### Centre name:
St. Conlon's Community Nursing Unit

### Centre ID:
OSV-0000666

### Centre address:
Church Road, Nenagh, Tipperary.

### Telephone number:
067 31 893

### Email address:
mariant.ryan@hse.ie

### Type of centre:
The Health Service Executive

### Registered provider:
Health Service Executive

### Provider Nominee:
Maria Bridgeman

### Lead inspector:
Mary Moore

### Support inspector(s):
None

### Type of inspection:
Unannounced

### Number of residents on the date of inspection:
26

### Number of vacancies on the date of inspection:
1
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: 29 July 2014 09:45  To: 29 July 2014 17:15

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

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Summary of findings from this inspection
This inspection was the ninth inspection of the centre by the Authority, was thematic in its approach and focused on two outcomes, end of life care and food and nutrition. Where other outcomes were inspected as part of the thematic process these are reported on and where failings were identified these are addressed in the action plan at the end of the report. Prior to the inspection the provider was requested to complete two self assessment questionnaires and to distribute as appropriate end of life questionnaires for completion on a voluntary basis by the families of deceased residents. This information along with other supplementary information returned by the provider was reviewed prior to the inspection and used to inform the inspection process. The person in charge had self assessed the centre as in minor non compliance with both core outcomes.

The inspection findings were positive and the inspector found the centre to be in minor non compliance with end of life requirements and in compliance with food and nutrition requirements. Nutritional care was guided by a comprehensive evidence based policy and the inspector was satisfied that the policy was implemented in practice and that residents needs were appropriately met. There were procedures and skilled staff in place to ensure that the resident was appropriately supported at end of life, however gaps were identified in policies and documentation. There was substantial evidence of consistent, standardised person centred good practice in both areas and recommendations were made at verbal feedback to enhance the good practice seen and to ensure ongoing compliance; this is discussed in detail in the body of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Person-centred care and support

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

Findings:
On inspection the premises was well maintained, in good decorative order and visibly clean. There was evidence of investment and refurbishment in response to previous inspection findings. Residents had access to a room for the purposes of meeting visitors in private but the inspector noted that the room was monitored by CCTV as it had previously served as a pharmacy. The person in charge agreed to address this and confirmed prior to the conclusion of the inspection that the camera had been disconnected.

Previous inspections have established that the 14 single bedrooms are small and the inspector saw that there was no alteration made to the single bedrooms. The rooms are not of a suitable size and layout for the needs of more dependent residents. The person in charge confirmed that the room size placed restrictions on the acceptance and placement of residents with high dependency or complex needs. In the response to the last action plan the provider stated that the required standard would be met or the provider would be progressing towards it by 2015. The inspector saw that given the size and layout of rooms it was not possible to place bedside lockers beside beds and within residents reach. The inspector also noted that when a mobility aid, armchair, bed-table and commode (the rooms are not en suite) were in a bedroom to meet a residents needs and comfort, there was insufficient floor space available to allow for the use of other assistive equipment such as a hoist.

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:**
There was documentary evidence of good complaints management. Records seen by the inspector and residents and staff spoken with confirmed that complaints were listened to, were seen as opportunities for learning and improvement, there was evidence of actions taken to resolve the matters complained of, of feedback to complainants, the evaluation of complainant satisfaction and monitoring of the implementation of actions taken to prevent a reoccurrence.

**Judgment:**
Compliant

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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 were procedures and skilled staff in place to ensure that the resident was appropriately supported at end of life, however, gaps were identified in policies and documentation.

There was a suite of policies in place to guide end of life care. However while staff spoken with clearly described respectful procedures for the management of the deceased remains including support for family and the remaining residents, there was no policy in place outlining the arrangements/procedures to be followed following the death of a resident.

The centre offered designated end of life/palliative care facilities comprised of two single en suite bedrooms, a kitchenette facility and a private lounge with comfortable seating.
Given the designated facilities nursing staff had previously attended palliative care
education and one staff nurse had completed a postgraduate qualification in palliative
care in 2012. Further training had been provided to all grades of staff in November and
December 2013 and in July 2014.

The inspector spoke with staff, reviewed the questionnaires submitted by family
members and reviewed residents clinical records including the records of deceased
residents. The inspector was satisfied that the resident and their families received care
that was appropriate to their needs and supported a dignified and comfortable death.
The inspector saw that staff sought to elicit and record each resident’s end of life wishes
and preferences including their choice as to their place of death and who they would like
present; where appropriate and necessary the responsible family member was consulted
with. Clinical records seen indicated that the residents end of life holistic needs were
continuously assessed by staff that were attuned to those needs and appropriate care
in consultation with the relevant GP and the palliative care team was provided to ease
symptoms in a timely manner. There was documentary evidence that treatment options
and benefits were discussed with the residents and family members as appropriate. Staff
communicated with family members, prepared and supported them where death was
imminent and facilitated them at all times to remain with the resident. There was
evidence that a single room was provided unless specifically declined by the resident.
Staff established and recorded each resident’s preference for religious observance and
the inspector saw that it was of importance to the majority of residents. On the day of
inspection mass was said in the centre and was seen to be an occasion where the spirit
of community was promoted for the residents. End of life records seen indicated that
religious observance continued to be facilitated in line with the residents expressed
wishes.

However, while the evidence supported that all appropriate care was provided to the
resident and their family, care was not directed by a specific end of life care plan.

There were policies and procedures in place for the management of sudden and
unexpected deaths. Ongoing training and certification of staff in basic life support and
AED was provided and staff were clear on the action to be taken in the absence of an
explicit decision to not attempt resuscitation. The inspector saw signed dated records to
support the clinical decision making process.

Policies and procedures were in place for the verification, confirmation and notification
of deaths to all appropriate persons and records were in place to this effect.

Following death there was evidence of signed verified records of the return of valuables
and personal property to family members. Staff were seen to have sourced and to utilise
proprietary items for the return of personal property.

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:**
Care was guided by a comprehensive evidence based policy and the inspector was satisfied that the policy was implemented in practice and that residents needs were appropriately met. Training for staff on the assessment and management of nutritional care had been provided to all grades of staff in March and May 2014.

All meals were freshly prepared on site on a daily basis. There was documentary evidence that the catering facility was monitored by the relevant Environmental Health Officer (EHO). The inspector saw adequate and varied stocks of dry, fresh and frozen food stuffs. There was an effective system in place for ensuring that residents were consulted with and that their feedback, choices and preferences informed the choice and variety of meals provided. The inspector saw formal surveys completed with residents, participation and frequency was sufficient to be meaningful, results were collated and analysed, feedback was provided to residents and changes were implemented. Staff spoken with understood that the consultation process was clearly linked to the quality of the service and the importance of seeking feedback from all residents. The menu was clearly displayed, offered choice and reflected the survey feedback. Staff were heard to ascertain each resident’s meal preference and for the evening meal the inspector saw that residents enjoyed a broad range of meal options. Portion sizes were adequate; meals appeared nutritious and wholesome, were presented in an appealing manner and were seen to be enjoyed by residents. The social dimension of meals was encouraged and the dining space was pleasant and sufficient to accommodate all residents including those with more complex needs. Some residents did remain in their rooms for their meals but adequate and appropriate staff supervision and assistance was noted to be available for these residents and for those in the main dining room. The inspector also saw however that residents were facilitated to dine as independently as possible. The inspector saw that fluids and snacks were provided at reasonable times and that residents were facilitated with a late breakfast if this was their choice.

Based on a purposeful sample of six care plans the inspector was satisfied that procedures were in place to ensure that the needs of residents at risk or with specific requirements were met. Residents were weighed at a minimum monthly, a validated nutritional risk assessment tool was used and oral health assessments were undertaken. There was documentary evidence that staff monitored the findings of assessments and sought further intervention including General Practitioner review, dietetic review, dental
review, occupational therapy review and speech and language assessment as appropriate. Clear and specific nutritional care plans were in place, the instructions of other healthcare professionals were incorporated into the care plan and the plan was reviewed and updated in line with each resident’s changing requirements. Staff spoken with were conversant as to residents’ specific requirements and the care delivered was seen by the inspector to be in line with the care plan including the provision of fortified foods and food and fluids of a modified consistency. There was a clear procedure in place for the administration of prescribed supplements by nursing staff.

At the time of inspection approximately 33% of residents had specific requirements in relation to managing their blood glucose levels. Training had been provided for staff and staff spoken with said and records seen indicated that care was supported by advice from the local clinical nurse specialist. There was evidence that point of care testing was supported by full laboratory analysis at timely intervals.

The inspector did note based on the records reviewed that staff had available to them two weighing scales and that there was a variation in weights between both; staff were aware of this when weighing residents. At verbal feedback the person in charge committed to have this variation reviewed and corrected.

**Judgment:**
Compliant

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**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

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<tr>
<td>Date of inspection:</td>
<td>29/07/2014</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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 12: Safe and Suitable Premises

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The single rooms are not of a suitable size and layout for the needs of more dependent residents.

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 Mid-West has submitted the 10 (ten) year plan and associated requirements to HSE National to meet the standards required.
The 10 year plan is specific to informing the HSE of the residential needs within the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Mid-West based on the expected increase of the older population. Its direct impact on St Conlon’s by the year 2015 will be governed by National decisions and resource availability.

It is our vision that St Conlon’s will meet the required standards or be progressing towards this by 2015 and this is what we are striving to achieve.

Environmental issues are being discussed with HSE Estates and HIQA Nationally.

**Proposed Timescale:** 01/07/2015

### Outcome 14: End of Life Care

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no policy in place outlining the arrangements/procedures to be followed following the death of a resident.

**Action Required:**
Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident’s wishes in so far as they are known and are reasonably practical.

**Please state the actions you have taken or are planning to take:**
The policy is now complete and in place outlining the arrangements/procedures to be followed following the death of a resident.

**Proposed Timescale:** 26/08/2014

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
End of life care was not directed by a specific 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:**
The End of Life Care Plan which has been in place for all residents since the commencement of the Care Planning Process will now be managed in such a way that it will inform and direct the provision of end of life care provided.

Refresher training in care planning is being facilitated in house.
| Proposed Timescale: 30/09/2014 |