

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Raheny House Nursing Home
Centre ID:	OSV-0000138
Centre address:	Raheny House, 476 Howth Road, Raheny, Dublin 5.
Telephone number:	01 8311 199
Email address:	rahenyhouse@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Raheny House Nursing Home Limited
Provider Nominee:	Donal O'Gallagher
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	43
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: 23 July 2014 07:00 To: 23 July 2014 17:00

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 the person in charge attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and the provider self assessment tools submitted by the person in charge before the inspection. The person in charge had judged that the centre was in minor non-compliance in relation to both end-of-life care and food and nutrition.

The inspector met residents and staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records. It was found on this visit that efforts had been undertaken by the provider, person in charge and all staff to review the processes in place and improve the standards of care delivered in these areas and progress was noted to have been made.

All residents spoken with praised the quality of the food and confirmed that it was appetising and a dietician review of the menu found it was wholesome and nutritious. Service and supervision of meals, food fortification and determination of portion sizes required to be reviewed. On review of a sample of clinical documentation it was noted that improvements to care plans risk assessments and monitoring of nutritional intake were required.

End-of-life care practices and outcomes for residents and relatives were to a high standard. Feedback from relatives of residents who had died within the centre were extremely positive. Staff were highly praised for the kind, sensitive and compassionate manner with which they treated each resident. The inspector identified improvements were required in relation to provision of information on

counselling services and staff training on some aspects of end of life care. On review of clinical documentation it was noted that end of life care plans also required to be improved. The inspector's judgement affirmed the assessment of the person in charge that the centre was in minor non-compliance in end-of-life care but was in moderate non compliance in food and nutrition.

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:

Written operational policies were in place on care practices at end of life and there was evidence that in general, these were implemented by staff. Feedback received from relatives of deceased residents indicated a high level of satisfaction with the delivery of care and supports provided at this time. Comments referenced appropriate, caring respectful and dignified care was provided to all respondents.

The inspector found evidence of efforts to improve the standard of care to meet the holistic needs of residents and their families. Appropriate care which endeavours to meet each resident's end of life physical, emotional, social and spiritual needs and respects his/her dignity and autonomy was found. Access to specialist palliative care services was available and the clinical nurse specialist reviewed residents when required/requested. Family were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly during the end of life phase.

Although the policy in place was not specific on the procedure to be followed on the transfer of remains from the centre, it was found that all staff were clear that the remains were transported solely by the designated undertaker appointed by the family/significant others. The majority of bedrooms were single and the deceased was transferred directly from their bedroom when leaving the centre. The inspector was informed that where a resident was approaching end of life in a communal setting, they were offered an alternative single room where available.

Residents spiritual needs were partially met with daily prayers and weekly mass provided. Although the inspector was told that chaplaincy services for confession; anointing; sacrament of the sick and last rites were provided on an ongoing basis, all resident's spoken too were not aware of these services, some said they would like to avail of confession but had not been offered this and others indicated that this was provided as a general absolution at mass and not on an individual basis. Overall residents were not entirely satisfied with the level of spiritual services provided.

Equipment and facilities were available to a good standard, such as appropriate bags to return belongings to resident's families, signage to indicate a resident was at end of life and encourage a quiet respectful environment in the vicinity of the room and religious objects. An oratory was available to allow for spiritual prayer, thoughts and reflection for those who wished to avail of it and the inspector learned that many families chose to hold the funeral mass in the centre. A sympathy card is sent to the families of deceased residents and a remembrance mass is held annually each Christmas.

Limited facilities were available for families or relatives to remain with their loved ones overnight. A specific room was not available but a large sitting room or smaller conservatory area were identified as areas which could be utilised by families although staff stated that most people preferred to stay at the bedside of their loved one. Easy or recliner chairs were not available although couches in the communal areas identified could be made up as beds if requested. Tea/coffee making facilities with small snacks such as toast and biscuits for relatives were available all day/night in the main dining room.

Bereavement counselling services or supports for families, friends and staff were not available and information on how to access bereavement care/support services was not provided.

The inspector was told and the provider's self assessment questionnaire stated that arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed in relation to end of life care. A sample of documentation reviewed found that there were arrangements in place for capturing residents' end-of-life preferences in relation to issues such as; preferences for place of death or funeral arrangements. Care plans also identified where decisions were taken on the level of medical intervention and possible transfer to hospital had been documented following discussions with family, the residents general practitioner (GP) and where appropriate the resident themselves, the detail of the discussion with appropriate explanation on the level of intervention being agreed was not documented. Spiritual care and support needs were also not identified. Efforts to improve these were noted and information on current best practice had been sourced by the assistant director of nursing from the Irish Hospice Foundation in order to improve the end of life care experience for residents.

The inspector found that staff were aware of the policies and processes guiding end of life care in the centre and were in general implementing them in a respectful manner. However, all staff were not fully aware of all of the policies, for instance, several were unaware of the introduction of a dove sign to indicate a person was in receipt of end of life care to promote a respectful atmosphere around the room. In conversations with them and on review of documentation it was found that staff found it difficult to initiate conversations with residents on end of life care and where residents' indicated they did not wish to talk about it this was not followed up in a timely manner to ascertain any change in their demeanour and particularly where diagnoses had changed.

It was found that staff had not received training in end of life care practices.

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:

Policies and procedures were in place to guide staff in monitoring and documentation of nutritional intake and many aspects were found to be implemented in practice.

The special diet sheet included all special diets in place, for instance diabetic, fortified or high calorie diets and also included a comments list identifying food preferences dislikes and any prohibited food types. A formal process to include residents' wishes or preferences into the menu was in place through residents meetings and one of the catering team regularly spoke to resident's to seek feedback on the overall menu to ensure variety and suggestions were included.

The inspector found that food and drink was available to residents at times and in quantities adequate for his/her needs. Food was found to be properly prepared, cooked and served, and menus in place had been reviewed by a dietician in March 2014 who determined that they were wholesome and nutritious. Food fortification was in place to meet the dietary needs of residents requiring a high calorie intake however, improvements were found to be required to ensure the systems and processes in place were sufficiently robust to ensure that all foods identified as requiring fortification at each meal took place. For example, recommended fortification of the breakfast porridge using items such as, cream, honey or jam was not observed for those residents who were identified as requiring this. The inspector spoke to several staff but responses were not consistent on how, where or if the porridge was fortified. The inspector observed the potatoes being fortified with milk and butter by the catering team however, additional fortification of foods outside of the main kitchen for example in the dining area using cream cheese or jams was not observed.

During the inspection the inspector spoke to residents and staff reviewed documentation in relation to nutrition observed practices for providing drinks and snacks and also observed the dining experiences for residents during two main mealtimes at breakfast and lunch. The inspector found that residents were provided with food and drink at times and in quantities adequate for their needs. The inspector observed that assistance was offered to residents in a discreet and sensitive manner.

The dining experience was conducive to conversation and it was noted that many residents lingered over their meal whilst chatting to each other. Menus were displayed on a large board and also in printed version in pictorial and word formats on tables and showed a variety of choices for main courses and desserts. Those residents on modified diets were offered the same choices as people receiving normal diets. A three week rolling menu was in place to offer a variety of meals to residents. Most residents took their main meals in the dining room located on the ground floor of the centre. Food was served from a hot plate by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Drinks such as water, milk, tea and coffee were available. Dining tables were appropriately set with cutlery condiments and napkins.

The inspector met with the chef on duty and found appropriate and sufficient stocks of store food, fresh meat, fruit and vegetables, frozen store items and selections of soft drinks cordials milk tea and coffee. Home baking by the catering team was included in the daily menu with desserts, brown bread, cakes, buns and scones provided. Mid meal snacks were available throughout the day. Staff were observed delivering hot and cold drinks fresh fruit portions and biscuits during the mid morning and mid afternoon.

However, although it was noted that efforts were being made to improve the service delivery in this area further improvements were found to be required to improve residents experience and ensure consistent good practice throughout the centre. The inspector met and spoke to several residents at breakfast and lunch. All residents spoken with were agreed that the food provided was always tasty and appetising. However, for those residents who received breakfast in their rooms, it was found that the manner in which hot food options at breakfast were served did not ensure they remained at an appropriate temperature. The design and layout of the centre is such that there is a considerable distance between the main kitchen where breakfast trays were prepared and where bedrooms were situated. Approximately 20 bedrooms are in relatively close proximity to the main kitchen and the remainder are on the upper floor with long corridors and various steps and levels.

Hot options for breakfast consisted of porridge, boiled or scrambled egg and tea. Breakfast trays were prepared, placed on trolleys and brought to each resident and staff ensured those residents who could eat independently could reach and enjoy their breakfast comfortably. Assistance was then provided to those residents who required it. One member of staff was assigned to groups of up to 10 residents. On one corridor it was noted that two residents were assessed as requiring assistance and one required supervision however, whilst the staff member assisted those residents requiring same, it was found that two other residents appeared to be struggling to eat their breakfast, had eaten very little, and both the tea and porridge were lukewarm. Similar findings were replicated on other corridors.

The inspector found that provision of a hot food trolley to maintain the food temperature and an improved level of staffing supervision were required to ensure all residents breakfasts remained hot during service and whilst awaiting assistance and supervision.

Similarly, in the dining room, it was found that supervision levels required to be improved. One member of staff was assigned to assist residents at breakfast from 09:00hrs however, breakfast commenced at 08:30hrs and some residents were noted to wait for long periods for assistance. In some instances nursing staff who were administering medications provided assistance, but this was not sufficient to ensure all residents received their breakfast in a timely manner. Levels of staff to provide assistance at lunch were much higher although again the inspector observed two residents who did not receive timely assistance. It was found that standard of assistance provided required to be supervised more closely by the nursing team and although nurses were present in the dining room, they were involved in other tasks and not overseeing the mealtime experience of the residents to ensure appropriate timely interventions and assistance was provided.

Records reviewed showed that residents' nutritional status were assessed and reviewed as necessary and care plans were in place. Access to appropriate allied health professional and associated services such as dental, dietician, speech and language and diagnostic services were available.

Systems were in place for assessing, reviewing and monitoring residents' nutritional intake however, improvements required to be made. Where residents' intake was being recorded a review of the system in place to ensure it was sufficiently detailed to allow for meaningful analysis was required. For example portion sizes were not determined to establish whether they were sufficient to meet the residents' needs as recommended by the dietician, the forms were not always fully completed, for example where an intake of bread was indicated, the amount was not identified nor whether butter, jam, honey or other spread was used. Intake of oral nutritional supplements was not always included.

A specific care plan that identified resident's individual needs and the specific interventions required to manage those needs was not in place. Care plans reviews and assessments were not linked, for example weights, nutritional assessment score or requirement for oral supplements were not referenced. Of the sample reviewed not all included reference to allied health professionals recommended interventions, for example monitoring of nutritional intake for a specific period. An identifiable system to review the effectiveness of care plans and interventions in place was not found. Although in general, residents nutritional care needs were met, areas for improvement were identified in the documentation of care given and there was a need to develop a system to ensure that care plans reflected the care delivered, were reviewed in response to changes in residents' health and that care plans, evaluations of those plans and nurses daily notes were appropriately linked to give a clear and accurate picture of residents' overall health. It was also found that most although not all care plans were generic in nature and were not person centred.

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Raheny House Nursing Home
Centre ID:	OSV-0000138
Date of inspection:	23/07/2014
Date of response:	29/08/2014

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.

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:

Evidence that all of the spiritual, religious and cultural needs of all residents are fully met was not available.

Action Required:

Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

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:

A review of all the documentation around this area has commenced and based on the findings amendments will be made as appropriate.

Proposed Timescale: 01/10/2014

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 in place to identify manage and address the needs of all residents approaching end of life care were not sufficient to evidence all needs were met. Information on how to access bereavement care/support services was not provided.

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:

A review of all care plans relating to end of life care and planning of care has commenced.

Two staff had already attended formal training on the topic of end of life care and several other staff had already attended internal informal training. However more staff from the care team will be provided on formal external training in house on this topic.

The information leaflet that was designed for use by relatives when their loved one is approaching end of life and is in use currently has been amended to include actual contact details of services available in the locality.

1.This review will be complete and a resulting work schedule in place by the 1st October 2014

2.Those staff identified as requiring training will have their in house training completed by the 1st October 2014. Formal training completion dates will depend on the success of accessing suitable training but I would hope to have this under way or at least arranged by the 1st November 2014 at the latest.

3.The information leaflet was amended on the 21st August 2014.

Proposed Timescale: 01/10/2014

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 levels of staff available to provide appropriate timely assistance to all residents at meal times and when refreshments are being served and to supervise the provision of such assistance was not sufficient to ensure all residents received an adequate intake at all times.

Action Required:

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

Please state the actions you have taken or are planning to take:

The staffing levels provided in Raheny House Nursing Home are reviewed on a very regular basis and based on current needs have been found to be sufficient. However I have arranged another staffing review as well as a review of our procedures around the delivery of meals to resident's bedrooms in order to ensure that there is a sufficient staff cover available to assist all residents with all meals throughout the home. The results of these reviews which may include additional staff, will determine how we proceed.

The review has commenced and will be finished by the 29th August 2014 at which time either changes to our procedure or changes to our staffing will be put in place.

Proposed Timescale: 29/08/2014

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Where residents intake was being monitored, records were not sufficiently detailed to determine if the dietary needs of residents were being met in accordance with the individual care plan.

All care plans in place did not reflect in full the care delivered, were not reviewed in response to changes in residents' health and evaluations of those plans and nurses daily notes were not appropriately linked to give a clear and accurate picture of residents' overall nutritional health.

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:

A new system of identifying and quantifying portions is being developed for future use which identifies portions sizes and their weights. This will assist staff in their documentation by providing actual measurements for those residents who are at particular risk of malnutrition.

Residents care plans relating to those who have a nutritional problem are being reviewed and up-dated as necessary in order to ensure improved overall documentation and recording of nutritional information for those residents who are at particular risk of malnutrition.

1. The new system should be in place and in use by the 1st October 2014
2. The review of care plans will be complete and all amendments made by the 1st September 2014

Proposed Timescale: 01/10/2014

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Systems were not in place to ensure fortified food was provided to those residents assessed as requiring same.

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:

A new system has been put in place to protect against any ambiguity in the future. This system details the name of the person making the fortification, the date and time as well as the actual fortification used.

Proposed Timescale: 22/08/2014