<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Support Care Facility Prague House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000548</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Freshford, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 883 2281</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:srbridget1@gmail.com">srbridget1@gmail.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>Freshford Social Services</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Bridget Lonergan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the</td>
<td></td>
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<tr>
<td>date of inspection:</td>
<td>19</td>
</tr>
<tr>
<td>Number of vacancies on the</td>
<td></td>
</tr>
<tr>
<td>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.
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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>10 July 2014 08:30</td>
<td>10 July 2014 14:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 09: Medication Management</th>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focussed on two specific outcomes End of Life Care and Food and Nutrition. In preparation for this thematic inspection the provider received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies, met residents and staff, and observed practice on inspection. Documents were also reviewed such as complaints log, care plans, medication management records, staff training and minutes of residents’ forum meetings. The manager who had completed the self assessment tool had judged that there was minor non compliance in relation to both outcomes. Based on the findings on the day of inspection the inspector concurred with this.

This centre caters for low dependent and independent residents and offers non nursing care. The inspector found that meals were varied and of a good standard. Given the low dependency of residents, few of the assessment or monitoring procedures that one would expect with more dependent residents were required. In addition, as no residents were accommodated once their level of dependency increased, procedures for end-of-life care were limited to sudden death.

Overall, the inspector noted that a warm atmosphere prevailed in the centre. Residents told the inspector how happy they were and stated that they could come and go as they pleased. Staff exhibited an in-depth knowledge of the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. There was constant activity with numerous residents and visitors coming and going.

While the thematic inspection focused on two outcomes as described above, there
was a requirement for the inspector to review another outcome in so far as it related to end of life care and food and nutrition. A moderate non compliance was identified in medication management administration practices and this is discussed in the body of the report.
### Outcome 09: Medication Management

Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
Medication management documentation indicated that nutritional supplements were prescribed by the GP. Nutritional supplements were stored in designated fridges. However, medication practices in relation to medication administration were not safe. For example, the person in charge removed all residents' tablets from their blister packs and placed them in plastic pots. These were then placed on resident’s breakfast trays and dispensed to residents by kitchen staff. The person in charge told the inspector that the medication charts had already been signed off prior to residents taking their medication.

These practices do not follow guiding principles in safe medication management and could potentially lead to error. Given that the centre requires non nursing care the inspector observed that references and resources were not readily accessible for staff to confirm prescribed medication in the blister packs with identifiable drug information such as the physical description of the medication.

Training records indicated that staff did not have access to comprehensive up-to-date information on all aspects of medication management. There was no documented evidence of any training being provided in relation to medication management.

Three residents were self-administering their medications. Risk assessments had been completed. However, there was no evidence of ongoing supervision or evaluation in relation to resident’s ability to perform this activity or self adherence to their medications. There was no evidence of the practice of self administration being subject to regular audit.

There was no evidence that residents had been afforded the opportunity to meet with a pharmacist of the residents’ choice as required by legislation

**Judgment:**
Non Compliant - Moderate
Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre caters for low dependency/independent residents and provides non-nursing care. In the event that a resident’s dependency increases to a level where more than minimal assistance is required with activities of daily living, their transfer to alternative accommodation is required in liaison with the relevant health professionals.

The inspector noted that this practice was reflected by the fact that four resident had died in the centre within the past twenty four months. There was therefore no cohort of relatives available to complete questionnaires in respect of residents who had died while living in the centre. The inspector reviewed the centre’s policy on end-of-life care and noted that the policy was up to date, signed as read by staff.

The inspector observed that the policy was evidence based and guided staff in assessing a resident’s needs prior to and at the end of their lives. The Health Service Executive (HSE) palliative care team offers guidance as required in respect of appropriate management of illness should the need arise.

The person in charge told the inspector that to date the services of the hospice team have never been required. The policy outlined that residents did have the option of returning home for end of life care if they wished. However, the person in charge told the inspector that this issue had never arisen.

The policy on end of life care required updating to include:
- Arrangements to facilitate staff training
- Sudden death
- Audit and evaluation

Staff with whom the inspector spoke were familiar with policies. The policy outlined the legal requirements following the death of a resident. It also outlined that support, guidance and practical information from external services could be sourced if required. Training records indicated that staff had received training in end of life care. However, the inspector observed that in the event of a sudden death training on cardiopulmonary resuscitation was not up to date for all staff. The inspector saw that there was no staff support or debriefing arrangements in place following the death of a resident.

Religious and cultural practices were facilitated. Residents had the opportunity to attend
religious services held in the centre as observed by the inspector. Some residents told the inspector that they went into the village and attended religious services there. Residents had access to ministers from a range of religious denominations should these services be required.

The manner in which personal belongings are to be distributed to the relatives was also reflected in the policy. The inspector observed that suitable space was available should it be required. The centre had a majority of single bedrooms with some two-bedded rooms. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated.

The inspector acknowledges that documentation in relation to the resident's wishes and choices concerning end-of-life care had commenced and were being discussed and recorded. The inspector reviewed a sample of care plans which included care plans of deceased residents. A review of this sample of care plans of current residents evidenced that the care plans did not adequately address the topic of spirituality and dying.

The inspector observed that there was limited evidence of any engagement or consultation regarding spirituality and dying. Some care plans reviewed reflected that this issue was not yet addressed or discussed with the resident, where possible.

**Judgment:**
Non Compliant - Minor

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**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

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

**Findings:**
The inspector reviewed the person in charge’s self-assessment questionnaire and the overall self assessment of compliance with Regulation 18 and Standard 19. The person in charge had assessed the centre as being non-compliant: minor. Based on the findings on the day of inspection the inspector concurred with this.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Residents had the option of having their breakfast served in bed at a time of their choosing. Snacks and hot and cold drinks and fresh drinking water were readily available throughout the day. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes.

Given the low dependency of residents, none required assistance with eating or modified
diet and the need for referral to allied health professionals in respect of food and nutrition had only arisen on one occasion. Residents had access to general practitioner (GP) services and to dental services. There was evidence of this in residents’ care plans.

The inspector saw that a resident had been appropriately referred and seen by speech and language therapy. The inspector observed that one resident was taking nutritional supplements which had been appropriately prescribed. Residents’ weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified. Of a sample of care plans reviewed by the inspector all contained records of relevant monitoring with regard to nutrition and weight. All residents were weighed regularly and nutritional assessments were reviewed on a three monthly basis.

The inspector reviewed records of residents' meetings. It was evident from minutes of these meetings that residents were satisfied with the food and choices provided. This was supported by the complaints log which did not include any concerns with regard to food. Lunch was served from 12.30pm. The dining room was pleasant and inviting and care was taken with condiments and table settings. There was one sitting for each main meal. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Residents told the inspector how the lunch was always tasty and hot.

The inspector was satisfied that residents received a varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. However, the centre currently has no input from a dietician to ensure the nutritional value of resident's meals.

Documentation submitted to the Authority indicated that:

One resident was on a gluten free diet
Three residents were on a diabetic diet.
There were no residents on fortified diets.

Residents’ dietary requirements were met to a good standard. The cook discussed with the inspector the special dietary requirements of individual residents and information on residents’ dietary needs and preferences. The catering staff got this information from the nurse, person in charge and from speaking directly to residents. The inspector saw that a swallow care plan was in place for a resident. Staff had in-depth knowledge of residents’ likes and dislikes.

A weekly menu was in operation and it was displayed in the dining room. The cook stated that if a resident did not like what was on the menu, an alternative was available. The inspector saw that meals were kept refrigerated for residents who may miss a mealtime on occasions. Tea/coffee facilities were available for residents in the main dining area. Some residents told the inspector that this was a new facility for them and they really enjoyed being able to make tea for themselves.

There was evidence that choice was available to residents for breakfast, lunch and tea. Residents confirmed to the inspector that they were always asked what they wished to
have for main meals.

Training records indicated that five staff had completed food and nutrition training.

**Judgment:**
Non Compliant - Minor

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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:**

Ide Batan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Outcome 09: Medication Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that residents had been afforded the opportunity to meet with a pharmacist of the residents’ choice.

Action Required:
Under Regulation 29(1) you are required to: Make available to the resident a pharmacist of the resident’s choice or who is acceptable to the resident.

Please state the actions you have taken or are planning to take:
Arrangements are in place for the residents to meet with the pharmacist.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 31/08/2014

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication administration practices were not in accordance with relevant professional guidelines in medication management.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Medication is now administered directly from the blister packs in front of the resident. Medication charts are signed once the resident has taken their medication. In addition, the pharmacist will provide training for staff on the safe administration of medication.

Proposed Timescale: 31/07/2014

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:
The inspector observed that there was limited evidence of any engagement or consultation regarding spirituality and dying. Some care plans reviewed reflected that this issue was not yet addressed or discussed with the resident, where possible.

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:
Discussions will be held with each resident regards their physical, emotional, social, psychological and spiritual care needs up to and at the time of their End of Life. The resident’s wishes will be recorded in their care plans. However, not all residents wish to discuss their end of life care and are happy for their next-of-kin to make decisions and arrangements regards the same. For these residents, this will also be reflected in their care plans.
**Proposed Timescale:** 30/09/2014

**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:
The centre currently has no input from a dietician to ensure the nutritional value of resident's meals.

**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:**
We are currently in discussion with a qualified dietician with the aim of ensuring that the standard of food provided is of nutritional value and right quantities. In addition, the dietician will be available for advice and guidance on individual resident's diet requirements.

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