relevant training in end-of-life care. While staff endeavoured to ensure privacy and dignity the facility of the physical environment did not ensure that resident's needs were met and their dignity respected fully. The physical environment does not comply with the regulation 19 and the Authority's standards.

The nutritional needs of residents were met to a good standard. There was good access to medical and a dietician service. The food provided to residents was appetising and nourishing. However, there was no evidence of promoting revised menu options in addition to giving consideration that some residents have a

diagnosis of dementia or cognitive impairment as residents are generally asked the afternoon before their breakfast choice for the next day

The inspector judged the centre to be in minor non-compliance in the area of End of Life Care and Food and Nutrition with 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. 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

As discussed in detail under outcome 14 End of Life care the physical environment does not comply with the regulation 19 and the Authority's standards. This matter has been repeatedly identified in previous inspection reports. The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allowed.

**Judgment:**

Non Compliant - Major

**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, 45% of deaths occurred in the centre where end-of-life care needs were met with the remainder of residents transferred to the acute hospital located adjacently on the same grounds.

The policies were revised and updated in May 2014. Staff spoken with had an understanding of the policy which was available in the nurses' office. The policy was and implemented accordingly which upheld the dignity and respected the autonomy of residents. While nine staff had received end-of-life training in June 2014, not all staff were trained to date.

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 two care files of residents with a do not resuscitate (DNR) status. There was evidence of good practice, including regular review by the general practitioner (GP) and the palliative care team to monitor physical symptoms and ensure appropriate comfort measures. The policy of the centre is all residents are for resuscitation unless documented otherwise. Each resident's resuscitation status was reviewed at three monthly intervals. The documentation reviewed included the clinical judgement of the general practitioner, nursing staff and the resident's next of kin to ensure consensus judgement in the decision making process.

While a new assessment tool was developed a system of advance care planning for end of life was not implemented for all residents to maximise their ability to participate in the decision-making process to record their wishes and preferences at the earliest stage possible. While residents' spiritual preferences were recorded on their comprehensive assessment, these details contained limited information. Residents had not been consulted regarding future healthcare interventions, personal choices and wishes in the event that the resident became seriously ill and was unable to speak for themselves. This was only recorded in one case file reviewed. Overall decisions concerning all residents' future healthcare interventions and resident's preferences with regard to transfer to hospital were not documented.

While staff endeavoured to ensure privacy and dignity the facility of the physical environment did not ensure that resident's needs were met and their dignity respected fully. One bed was available for end of life care in a single bay. Residents in consultation with their family were always offered the choice to move to the single bed area. Residents are accommodated in multiple occupancy bedrooms that open onto a corridor linking all of the communal bedrooms allowing visitors to move unrestricted between rooms. While the bedroom designated for end of life care was at the end of the corridor it was separated from the adjacent bedroom by a partition which did not reach to ceiling height. There were two entrances to the bedroom only screened with curtains. This was not conducive to a quiet, restful environment and did not always assure privacy. Equipment belonging to residents was stored at the end of this corridor due to space limitations. The physical environment does not comply with the regulation 19 and the Authority's standards. This matter has been repeatedly identified in previous inspection reports. The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allowed.

While specific accommodation for families to stay overnight was not available, families were supported to be with the resident and facilitated to stay overnight in the visitors' room where a couch was available and refreshments were provided. Residents' cultural and religious needs were supported.

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 was available. There was a protocol for the return of personal possessions which ensured sensitivity towards the families. However, the person in charge did not have specially designed bag or similar facility to return personal possessions in a dignified way. Records of residents' personal property were maintained up-to-date in care files reviewed.

**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):**

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. The policy provided detailed guidance to staff and is supported by suite of allied documents namely nutritional intake and screening, oral care, diabetes management. Staff members spoken to by the inspector were knowledgeable regarding this policy.

Residents and their relatives expressed satisfaction with the food provided and the choices available to them. The planned menu was rotated every three weeks. The majority of food was prepared and cooked off site. The food was transported daily to the centre. The inspector observed the delivery and serving of the main meal of the day, dinner served at midday. The food was transported in sealed insulated containers and served immediately on arrival. There are two small kitchens in the centre located in each unit from which food is served.

The inspector reviewed the menu and discussed options available to residents with the catering manager. The planned menu was rotated every three weeks and every four months the menu was revised. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake particularly for those on fortified

diets. A trolley served residents mid morning offering a choice of soup, tea/coffee and biscuits. In the afternoon residents were offered a fruit option, with some scones or biscuits. There was a good choice of nutritious, wholesome food provided. Drinks, including water, juices and soft drinks were readily available and located on a side table in the day sitting room. The evening time menu at the weekend was revised since the last inspection to include an option of hot food choice. Residents were offered a sufficient choice at breakfast each morning consisting of a variety of cereals, juice, tea and toast. On the last inspection it was identified residents did not have the option of a hot choice. The menu was revised and arrangements put in place to offer the residents a hot option for their breakfast. However, the system implemented is not effective as residents are generally asked the afternoon before their breakfast choice for the next day. There was no evidence of promoting the revised menu options in addition to giving consideration that some residents have a diagnosis of dementia or cognitive impairment.

Most residents choose to have their breakfast in their bedroom and lunch in the dining. Residents were offered a choice of food and individual preferences were readily accommodated. The menu choices were clearly displayed on each table in the dining room. 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.

Tables in the dining room 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 and were respectful with their interventions and promoted independence by encouraging residents to do as much as they could for themselves. There was a protected meal time arrangement in place.

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. There was ongoing monitoring of residents nutritional, hydration, skin integrity and oral hygiene. 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. Each resident was weighed monthly and those identified at risk on a more frequent basis. Food intake records were maintained for residents with a poor diet and details were well recorded. This was identified as an area for improvement on the last inspection. Fluid records were totalled each day to ensure a daily fluid goal was maintained.

Staff demonstrated and articulated good knowledge of how to provide optimal care for residents. However, training on completing nutritional assessments by nursing staff and dysphasia training by the speech and language therapist was not completed by all staff.

**Judgment:**  
Non Compliant - Minor



**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

As discussed under outcome, 15 training on completing nutritional assessments by nursing staff and dysphasia training by the speech and language therapist was not completed by all staff. Additionally as detailed under outcome 14 nine staff had received end-of-life training in June 2014 however, not all staff were trained to date.

**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:**

PJ Wynne  
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 report<sup>1</sup>

<b>Centre name:</b>	Lisdarn Centre for the Older Person
<b>Centre ID:</b>	OSV-0000490
<b>Date of inspection:</b>	02/07/2014
<b>Date of response:</b>	06/08/2014

### 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 12: Safe and Suitable Premises

**Theme:**

Person-centred care and support

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

The physical environment does not comply with the regulation 19 and the Authority's standards.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The provider will have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the

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

National Standards for residential care settings for Older people in Ireland by June 2015

**Proposed Timescale:** 30/06/2015

#### **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:**

A system of advance care planning for end of life was not implemented for all residents to maximise their ability to participate in the decision-making process to record their wishes and preferences at the earliest stage possible. Residents had not been consulted regarding future healthcare interventions, personal choices and wishes in the event that the resident became seriously ill and was unable to speak for themselves.

**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:**

A new assessment tool (Advanced Care Planning for End of Life care) has been developed for advance care planning for end of life and will be implemented for all residents to maximise their ability to participate in the decision making process, to record their wishes and preferences at the earliest stage possible.

This assessment includes consultation on future health care interventions for example transfer to hospital, and personal choices and wishes in the event that the resident becomes seriously ill and unable to speak for themselves.

End of Life handover bags are now used.

**Proposed Timescale:** 01/10/2014

#### **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 menu was revised and arrangements put in place to offer the residents a hot option for their breakfast but the system implemented is not effective as residents are generally asked the afternoon before their breakfast choice for the next day. There was no evidence of promoting revised menu options in addition to giving consideration that some residents have a diagnosis of dementia or cognitive impairment

**Action Required:**

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Arrangements will be put in place to offer residents their breakfast choice on the given morning.

The revised menu options will be promoted at each meal time including the option of a hot choice at breakfast.

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

**Outcome 18: Suitable Staffing****Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Training on completing nutritional assessments by nursing staff and dysphasia training by the speech and language therapist was not completed by all staff. While nine staff had received end-of-life training in June 2014 not all staff were trained to date.

**Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff will receive End of Life Training:

"What matters to me" 4/9/14

On site end of life training planned for 07/08/2014, 12/08/2014

Nursing staff will receive training on completing nutritional assessments and dysphagia training:

MUST Training planned for 6/8/2014 and 10/9/14

Dysphagia – On site training by Speech & Language Therapist planned for 30/07/2014 and 5/8/2014– 2 sessions.

**Proposed Timescale:** 10/09/2014