<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dean Maxwell Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000665</td>
</tr>
<tr>
<td>Centre address:</td>
<td>The Valley, Roscrea, Tipperary</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0505 21572/21389</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:brona.brophy@hse.ie">brona.brophy@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>Maria Bridgeman</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Moore</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<td>Number of residents on the date of inspection:</td>
<td>25</td>
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<td>Number of vacancies on the date 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 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: 22 July 2014 10:15
To: 22 July 2014 18:15

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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<tbody>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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Summary of findings from this inspection

This inspection focused on two outcomes, end of life care and food and nutrition. However, where the inspection process identified further regulatory failings these were addressed and failings were identified in three further outcomes, complaints procedure, health and social care needs and the premises. Prior to the inspection the centre was requested to complete and submit a self assessment questionnaire on the two core outcomes and to distribute questionnaires to the next of kin of residents deceased in the previous twelve months. The self assessment questionnaires, supporting documentation and five returned next of kin questionnaires were reviewed prior to the inspection and the information received was used to inform the inspection process. The person in charge had self assessed the centre as in minor non-compliance with both outcomes.

On the day of inspection there were 25 residents living in the centre 18 of whom were in receipt of long term care; the centre was busy with the active daycare service also in operation.

The feedback received from residents and relatives surveyed was positive and there was evidence of good practice. However, policies and procedures were not adhered to and the new system of care planning was not satisfactorily implemented and monitored. Based on the inspection findings the provider was found to be in minor non compliance with end of life care, moderate non-compliance with food and nutrition, moderate non-compliance with healthcare (specifically in relation to care plans) and in major non-compliance with the premises.
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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
In the process of assessing end of life care and the care pertaining to food and nutrition the inspector reviewed seven care plans randomly and purposefully based on specific care requirements as identified by staff. The inspector saw that as outlined in the provider’s response to the last action plan a new system of resident assessment and care planning had been introduced, the DML integrated minimum data set; the person in charge confirmed that training for staff had been provided. The inspector saw that care plans based on assessment findings, risks identified and instructions received from other healthcare professionals were not in place for six of the seven residents including residents with specific end of life and nutritional requirements.

Records seen indicated that the process was not clearly understood or consistently applied. The inspector saw that the preliminary screening tool, the resident assessment instrument was completed but further in depth assessments, resident assessment protocols were not always completed based on the triggers identified by the preliminary screening. Where the completion of the assessment protocol had concluded that a plan of care was required the care plan was not in place or if there was a care plan it did not correlate to the conclusions of the assessment protocol. This was discussed in detail with the person in charge and other members of the nursing team and notwithstanding the challenges posed by the introduction of a completely new system of care planning it was not satisfactory that care plans were not in place for residents resident in the centre since March 2014. This is discussed again in Outcome 15 and Outcome 14.

Care plans had not been reviewed and updated in line with residents’ changing needs.

Judgment:
Non Compliant - Moderate
**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:**
Previous inspection findings had identified that the single bedrooms in the centre did not meet the room size requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland. The provider in the response to the action plan had indicated that plans would be progressed to address the deficits of the physical environment and that the centre would meet the required standards or be progressing towards it by 2015. The person in charge confirmed that the centre was operating within the procedures outlined in the statement of purpose for the management of the single rooms as requested by the Authority but that this was becoming increasingly challenging due to the increased dependency levels of residents. The person in charge confirmed that following discussion and agreement a resident had recently been transferred from one of the single rooms to one of the more spacious twin rooms due to increased needs and the requirement for equipment such as a hoist in meeting those needs. The inspector again saw that the size and layout of single rooms was not sufficient to meet the needs of dependent residents and the use of assistive equipment by staff.

The inspector saw that as outlined in the provider’s response to the action plan a room segregated from the main sluice room had been provided for the storage of cleaning equipment. Both areas shared a common entrance but it was not necessary to enter the sluice room to access the cleaning room. The segregated facility had been requested by the Authority due to infection prevention and control concerns. However, the inspector saw that there was no clearly designated wash-hand basin and on the day of inspection the cleaning trolley was stored in the sluice area and not in the cleaning room though ample space was available.

**Judgment:**
Non Compliant - Major
**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
As part of the thematic inspection process the inspector reviewed the complaints log; seven complaints were recorded since November 2012. There was no explicit evidence to support that one complaint received from a resident was investigated, that the resident was offered the appropriate support, that feedback was provided to the resident and that the significant matters complained of were resolved to the resident’s satisfaction. Some complaints were supported by evidence of meetings convened and actions taken including the written acknowledgement of complaints and feedback to complainants. However, given the repeat nature of the complaints there was insufficient evidence to demonstrate that any and all causes of complaints had been explored and that adequate processes were in place to identify learning and to implement learning from complaints.

**Judgment:**
Non Compliant - Moderate

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**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:**
There was an explicit centre specific policy dated March 2014 to guide end of life care including eliciting residents’ choices and preferences. Training records indicated that some staff had previously completed end of life and palliative care education but further training attended by approximately 33% of staff had been facilitated in early 2014; the person in charge confirmed that further training was planned for August 2014. Staff spoken with confirmed their attendance at training and articulated reflection on and improved practice. There were dedicated end of life facilities available in the centre
comprised of two single en suite bedrooms, a homely lobby area and a further more private area with pleasant views and seating that was suitable to overnight usage.

Residents had access to an oratory and the centre was located next to the roman catholic church. Residents spoken with confirmed that daily mass was broadcast in the centre from the church and mass was said in the centre on a weekly basis and as requested specifically by individual residents for occasions of remembrance. Staff were aware of the individual spiritual preferences of residents.

There was clear policy and procedures in place for the management of sudden death and decisions to attempt or to not attempt resuscitation. There was a certified basic life support and AED trainer on site and 21 staff had completed the required certified training in 2013/2014. Staff spoken with were clear on policy and practice and the inspector saw signed dated medical records to support the decision making process in consultation with the resident, staff and family members as appropriate.

The inspector reviewed clinical records including the records of deceased residents and spoke with staff. The inspector saw that residents end of life choices and preferences were established and recorded including their preference as to their place of death including the option of returning home. There was documentary evidence that where a resident reached the terminal stage of end of life care that the residents needs were monitored and assessed, that care was planned and delivered in consultation with the relevant General Practitioner (GP), family were communicated with and facilitated to be with the resident, spiritual needs were attended to and interventions such as music and hand massage were implemented to ease any psychosocial discomfort. Staff spoken with and relatives surveyed said that the option of a single room was facilitated and this was confirmed in the records seen and on the day of inspection. There was evidence that treatment options and their benefit were discussed and agreed with residents. Staff spoken with confirmed and there was documentary evidence that residents had access to and care was planned and delivered as appropriate in consultation with the palliative care service.

There was documentary evidence that following death staff adhered to verification, confirmation and notification of death requirements. The date, time and cause of death were seen to be clearly recorded in the register. Staff described respectful and dignified practice for the management of the remains of deceased residents in consultation with family members and with reference to the residents expressed wishes. The inspector saw that residents expressed a preference for the centre as their place of death and that other residents were offered the opportunity to pay their respects especially when a resident had been living in the centre for some time.

There was evidence of signed verified records of the return of personal possessions to family members. Staff spoken with said that following the recent end of life training a decision had been made to enhance practice and to procure a proprietary product for this purpose.

However, end of life care was not at all times directed by an end of life care plan. While the inspector saw that residents’ choices and preferences were elicited and known by staff, end of life care plans were not in place as appropriate to each individual residents
assessed needs at the time of inspection. This was confirmed by staff spoken with.

**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:
There was a comprehensive, centre specific evidence based policy dated as implemented in March 2014; however the inspection findings demonstrated that it was no fully and consistently implemented in practice.

Staff training records indicated that training on dysphagia and the provision of modified diet had been provided in 2011. Eleven staff had attended training more recently in March 2014 and the person in charge confirmed that further training on nutrition was planned for 15 September 2014.

The inspector was present in the centre for two main meals but also saw on arrival at the centre that some residents were enjoying a late breakfast. The inspector saw that meals were prepared freshly in the centre daily and the catering service was monitored by the relevant Environmental Health Officer most recently in January 2014. The inspector saw that adequate and varied stocks of dry, fresh and frozen foodstuffs were available and that a choice of meals was available to residents each day. Minutes of the residents’ action group seen indicated that meetings were convened on a regular fortnightly basis and that consultation and discussion on the quality and variety of the meals provided was a regular topic of discussion. The inspector observed that some of the items requested by residents were available on the day of inspection. The person in charge had also completed a satisfaction survey with residents in May 2014 with 85% of respondents rating the service as excellent; this would concur with the feedback provided on the day of inspection and the inspector’s observation of the residents’ enjoyment of their meals.

The inspector saw that meals were social occasions, catering staff had direct access to the dining room and meals were served individually to residents once their meal choice had been established. The dining room was bright and spacious with adequate room to accommodate residents with more complex needs. There was an adequate number and skill mix of staff available to supervise and provide assistance and both were seen to be provided in a relaxed and respectful manner. The inspector saw that fluids and light
snacks were offered at reasonable times.

Procedures were in place for monitoring residents’ nutritional needs and requirements. There was documentary evidence that residents were weighed monthly, a validated nutritional assessment tool was used, residents had access to occupational therapy assessment for their seating requirements, speech and language therapy (SALT), a dietician had been sourced to complete nutritional assessments and medical records seen indicated that residents had access to timely and regular GP review and treatment. Nutritional supplements were prescribed and staff spoken with were clear on their administration in line with prescribed instructions.

However, the inspector saw that while there was a comprehensive policy and multi disciplinary procedures in place policy was not always adhered to, there was no one clear nutritional care plan to direct care and there were consequent gaps in nutritional care and practice. Based on a random and purposeful sample of seven resident records the inspector saw that;

• four residents with identified assessed needs for nutritional supports had no care plan
• one care plan while in place was not reflective of local policy and dietetic instructions
• assessments had not been reviewed in line with the residents changing needs.

One care plan seen was clear, specific and personalised, reflected the residents assessed needs and the interventions required to achieve the goal of care.

The inspector saw that in a random sample of dietetic assessments reviewed fortified foods were to be provided for ten residents including residents demonstrating significant weight loss, however staff spoken with while clear on the process of fortifying food were not aware of any resident requiring or in receipt of fortified foods.

There was a system in place in the daily flow sheet for monitoring in % only, the quantity of meals consumed. Staff spoken with confirmed that accurate food and fluid charts that detailed the specific food eaten and the quantity eaten were not in place as required by local policy and as recommended in dietetic assessments.

There was evidence of formal communication to staff of residents’ specific dietary and food requirements however it did not accurately reflect all SALT instructions, consequently staff spoken with were not clear on specific resident’s requirements for modified fluids. The communication tool did not reference safe and unsafe foods as detailed in the SALT plan and the inspector saw that the food provided to one resident did not concur with the SALT plan.

The inspector was satisfied that residents were weighed monthly and that staff were aware of residents demonstrating weight loss. However, the established process for recording residents weights on an individual basis was not consistently implemented since April 2014 and presented a risk that weight fluctuations would not be detected.

Judgment:
Non Compliant - Moderate
**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:**

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

<table>
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<tr>
<th>Centre name:</th>
<th>Dean Maxwell Community Nursing Unit</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000665</td>
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<tr>
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<td>22/07/2014</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 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 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:
Care plans based on assessment findings, risks identified and instructions received from other healthcare professionals were not in place for all residents including residents with specific end of life and nutritional requirements.

Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
All documentation in relation to each resident is now compiled together into one file specific to each resident. The associated care plan is based on the combined

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
assessment and instructions from all the healthcare professionals involved.

**Proposed Timescale:** This issue was immediately addressed and will inform all future care plans.

**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 had not been reviewed and updated in line with resident changing needs.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
Care plans are in the process of being changed from the original format to the DML format. This process is ongoing and it requires that all residents care plans are reviewed at- minimum intervals of 4 months, and shorter intervals as required.

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

**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 size and layout of single rooms was not sufficient to meet the needs of dependent residents and the use of assistive equipment by staff.

There was no clearly designated wash-hand basin and on the day of inspection the cleaning trolley was stored in the sluice area and not in the cleaning room though ample space was available.

**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 HSE West is in the process of developing a prioritized plan to meet the current environmental challenges in many of the units, including Dean Maxwell CNU, and also to address capacity issues in some of the Areas. This plan is being developed in conjunction with Estates, both locally and nationally,
and the HSE’s Social Care Division. The plan will have to prioritize those units that have the greatest capacity challenges both now and in the medium to long term. The Dean Maxwell CNU will be within this plan.

A planning process, depending on funding being made available, to undertake refurbishment works in conjunction with the Estates Office in HSE Mid West has commenced.

There is a designated hand wash basin in the cleaning room area. The cleaning trolley will be at all times stored in the cleaning room.

Proposed Timescale: This is the subject of discussions with Estates Department.

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient evidence to demonstrate that all complaints had been investigated, that any and all causes of complaints had been explored and that adequate processes were in place to identify learning and to implement learning from complaints.

Action Required:
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident’s individual care plan.

Please state the actions you have taken or are planning to take:
The complaints process has been reviewed by the person in charge. All complaints have always been acknowledged by the person in charge, and discussed with the complainant to agree action plans and resolution. Going forward complaints will be fully and properly documented, including the investigation into the complaint. The actions required as a result of the complaint will be recorded and communicated to all relevant staff. The HSE policy Receiving and Managing Complaints is being adhered to.

Proposed Timescale: 26/08/2014

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:
**End of life care delivered was not at all times directed by an end of life care plan.**

**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:**
When each resident is admitted information regarding their End of Life wishes is documented by the Nurse. The new care plan document will ensure that an end of life care plan will inform and direct the provision of the care provided.

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

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**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:**
While there was a comprehensive policy and multi disciplinary procedures in place policy was not always adhered to and there was no one clear nutritional care plan to direct care, there were consequent gaps in nutritional care and practice.

**Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
All documentation in relation to each resident is now compiled together into one file specific to each resident. The associated care plan is based on the combined assessment and instructions from all the healthcare professionals involved. These instructions will be used to compile a single clear care plan in conjunction with the residents’ expressed likes.

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