<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Greystones Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000045</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Church Road, Greystones, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 287 3226</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:greystones@arbourcaregroup.com">greystones@arbourcaregroup.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>Greystones Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Donal O’Gallagher</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Catherine Kinsella</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>56</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>8</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 14: End of Life Care</th>
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<tbody>
<tr>
<td>Outcome 15: Food and Nutrition</td>
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</table>

Summary of findings from this inspection
This thematic monitoring inspection of Greystones Nursing Home focused on two specific outcomes, End of Life Care, and Food and Nutrition. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents, relatives and staff during the inspection, observed practice and reviewed documents such as training records and care plans.

The inspector was satisfied that a high standard of care was provided to residents under the two outcomes. This was reflected in positive outcomes for residents, this was confirmed by residents and relatives and evidenced throughout the inspection. However, some improvements were required in the areas of person centred care planning, clear decision making in relation to end of life care and recording of nutritional intake.
**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:**

**Findings:**
The inspector was satisfied that residents requiring end of life care received a high quality and person-centred service at this stage of life. The inspector noted many examples of good practice in this area and staff were provided supported by prompt access to palliative care services. Questionnaires were received from a number of relatives of deceased residents which showed that families were very satisfied with the care given to their relatives.

The inspector reviewed documentation for a number of residents in relation to end of life care planning. Whilst some residents had comprehensive end of life care plans in place, sometimes including documented discussion with the resident, this was inconsistent. Some residents had no end of life care plan, and some plans were vague or generic.

The inspector was further concerned that decisions on resuscitation at the end of life for several residents were unclear and ambiguous. Even where there was a clear decision staff could not identify which residents wished to be resuscitated in the event of cardiopulmonary arrest and those who did not.

The inspector reviewed an end of life care plan for a resident who had recently passed away and found that care delivery and communication around this care was clearly documented. However there was no clear decision in relation to resuscitation in the event of cardiopulmonary arrest, even at this stage of life.

There was a policy on end of life care which was centre specific and provided detailed guidance to staff. It included a flow chart to direct practice including the introduction of a discussion around advance planning for end of life care. However this policy was not implemented for all residents. In addition the policy was not dated and did not include a review date.

The person in charge stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the GP and there
was evidence of prompt access to the service when required. The palliative care team provided some training to staff in relation to end of life care interventions.

Some of the registered nurses had received training in end of life care and some care staff had completed FETAC courses which included end of life care. The person in charge was in the process of organising further training for those nursing staff who had not yet received it.

Questionnaires were returned to the Authority by several relatives of deceased residents, and all praised the care given to their relatives at the end of life. Relatives reported that they were supported to be with their relatives, staff reported that facilities for making hot drinks were made available, and relatives would be facilitated to stay overnight to be with their relative if this was their wish. Staff and managers were clearly caring and respectful in relation to end of life care.

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:**
Person-centred care and support

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

**Findings:**
Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. However, some improvement was required in the monitoring of nutritional intake and in the preservation of the dignity of residents during mealtimes.

The inspector observed the service of lunch which began at 12.15, and the 5pm evening meal to residents. Residents had a choice of being served in one of three dining areas, in their rooms or in other areas of their choice. The dining areas were adequately furnished and equipped and were spacious enough to accommodate residents. Where residents required family members to assist at mealtimes this was facilitated. Supper was served to residents at 8pm and snacks and drinks were freely available.

Every resident spoken to stated that the food was of a high standard and enjoyable, and that their choices were accommodated, including on occasions where they preferred something which was not on the menu. The inspector observed this in practice during the meals. Choice was offered to some residents by showing them the prepared plates of food to allow for immediate choice, and alternatives were offered to those who did
not want the set meals at the time of presentation. There was also clear evidence of choice being offered to resident in advance of meals, including a flip chart of pictures of the various meals on offer.

The meals were hot and plentiful and attractively presented, including the modified diets. Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of each resident’s requirements. The kitchen was well stocked, well maintained and cleaned. The chef was knowledgeable about the needs of each individual resident, offered choice at every opportunity and provided clear evidence of communication with both nursing staff and other kitchen staff. Regular kitchen meetings were held, and the discussions at these meetings included issues raised at residents’ meetings.

The inspector found that there were adequate numbers of staff on duty to accommodate and assist residents. The service of all meals had been sufficiently supervised and coordinated to meet the needs of the residents. Assistance was for the most part offered appropriately. However not all members of staff were seated in a manner which respected the dignity of residents whilst assisting them with their meals. For example one staff member sat in front of a resident on a stool almost astride of the resident, rather than being seated beside the resident.

Residents had access to a general practitioner, dentist and speech and language therapist (SALT) as required, and there was evidence that recommendations from the SALT were implemented for individual residents. There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. The person in charge had implemented a system of audit monitor weights and MUST scores.

However the recording of nutritional intake for residents at risk was not always recorded. Staff stated that they discussed each resident’s intake but the inspector was concerned that this method of monitoring was not robust enough to ensure the safety of the residents. A policy was in place and contained sufficient detail to guide staff. However this policy stated that there should be daily recording of the nutritional intake of any resident at risk, but this was not implemented for all residents.

**Judgement:**
Non Compliant - Minor
Report Compiled by:

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

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<tr>
<td>Date of inspection:</td>
<td>15/05/2014</td>
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<tr>
<td>Date of response:</td>
<td>28/08/2014</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 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:
Care plans did not direct the care to be delivered.

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:
1. All resident care plans will be reviewed to ensure their end of life care plan is compliant with our policies and are clear in the current resuscitation decision for each resident or where a resident does not wish to proceed with an advance end of life care

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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 care plans will continue to inform staff where the resident has expressed, the preferred plans for their end of life care and accommodation.

Where the resident does not wish or lacks the capacity to express their wishes regarding extreme life saving measures, we will continue to document this and review regularly in order to achieve a plan without putting pressure on the resident. Family views and input will as always be sought and considered in the resident’s best interest.

2. In order to ensure that all staff are aware of residents wishes as well as continuing to document same in care plans we will also include “not for resuscitation decisions” in staff handovers on a periodic basis with changes in in these decisions highlighted as necessary.

Proposed Timescale:

1. Review and associated work to be completed by the 30th September 2014
2. Documented handover discussions commenced on the 26th May 2014 and will continue periodically

<table>
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<th>Proposed Timescale: 30/09/2014</th>
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<td><strong>Theme:</strong> Person-centred care and support</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The end of life policy was undated and was not implemented for all residents.

**Action Required:**
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

**Please state the actions you have taken or are planning to take:**
1. The document reviewed by the inspector was a printed copy of our end of life policy, which was circulating for the staff to read and not the signed and dated version in our policy folder. However the original has been checked and the review date which was missing has now been added.

2. Work is continuing to apply the policy to all residents in full.

Proposed Timescale:
1. 16th May 2014
2. To be complete by the 30th September 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:**
Assistance offered was not always appropriate.

**Action Required:**
Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

**Please state the actions you have taken or are planning to take:**
1. A hand-out will be developed and circulated for all staff to read which identifies the various ways in which assistance is provided to those who need help with eating and drinking. This in-house training tool will be based on best practice and will be developed in conjunction with the Speech and Language Therapist. It will include the positioning of staff during meal times and will identify when it is appropriate to sit in front of the person if the need to observe the mechanics of the swallow is necessary for safe and effective eating and drinking or where it is appropriate to the side of the resident where there is not as much risk involved.

2. This topic has commenced being discussed during handovers at various documented dates and will continue over the coming weeks and months.

3. Each resident who requires assistance with eating and drinking will be re-assessed and the position of their assistant will be specified in their care plan.

**Proposed Timescale:** 7th July 2014
1. To be ready for circulation by September 1st 2014 and all care staff to have received the training by 1st November 2014.

2. Commenced; 07/07/2014

3. 30th August 2014

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**Proposed Timescale:** 01/11/2014

**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 on the monitoring and documentation of nutritional intake was not always implemented.

**Action Required:**
Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

**Please state the actions you have taken or are planning to take:**
1. A review of our compliance levels with our policy will commence and will guide our actions going forward. This may include amending our policy to take into account occasions where the nurse’s clinical decision as to what action needs to be taken by using her professional judgement and the guidance of the policy can be allowed.

2. A review of the care plan of the resident in question will take place to ensure that it provides guidance regarding her right to decide as well as how we can match her personal autonomy with our goals as her care givers. This will include lifelong patterns of eating and the identification of this as a pattern and personal choice rather than as a recent risk heightened activity.

Proposed Timescale:
1. 30th September 2014
2. 1st August 2014

**Proposed Timescale:** 30/09/2014