Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Millbury Nursing Home
Centre ID:	OSV-0000700
Centre address:	Common's Road, Navan, Meath.
Telephone number:	046 9036400
Email address:	info@millbury.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rossclare Nursing Home Limited
Provider Nominee:	Thierry Grillet
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	66
Number of vacancies on the date of inspection:	0

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:	To:
21 August 2014 07:45	21 August 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 inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority prior to the inspection. During the inspections residents and staff were met with in addition to the inspector observing practices and the serving of two meals breakfast and lunch. Documents were also reviewed on the day, including but not limited to, training records, internal audits and care plans.

The person in charge, who completed the provider self-assessment tools, had judged the centre to have a minor non compliance under both outcomes, end of life care and food and nutrition. A number of actions had been identified with the self-assessment questionnaire to assist the centre move towards full compliance under both outcomes. The inspector noted that out of the twelve actions the centre had identified, eleven were complete.

The inspector found the management of end of life care to be of a good standard, staff were knowledgeable, training had been provided and residents told the inspector their wishes were known and recorded by staff. Care plans reviewed were detailed and relevant.

The inspector found in general that food and nutrition was met to a good standard, a minor compliance was identified. However, the Provider assured the inspector the non compliance would be swiftly addressed. Food was nutritious and presented adequately. The mealtime experience was pleasant and a social one. Residents told

the inspector of their choice regarding food and beverages in addition to the choice regarding their preferred location for their meals. Systems were in place to support good communication between catering, household, nursing and care staff about dietary and fluid intake. Access to health professionals and specialists for both outcomes was timely and well managed.

The findings will be further outlined in the body of the report and in the Action Plan at the end of this report that identifies areas where improvements are required to comply 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.

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:
End of life care at the centre captured the individual needs, preferences and wishes of each person residing there. The centre's end of life care policy, updated February 2014, reflected this and staff were also found to be familiar with the policy. On completion of the self assessment questionnaire, the centre deemed themselves to be of a minor non compliance and had outlined five actions to achieve compliance. These actions had been completed.

During the inspection a number of residents spoke with the inspector. It was clear that each resident spoken with had had a conversation with senior nursing staff regarding their end of life preferences and wishes. Furthermore some residents told the inspector about their wishes should they experience cardiac arrest. The inspector viewed a sample of care plans that corresponded with the residents wishes as told to the inspector. Each resident had an advanced planning form for end of life assessment, a comprehensive end of life assessment, the residents decision should a specific treatment or intervention be required was clearly outlined. For those that had passed away there was an end of life review. The end of life care assessments were described in detail and individual to each resident to reflect their wishes. Areas that the care plan outlined included their preferred location at that time of their life, their religious and spiritual wishes, who they would like present, their wishes in relation to medical interventions, the reposing of their body in addition to how they wished to be laid out. Residents who had experienced the loss of a friend in the centre told the inspector of their opportunity to say goodbye and also to pay their final respects. A small number of residents had recorded their wish to pass away at their own home. Although this had not arisen in the centre to date, the person in charge was aware of these preferences and stated, where possible, these would be respected. Residents that had passed away in the centre had been reposed at their home in respect of their wishes.

Over the past two years, a total of 43 residents had passed away. The inspector reviewed the care plans for the last two residents that had passed away and saw that each had a detailed care plan which was reflective of their wishes. The nursing notes for this time were clear. Ongoing and consistent input had been given by their general

practitioner and the palliative care team which was local to the centre. After the passing of each resident feedback on the experience had been noted and the nursing staff completed an end of life review.

The inspector reviewed the questionnaires that were returned and completed by family members. Their feedback on their experience of the nursing home, during end of life, was highly commended. Family members stated the dignity of their loved one was maintained as to their wishes. The family members also spoke of the importance of their loved ones being pain free and comfortable. The centre had a guest room complete with a shower and wash hand basin for family members to avail off. There was a couch that could also be used as a pull out bed. The room was nicely decorated and the inspector saw there was also a comfort box for the guests in addition to an information pack on end of life care. Family members were supplied with beverages and food as they wished.

The centre had a dignified and caring approach to the atmosphere in the nursing home while someone was receiving end of life care. An end of life symbol was erected in the unit so that staff, residents and guests were aware. The administration team at the centre had sent out information to families regarding the end of life care symbol so they were aware of its meaning should they see it erected. In the event that a resident passed away a black ribbon, as seen by the inspector, was erected and residents were informed. Staff described the respectful care they offered the resident and family after death had occured. The inspector noted that the needs of other residents were considered and met in a sensitive manner. Staff and residents, if they wished formed a guard of honour when the deceased resident left the centre on their final journey from the home. The person in charge ensured that flowers were also sent to the family on behalf of the centre to acknowledge their loss.

As seen by the inspector, in the file of a recently deceased resident, personal possessions were returned to the families. The centre had personalised bags that were used for this. The inspector saw a sample of the bag which was appropriate and respectful.

Staff had received training on end of life care and attended talks given by specialists in the area but also by a nurse who worked at the centre, who had significant hospice care experience. Further training was scheduled for nursing staff in September on subcutaneous fluids as seen in the training plan for 2014. The community based palliative care team provided good support to the nursing staff, the nursing staff told the inspector of their flexibility and availability when required.

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:
Residents received a varied and nutritious diet that was tailored to meet resident's individual assessed needs and their preferences. There was a recently reviewed food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff were aware of the policy and the practice as observed by the inspector reflected the policy. Each resident had a food and nutrition plan which the person in charge identified as an action in the Self Assessment Questionnaire. The plans were detailed and provided sufficient guidance to staff. Regular meetings took place to ensure open communication regarding changes in resident's food and nutritional requirements. The inspector observed breakfast and lunch being served and identified areas for improvement as further detailed below.

The policy on food, nutrition and hydration status management was reviewed February 2014.The inspector found the policy to be suitably detailed and guided staff sufficiently. The policy identified the need for a nutritional assessment for all residents in addition to outlining guidelines for staff to follow to ensure individualised care received by residents in relation to food and nutrition. The inspector observed the policy being implemented in practice and was satisfied that the policy was wholly centre specific. Staff who spoke with the inspector were aware of the policy and in preparation for the thematic inspection and to enhance their knowledge on food and nutrition staff were allocated weekly time to familiarise themselves with the detail. The inspector saw that all relevant staff signed off on reading and understanding the policy within the last six months.

The inspector reviewed the training records and saw that staff had received training in food and nutrition and had also attended talks given by a dietician. The centre provided annual training and instruction in this area for relevant staff. Thirty three staff attended training for food and nutrition in April 2014 while 12 attended a talk with a dietician in February 2014. Staff were knowledgeable on the individual needs of residents and told the inspector about the guidelines for assisting an individual with their meals, how to support residents with specific requirements such as diabetes, high cholesterol and weight loss and swallowing problems. Systems were in place to support good communication between catering, household, nursing and care staff about dietary and fluid intake. Staff told the inspector about the need for fluid and food intake charts and the inspector observed that these records were up to date and held appropriate information.

The inspector reviewed a sample of care plans and saw that each resident had a food and nutrition care plan. The care plans were up to date and relevant to the resident's requirements and preferences. The information within the resident's care plan corresponded with the information the chef held in the kitchen. The inspector observed that the meals served at lunch time reflected their individual assessed needs. The

inspector saw in their care plans and progress notes referrals to specialist allied healthcare professionals such as speech and language, dietician, dentist and occupational therapy. Access and referrals was timely. The inspector saw that a resident was reviewed out of normal working hours by speech and language and had subsequently been referred for a videofluroscopy (x-ray). The person in charge had recently sourced a new nutritional supplement supplier who provided the timely and flexible speech and language in addition to dietetic input. Staff also told the inspector they provided training and instruction to staff where necessary. Changes to a resident's food and nutrition plan were communicated to nursing and care staff at the handovers and the relevant information updated in the care plan and the information folders that were placed in the nurses' station. The nurse on duty communicated the changes to the chef, if the chef was off duty, the information is left in the kitchen for the chef and catering assistants to review. On the day of inspection the chef had reviewed information from the nurse following a hospital discharge which resulted in a change for the resident. The inspector saw this information and was satisfied that it was effectively communicated and comprehensive. Changes in dietary needs and preferences were also discussed at weekly management meetings and also at weekly catering meetings. The inspector reviewed the minutes of the most recent meetings and saw from records they occurred weekly. Residents were weighed monthly, however those that were identified as being at risk for example were losing weight were weighed weekly. This need was outlined in their care plan. A weights audit was completed by the nursing team ensuring weights were monitored and that plans were amended in line with this.

The inspector was satisfied that residents had choice around mealtimes and their preferences were catered to. The inspector saw minutes of residents meetings which the chef attended. The minutes recorded resident's likes and dislikes regarding the food. The inspector saw that residents had asked for specific changes and as result the four week menu cycle was under review. The inspector also reviewed the satisfaction surveys that were completed in July2014, and saw that resident's requests had been acknowledged. The inspector reviewed the menu for the previous week and saw that there were options available to residents. The inspector also saw that food was nutritious and wholesome and the centre had outsourced their caterers from a company who oversaw the kitchen and kitchen staff. They also assessed the nutritional value of the food and made recommendations as to which type of meal was suitable for residents needs, for example low fat, gluten free and fortified diets. Residents told the inspector they enjoyed the meals and had a choice of what they had for mealtimes. The inspector saw the tea list, recorded the previous day, with various amendments made to cater for the individual wishes of the residents.

The inspector observed the breakfast routine. All residents ate in their bedrooms, some of whom were assisted by care and nursing staff. The catering staff assembled an individual tray for each resident and used a dietary sheet to ensure they prepared the correct food and beverages for each resident. The dietary sheet detailed allergies, dietary requirements and specialist equipment such as cutlery and beakers. Residents' preferences such as herbal tea and type of cup for example china cups were also detailed. Each tray had individual milk jugs, tea pots and portions of jams and butter. Once the trays were prepared the catering assistants, using a trolley, brought the food to the resident's rooms. The inspector observed staff knocking on residents doors prior to entering. Some residents had their breakfast in bed while others had it at a table in

their bedroom. Once the catering staff left the bedroom a care assistant entered to support those that required assistance with their breakfast. The inspector identified an area for improvement at this time. A member of staff entered a resident's room and left a tray with porridge amongst other items. The inspector subsequently noted that the resident was visibly asleep. Once reported to the nurse on duty, by the inspector, it was removed and returned to the kitchen. At feedback the person in charge provided assurances that this would not reoccur in the future. The inspector spoke with a number of residents, who were having breakfast, all of which confirmed they enjoyed having breakfast in their room. The inspector observed that breakfast trays varied to suit each resident and included a variety of cereals, fresh fruit, toast, porridge and a selection of herbal and fruit teas in addition to juices and tea/coffee.

Lunchtime was also observed by the inspector. Lunch was served in resident's bedrooms, the main dining room and in a newly developed dining area at the end of one of the units. The main dining room was large and bright, tables had adequate space for residents to navigate around and there was adequate staff on duty to supervise and assist where necessary. There was a menu displayed on each table and the tables were nicely decorated with a selection of cold beverages on each. Residents who required specialist equipment were provided with this once they selected their seat. It was a social experience and residents were not rushed to sit down for lunch or to leave the dining room. The food was presented well and was served hot. The inspector sampled the food and found it to be tasty. Those who had a soft diet were served the same food and it was presented well. The inspector noted that as per the actions identified in the self assessment questionnaire, moulds for pureed food would be beneficial for residents on a pureed diet to assist them in identifying the food they were eating. The person in charge confirmed she would look into this. Residents were assisted with their meals respectfully and were given time to enjoy it. Staff were seen communicating with residents regarding their meal and their readiness to continue eating. Residents who ate in their bedrooms were happy to do so and enjoyed their lunch.

A snack and beverage was offered to residents at 2pm with tea served between 4pm and 5.30pm. Supper was then provided between 7pm and 9.30pm. Direct access to tea/coffee and snacks was not available to residents and relatives/visitors; however staff had access to beverages and snacks such as fruit, toast, and bread and sandwich fillings should they request it. Staff retrieved this for residents from the stocked fridge in the kitchen.

Water dispensers were available in each unit and trolleys with various cold beverages were seen in multiple locations such as the day room at the time of inspection. The chef told

Judgment:
Non Compliant - Minor

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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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Millbury Nursing Home
Centre ID:	OSV-0000700
Date of inspection:	21/08/2014
Date of response:	16/09/2014

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 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 breakfast tray for a resident who was asleep was left in their bedroom as opposed to being returned to the kitchen and provided to the resident at a more reasonable time.

Action Required:
Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

Please state the actions you have taken or are planning to take:
A meeting was held with the Catering staff and they have been informed that no trays are to be left in a resident's room if the resident is asleep.
If a resident is asleep the catering staff are to communicate this to the Care Assistant

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

staff and Staff Nurse on duty. Care Assistants will then get the meal for the resident when they are awake. This was an immediate change. This is ongoing and monitored on a daily basis.
Proposed Timescale: 21/08/2014