Centre name: Gahan House

Centre ID: OSV-0000545

Centre address: High Street, Graiguenamanagh, Kilkenny.

Telephone number: 059 972 4404

Email address: lcollinsgahanhouse@gmail.com

Type of centre: Health Act 2004 Section 38 Arrangement

Registered provider: Graiguenamanagh Elderly Association Limited

Provider Nominee: Val Lonergan

Lead inspector: Ide Batan

Support inspector(s): None

Type of inspection: Unannounced

Number of residents on the date of inspection: 12

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: 09 September 2014 11:45
To: 09 September 2014 18:00

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

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
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<tbody>
<tr>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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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 the provider received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

The centre is operated by a voluntary body. In addition to the residential centre which accommodates 12 residents there were a number of independent chalets on the campus and a meals-on-wheels service is also provided to surrounding areas of the community.

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. 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. The inspector observed this also during inspection. 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.

The manager who had completed the self assessment tool had judged that there was minor non compliance in relation to both outcomes. The inspector found moderate non compliance in relation to end of life care and minor non compliance in relation to nutrition. These related to deficits in some of the policies and procedures that were in use for nutrition management which needed review to ensure that they reflected up to date guidance and input from dietetic services. While there was an end-of-life care policy it was not comprehensive to guide staff through the varied steps of care planning, consent, recording choices and end-of-life care protocols.

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 minor non-compliance was identified under another outcome and this is discussed in the body of the report.

<table>
<thead>
<tr>
<th>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.</th>
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<tbody>
<tr>
<td><strong>Outcome 14: End of Life Care</strong></td>
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<tr>
<td><em>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.</em></td>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Person-centred care and support</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
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<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
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<tr>
<td><strong>Findings:</strong></td>
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<td>The centre caters for low dependency/independent residents and offers 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.</td>
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<td>The inspector noted that this practice was reflected by the fact that two residents 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.</td>
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<td>At the time of inspection the inspector was informed that there were no residents receiving end-of-life care. A policy and operational procedures for end of life were in place. Engagement with residents and their family members at end of life was described by the person in charge, medical and palliative care providers were available to residents</td>
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and family as required.

However, policies required improvement to guide staff and inform care practices at the end and after life. While clinical decisions regarding care and treatment at the end of life were recorded and included the right to refuse treatment, an end-of-life care plan detailing evidence that residents and relatives’ wishes were discussed, planned, recorded and reviewed accordingly had not been completed or maintained for all residents. A consistent approach in recording end-of-life care and planning was not maintained to include preferred religious, spiritual and cultural practices, physical and emotional needs, arrangements made and decisions taken after death.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre. 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 person in charge told the inspector that residents did have the option of returning home for end of life care if they wished. However, to date this request had not arisen. The inspector viewed two care plans of deceased residents and noted that staff were always with residents as they approached the end of their life. Two care plans viewed of deceased residents indicated that residents had their end-of-life care needs addressed.

In one instance the resident had been in hospital and wished to return to the centre for end of life care. The inspector saw that this had been facilitated and the resident’s needs had been appropriately managed. The Health Service Executive (HSE) palliative care team offers guidance as required in respect of appropriate management of illness should the need arise. This service provides on site visits and advice via telephone. The inspector also observed that there were transition documents available to support continuity of care between the hospitals and the centre.

Training records indicated that staff had not received any training in end of life care. The inspector observed that in the event of sudden death, training on cardiopulmonary resuscitation was not provided for staff. The inspector saw that there was no staff support or debriefing arrangements in place following the death of a resident.

There was a procedure for the return of personal possessions. The inspector was told that all belongings are recorded and returned following the death of a resident. In the self-assessment returned to the Authority the person in charge indicated that there were no formal arrangements to support relatives and provide them with information on bereavement. However, in practice staff said that they ensured that where needed this information was made available.

The inspector observed that adequate space was available to accommodate relatives should it be required. The centre had 12 single bedrooms. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated as observed by the inspector.

**Judgment:**
Non Compliant - Moderate
**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:**
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 lunch, afternoon refreshments and tea. Snacks and hot and cold drinks and fresh drinking water were readily available throughout the day as observed by the inspector. 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 recently. Residents had access to regular general practitioner (GP) services as observed in residents' care plans. Access to diagnostic services was through the local hospital or outpatient department. Residents also had access to dental services. There was evidence of this in residents' care plans.

The inspector saw that a resident had an appropriate and timely referral to speech and language therapy. The inspector observed that no residents were taking nutritional supplements. 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 by a nurse who came to the centre ten hours per week.

The inspector met with two cooks who confirmed that they met with the person in charge to receive an update of the current status of the residents pertinent to their nutrition. Up-to-date information with regard to residents’ dietary requirements was available in the kitchen. Staff had in-depth knowledge of residents’ likes and dislikes. A two weekly menu was in operation and it was displayed in the front hall. The cooks stated that if a resident did not like what was on the menu, an alternative was always available.

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 1pm. The dining room was pleasant and inviting. 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
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. 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. There was a food and nutrition policy in place. However, it did not provide guidance for staff on varied aspects of nutrition such as risk factors for malnutrition in older persons or nutrition and hydration management. A review of the policy in March 2014 indicated that a sit down scales would be purchased for residents. To date this equipment has not been purchased. There were no formal audit systems in place to evaluate meals, nutrition or mealtimes. The person in charge told the inspector that feedback is sought through the residents’ forum meetings. Training records indicated that eighteen staff had completed food hygiene training in February 2014.

**Judgment:**
Non Compliant - Minor

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
Training for staff on end-of-life care and on aspects of nutrition and dysphagia had not been undertaken by all staff.

**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:

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

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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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The staff nurse will update all care plans to ensure all residents are provided with care and comfort when approaching end of life.

Proposed Timescale: 19/12/2014

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:
Training will be provided for all staff to ensure that resident meals are of nutritional value to meet their individual needs.

Proposed Timescale: 18/11/2014

Outcome 18: Suitable Staffing
Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector observed that all staff had not completed appropriate training in relation to end of life care and nutrition.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
The Irish Hospice Foundation will provide a one-day workshop on end-of-life care and communication skills for all care staff. Date to be confirmed.

Proposed Timescale: 31/12/2014