<table>
<thead>
<tr>
<th>Centre name:</th>
<th>The Rock Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000623</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballyshannon, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>071 9851303</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:melissa.currid@hse.ie">melissa.currid@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Kieran Doherty</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Melissa Currid</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
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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.
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: 15 May 2014 11:00  
To: 15 May 2014 18:00

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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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 inspection the person in charge had completed a self-assessment in relation to both outcomes. The inspector reviewed these documents together with the policies and procedures related to both outcomes before the inspection. The person in charge had judged that the centre was in minor non compliance in relation to food and nutrition and had a moderate non compliance in relation to end of life care.

The inspector talked to residents and staff and observed the delivery of care during the inspection. Documents that underpinned care practice such as assessments, care plans and training records were reviewed. The inspector found that staff had made good efforts to ensure the processes in place in relation to both outcomes met the needs of residents and contributed positively to their quality of life. Residents that the inspector talked to said that the food was “very good with great variety” and also said that if they did not like the dishes on the menu “it was never a problem” when an alternative was requested. They said that the catering staff knew their preferences and dislikes and ensured that they were served food that they liked. The inspector found that the food and nutritional needs of residents were effectively addressed. There was timely access to medical care and to allied health professionals such as speech and language therapists and dieticians. The food provided to residents was attractively served, was hot and portions were varied to meet individual choices. Residents were supported to maintain their independence at mealtimes and where assistance was required this was noted to be provided sensitively and in a way that promoted dignity. Some of the documentation that described care practice particularly the periodic evaluations of care needed
improvement as some did not provide an accurate overview of the residents current condition, progress and responses to treatment plans.

End-of-life care practices were described by staff and a range of good practices were found to be in place. Relatives who returned questionnaires to the Authority indicated that the service met residents’ needs and their expectations at this time. Staff were highly praised for the kind, sensitive and compassionate manner which they treated each resident. Arrangements were in place for relatives and friends to remain in the centre as long as they wished when their relative approached end of life. The inspector identified some improvements that are required when residents end of life care plans are completed and an update of the end-of-life policy was required to reflect all the practices/procedures associated with end of life care.
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 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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:**
Effective Care and Support

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

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

**Findings:**

The regular reviews and evaluations of care outlined the monitoring arrangements in place to ensure care plans were implemented however they did not provide a summary of residents' current conditions or their responses to the care plans put in place. This is discussed more fully under outcome 15.

Care plans to guide staff on the care to be provided at end of life that included residents' wishes were not available for all residents.

**Judgement:**

Non Compliant - Minor

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
While the centre had an attractive dining room, the space available was not adequate for all residents to eat together in comfort.

Judgement:
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:
No actions were required from the previous inspection.

Findings:
Staff had training in end of life care and residents were supported to discuss end-of-life wishes and preferences. The staff team could describe the arrangements in place for end-of-life care and prioritised comfort, spiritual care, emotional support for the resident and family and the management of pain as key aspects of end-of-life care. Residents were supported to remain in the centre if that was their wish and all 10 residents that had died during the last two years had died in the centre. Relatives described the staff as respectful, caring, very helpful and compassionate. They said they valued the way their relatives were supported with pain relief, good attention from staff and said that staff had also ensured that spiritual care and comfort had been made available.

The inspector found that staff were aware of the policies and processes guiding end of life care in the centre and were implementing them as outlined. Family were notified in a timely manner of changes and deterioration in residents’ condition and were supported and updated regularly during the end of life phase. The inspector read two care records where ongoing discussions between the residents’ doctors, nursing staff and relatives were recorded and noted that these described the changing clinical picture and the decisions that were being taken to ensure the residents’ well being.

The arrangements to meet residents’ assessed needs were set out in individual care plans and the inspector found that while all residents had some information recorded in relation to their end of life wishes the information was not comprehensive enough to guide staff in all the areas of care that are relevant at this time. Nursing staff had commenced a process to ensure that more detailed information on end of life wishes and plans was available for all residents. Residents’ specific wishes including discussions with family members were now being recorded in a form called Wishes for Future Care. In the sample of care records examined there were some good examples where staff had documented choices such as preferred place of death, funeral arrangements and the spiritual care to be provided. The inspector found that some records contained
sufficient information to guide staff and to ensure that residents’ wishes were followed. However, this finding was not consistent across the sample and further work was required to ensure that the information available reflected residents’ preferences, choices and decisions they would like carried out at end of life.

Information that may benefit relatives and friends such as bereavement counselling services or supports was made available depending on individual circumstances staff told the inspector. The impact of loss and bereavement was discussed at staff handovers and was also discussed with residents. The inspector found evidence that this practice was fundamental to care at end of life as the recent deterioration in a residents’ health was noted to be discussed frequently by the staff team and some residents as they wished to ensure her end of life care needs were met as outlined.

There was an effective referral system to the local palliative care team and staff said that the service was accessible, provided considerable support and enabled them to provide care that ensured residents were comfortable and pain free at end of life.

There were arrangements in place to ensure that residents could benefit from the support of family and friends at end of life. There were single rooms available for residents and where possible the rooms most accessible to the staff dining facilities were used so that relatives could access these facilities and have food and beverages readily accessible to them during their stay. The garden is also accessible from this area which staff felt could be a source of comfort to residents and their relatives at this time.

Residents’ cultural and religious needs were supported. Mass took place in the centre regularly and other religious ministers were welcomed and visited as required. Relatives that the inspector talked to said that staff were kind, treated residents with respect and were sensitive to the religious and cultural needs of the residents in their care. The centre had guidance from the hospice foundation on end of life care and the hospice symbol was in use to alert staff and others that end of life care was in progress.

The end of life policy and associated procedures were being reviewed and the inspector found that this review was timely as the current document did not provide comprehensive holistic guidance for staff. There were for example, no indicators to guide staff on when to refer to the palliative care team or no guidance on how to complete care plans or establish residents’ wishes for end of life care. Similarly the policy did not provide specific guidance on the appropriate management and return of belongings to families.

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:
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place which was centre specific. The policy provided detailed guidance to staff and is supported by a range of procedures that included health promotion, the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions that included diabetes and kidney failure. Staff were familiar and knowledgeable about this policy and were aware that it had been reviewed in 2013.

Residents told the inspector that the food provided was “very good, as good as I could have at home” and “delicious, with a choice available at each meal”. There was a planned menu that was served on a rotation however the chef said that as food was cooked on the premises there were weekly variations so that produce in season could be included. The inspector reviewed the menu and discussed the options available to residents. There were two choices of cooked meal at midday and in the evening. Fresh meat and fish was locally sourced. Nutritious snack options were available between meals to ensure sufficient and adequate calorie intake particularly where residents were on fortified diets. These included bran muffins and carrot cake which added additional fibre to the diet. The fortification of food was noted to include yoghurt's, milk puddings and extra butter. The inclusion of home baked bread and cakes was well received by residents and the chef said that he bakes twice a week and makes sufficient to freeze a supply for other days. Fresh fruit is delivered on alternate days and is served daily in a variety of ways. Staff had access to the kitchen to prepare snacks for residents during the night. Liquids, including water, juices and soft drinks were readily available in communal areas and by residents’ beds.

The inspector observed how the mid day and tea time meals were served. Dishes were served hot and food was attractively presented. Meals were adapted to meet residents’ choices for example portions sizes reflected what residents said they preferred and choices were offered by staff at each meal. The menu choices were clearly displayed. Residents’ food likes and dislikes were recorded and kept in the kitchen. The inspector noted that food that was pureed or in a soft consistency was attractively presented and in accordance with the menu of the day. The instructions for foods and liquids that had to be served in a particular consistency to address swallowing problems were outlined in care plans and catering and care staff were aware of the residents that had particular requirements. Staff interviewed could describe the different types of meals that were served and the textures that had to be adhered to for safe swallowing.

The centre had an attractive dining room adjacent to the main sitting area. Tables were round and accommodated small groups of up to three residents which supported social
interaction. While many residents came to the dining room for meals there were many who choose to remain by the beds to have their meals. The current dining room although an attractive light area did not enable all residents to eat together in comfort should they wish to do so. The inspector saw that there were several staff available to assist at mealtimes. Staff sat with residents who required help with meals, chatted with them as they provided assistance and encouraged them to do as much as they could for themselves. Plenty of time was devoted to meal times so residents could eat at leisure. Family members were encouraged to come in and help at meal times if they wished to contribute in this way.

Records reviewed showed that residents’ nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The inspector found that while these care needs were reviewed at three month intervals in accordance with legislation that the evaluations did not provide a clear summary of the resident’s condition at the time of review.

The monitoring arrangements including monthly weights and the need for nutritional supplements were described however there was no commentary to indicate if the resident was currently stable and that the care plan was proving effective. Access to appropriate allied health professionals was available and there were extensive records that outlined the advice and guidance to be followed following consultations which the inspector found were being adhered to by staff. Two residents interviewed described the particular diets they had to follow and said that staff had helped them develop a good understanding of their nutrition needs and had explained fully why the limitations /fortification measures were in place.

The inspector found that staff had made significant efforts to ensure the processes in place to manage residents’ nutrition needs were appropriate. Mid meal snacks were available throughout the day and staff were observed to offer residents drinks and snacks regularly. There was a commitment to ensuring that there were no excessive gaps between meals that would present risk to some residents particularly people with diabetes.

The non compliances outlined above are identified in action plans related to care planning and premises.

Judgement:
Compliant

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>The Rock Nursing Unit</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000623</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
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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 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The regular reviews of care plans did not summarise the residents conditions or responses to the actions and treatment plans put in place.

Not all residents had an end of life care plan.

Action Required:
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The person in charge will ensure that each residents care plan be formally reviewed every 3 months. All nursing staff will be informed of the need to summarise the resident's conditions or responses to treatment plans which have been put in place when reviewing the residents care plans. Training will be delivered on the 19th June on a one to one basis with the nursing staff which will address this issue. This will be monitored by the DON and CNM2 through monthly audit of the nursing documentation by using the nursing metrics system.

All residents now have an end of life care plan in place

**Proposed Timescale:** 31/08/2014

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The dining space provided did not enable all residents to eat together away from their bedroom areas.

**Action Required:**
Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

Please state the actions you have taken or are planning to take:
The design of a new purpose built Community Hospital is underway for the Ballyshannon area which will merge the existing Rock Nursing Unit and Sheil Community Hospital. There will be a designated residential unit within this building which will be designed to provide adequate sitting, recreational and dining space separate to the resident's private accommodation. This unit will comply with regulation 19(3) (g) part 1. The plans will be submitted to HIQA at the appropriate stage in the design process.

**Proposed Timescale:** 01/01/2018

### 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:
While appropriate care and treatment for end of life care was described by staff and residents relatives described positive experiences of care, care plans that outlined
residents wishes for their end of life care were not compiled consistently for all residents.

**Action Required:**
Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

**Please state the actions you have taken or are planning to take:**
Training of nursing staff will take place in the unit on the 19th June specifically for care planning. This training will be focus on End of Life care plans. Inconsistencies in care plans will be highlighted to the nursing staff and education given on how to resolve this issue and ensure consistency when compiling End of Life Care plans. Care plans will be monitored by the DON and CNM2 through monthly audit using the metrics system from which action plans will be drawn up.

**Proposed Timescale:** 31/08/2014

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The policy and procedures to guide staff when providing care at end of life were not sufficiently detailed to inform staff on all the practices that were relevant such as the compilation of care plans, indicators for referral to the palliative care team or the return of belongings to family members.

**Action Required:**
Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

**Please state the actions you have taken or are planning to take:**
The current End of Life policy has been under review by the Policies, Procedures and Guidelines group for Older Peoples service, Donegal. A working draft of the reviewed and updated policy will be available by the 30th June 2014. The revised policy will include sufficient detail in order to comply with regulation 14(2)(a) as stated above.

**Proposed Timescale:** 30/06/2014