**Health Information and Quality Authority Regulation Directorate**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Middletown House Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000251</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ardamine, Gorey, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>053 942 5451</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:joe@middletownhouse.ie">joe@middletownhouse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Joriding Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Joseph Butler</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>47</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>3</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.
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: 29 July 2014 07:30
To: 29 July 2014 15:30

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

| Outcome 14: End of Life Care |
| Outcome 15: Food and Nutrition |

Summary of findings from this inspection
This report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Nutrition. In advance of this inspection providers attended an information seminar, received evidence based guidance and completed a self-assessment questionnaire in both outcomes to determine their level of compliance.

The inspection was unannounced. Prior to the on-site inspection the inspector undertook a documentation review which included the centre's policies on both outcomes and also a review of questionnaires that had been submitted by relatives in relation to their experiences at the centre following the death of a relative. Of ten questionnaires issued, nine were returned and all indicated a very high level of satisfaction with the care that their loved ones had received throughout their care at the centre and particularly at the end of their life. Other documents reviewed included training records, residents' care plans and minutes of residents' meetings.

On the day of inspection there were 47 residents in the centre. The inspector met with the provider, the person in charge and the assistant director of nursing (ADON), as well as other members of staff and residents. The inspector observed the experience for the residents, and the practices of the staff, and found evidence that the needs of residents around end of life care and nutrition were appropriately assessed and fully met. The inspector was present at both breakfast and lunch time and observed the residents in their experience of dining and the staff in their delivery of service. Residents spoken with expressed a high level of satisfaction with the service they experienced at the centre. Staff demonstrated a well developed knowledge of the residents and their needs and were observed attending to the needs of residents in a respectful manner whilst being mindful of residents' privacy and dignity.
The person in charge had concluded in the self-assessments that the centre had a minor non-compliance with regard to both end-of-life care and food and nutrition. The inspector found that the relevant actions had been progressed in the interim and on the day of inspection both outcomes were compliant with the Regulations set out by 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.
### 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 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):**
No actions were required from the previous inspection.

**Findings:**

A site-specific, written operational policy on end-of-life care was in place and was last reviewed on 12 February 2014. A record of staff having read and understood the policy was maintained. The policy was comprehensive and offered specific guidance for staff on an holistic approach to meeting the requirements of the resident at end-of-life as regards physical, emotional, psychological and spiritual needs. The policy laid an emphasis on the person centred approach in relation to the "needs, known wishes, preferences, values and beliefs" of residents which underpinned the palliative care approach to "promote respect and dignity for the dying resident". The procedure for staff to follow when preparing the body of the deceased person was outlined in detail with due respect to the requirements according to cultural backgrounds.

Training records indicated staff were enrolled in a continuous programme of training and review around palliative care and end-of-life issues with the most recent training delivery in May 2014. Regular performance development reviews were in place to identify training needs. Staff spoken with demonstrated an understanding of the principles that underpinned the centre's approach to end-of-life care and also an individual commitment to those principles of dignity and respect for the wishes and preferences of residents at the end of their lives. Staff spoken with understood their duty of care in communicating their observations, and the changes in care needs, of residents to other staff. They also understood assessment as an on-going and proactive process, the outcomes of which should be regularly reviewed with the resident, where possible, and documented accordingly in the care plan. Audit procedures were in place to review end-of-life care and care plans, the learning from which was communicated to staff during staff meetings. The last audit was conducted on 12 June 2014.

The inspector reviewed a sample of care plans of deceased residents and noted that the residents were regularly reviewed by the general practitioner (GP). Care plans included evidence of medication and pain control monitoring and review and also indicated that assessments were in place to ensure good skin and oral care as well as measures to monitor fluid and nutritional intake. Discussion was recorded around the change of circumstances in relation to health and the wishes of the resident as a result. The
The inspector saw recorded evidence of the support provided by management and staff to a resident at end-of-life who did not have friends or family, and that the wishes of this individual in relation to place of death, spiritual needs and burial had been observed. Appropriate procedures were in place in relation to the verification and certification of death with relevant parties notified as required.

Feedback from relatives of deceased residents indicated that both they, and the resident, had been given the opportunity to discuss preferences in relation to treatment, spiritual requirements and place of care and that their needs around these issues had been fully met. Of those residents who spent their last week of life in the centre the relatives' feedback stated that the care and management of symptoms had been excellent with staff demonstrating compassion and kindness and making themselves readily available as required. They also stated they had been given the opportunity to provide feedback on the quality of care their loved one had received at the centre. The inspector noted that policy in relation to the management and return of personal belongings to relatives following the death of a resident was appropriately implemented with feedback from relatives as reported in questionnaires confirming that this was the case. Appropriate measures were in place for managing and documenting the transition arrangements for residents between the care centre and other care facilities including acute hospitals.

Residents spoken with told the inspector that they felt safe and at ease in the centre. As well as feeling well cared for residents spoken with stated that they felt any wishes they might have in relation to their care, should they become ill in the future or their needs change, would be respected by management and staff in the centre. In one instance a resident stated that she had changed her wishes from being reposed in the local church to being reposed in the centre. She explained that this was because she had seen how nice it was for friends, relatives and other residents to be able to pay their respects in the warmth and comfort of the centre and that this was something she also wished for herself. Staff spoken with were aware of the wishes of this resident and a process of formalisation was in place to ensure her wishes would be observed.

Where possible the centre provided a private, single room for residents as they approached the end of their life and the inspector noted that, in the files reviewed, this had been the case. Facilities were made available for relatives to stay overnight if necessary with access to refreshments also provided during their stay. Following the death of a resident the centre provided information as appropriate to the relevant parties, including the acute services. The ADON explained that, where required, the centre would liaise with the local funeral home to facilitate individual arrangements for the transport of remains in accordance with individual and family wishes. Where possible residents were provided with the opportunity to attend the body in repose and prayer services were also arranged with appropriate respect to the requirements of individual religious backgrounds. Staff and management were also mindful of the need to support residents at such times and, to this end, appropriate policies and procedures were in place and seen to be observed.

The provider's self-assessment and overall self-assessment of compliance identified a minor non-compliance with Outcome 14 and Standard 16. This minor non-compliance referred to the fully updated status of all residents' care plans. On the day of inspection,
on foot of the actions implemented post assessment and currently ongoing, the inspector deemed the centre compliant.

**Judgment:**
Compliant

**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:**
Overall, the inspector found that the nutritional needs of the residents were well assessed and met to a high standard.

There was a robust, site-specific policy on food and nutrition that had been reviewed in January 2014. The policy included assessment, monitoring and documentation of residents' nutritional and fluid intake and also provided guidance on procedures for the recording of this information in resident care plans. The policy also made provision for residents with specific dietary needs including requirements under religious and cultural practices. A record of the signatures of all staff who had read and understood the policy was maintained on an ongoing basis and last updated on 15 June 2014.

In accordance with policy residents’ food, nutrition and hydration needs were comprehensively assessed on admission and this data formed the basis of ongoing review through the monitoring of weight and the calculation of scores using a specified nutritional assessment tool. Admission procedures also included oral cavity assessments. Among the care plans reviewed by the inspector were two which recorded ongoing weight losses for the residents; in both instances a nutritional assessment tool was being applied on a regular basis with appropriate referrals made to allied healthcare professionals such as an occupational therapist and speech and language therapist. Where recommendations such as fortified diets or the issue of nutritional supplements were made by the allied healthcare professionals, food and fluid balance charts were maintained and these were reflected in the care plans accordingly.

The inspector observed breakfast and lunch service on the day. Breakfast was available from 8am and consisted of juice, porridge, toast with butter and jam, and tea. Residents had the option of having their breakfast served in their room or in the dining and communal areas of the centre. Where the assessed needs of a resident required food modification, either liquidised or thickened preparations were provided. The inspector observed staff providing assistance to residents where required and noted that the
manner and attitude of staff was patient, helpful and courteous with appropriate techniques being used throughout. It was evident that the staff had a good understanding of the residents’ likes and dislikes and breakfast trays were seen to be individualised according to the requirements and preferences of residents.

A lunch menu for the day was on display which offered an appetiser, a choice of starters, four options for main course and a choice of desserts including tea and coffee with biscuits following the meal. The dining area was bright and well decorated with tables set for individuals and groups of up to four. Tables were well laid with cutlery, napkins and ware. Water or milk was offered to drink with the meal. The atmosphere in the dining area was homely and interactive with residents and staff seen to engage in comfortable and courteous conversation. Staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. The inspector observed lunch service and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious, flavoursome in content and appetising in presentation. Meals which were required to be pureed were also presented in an appealing manner with individual elements of the meal clearly identifiable. Residents spoken with were complimentary of the food and pleased with both the variety and quality. Light snacks were available throughout the day which were regularly offered to residents and available on request. Afternoon tea was available from 3pm with supper served at 6pm. Water and mixed drinks were visibly available and also seen to be regularly offered by staff.

The inspector spoke with kitchen staff who were appropriately trained in food hygiene and handling and had also received training in relation to nutrition and diet and the management of dysphagia. Effective communication systems were in operation between the kitchen and care staff around the needs of residents with records of dietary requirements documented and maintained in a folder for reference in the kitchen. This folder was routinely updated and also on admission of a new resident. A kitchen staff meeting was minuted from 27 March 2014. A review of menu options and the specific dietary needs of residents had been undertaken by a dietician on 28 May 2014 and documentation to this effect was available. The kitchen facilities were in keeping with the requirements of the size and occupancy of the centre and an environmental health report dated February 2014 was made available to the inspector on the day. The inspector reviewed records of resident meetings over the last year the most recent of which was held on 26 May 2014 and attended by eighteen residents. Overall the residents were very complimentary of the quality and provision of food at the centre. Where an individual had made a request in relation to a personal food preference it was clear that both kitchen staff and the ADON were aware and had made efforts to accommodate the individual’s preference.

The provider's self-assessment and overall self assessment of compliance identified a minor non-compliance with Outcome 15. This minor non-compliance referred to the status of the residents’ care plans and processes of audit. However, on the day of inspection, on foot of the actions implemented post assessment and currently ongoing, the inspector deemed the centre compliant.

Judgment:
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority