

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Haven Bay Care Centre
Centre ID:	OSV-0000235
Centre address:	Ballinacubby, Kinsale, Cork.
Telephone number:	021 477 7328
Email address:	helen.oregan@havenbay.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Haven Bay Care Centre Limited
Provider Nominee:	Owen O'Brien
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	77
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: 26 August 2014 12:00 To: 26 August 2014 19:30

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

Outcome 11: Health and Social Care Needs
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 in Haven Bay Care Centre which focused on two 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 from the Authority and completed a self-assessment questionnaire in relation to both outcomes. The inspector reviewed policies and relevant documentation prior to the inspection. The inspector met with the person in charge, the provider, residents, relatives, nursing staff, care staff and kitchen staff. Documents in the centre were also reviewed such as, training records, care plans, medication management charts, menus and records pertaining to deceased residents.

The inspector spoke with residents and relatives and they all expressed a high level of satisfaction with the dining experience, the care given and the staff who worked in the centre. The inspector was present at dinner time and tea time and assessed the food and the dining arrangements by sitting with the residents and conversing with them. Overall, the inspector noted that an enabling environment existed in the centre which resulted in positive outcomes for the residents and a supportive workplace for staff.

There was evidence that the findings of the self-assessment questionnaires were being implemented. Staff with whom the inspector spoke demonstrated an in-depth knowledge of the residents and their needs. They were observed caring for residents in a kind manner and to be supporting residents to maintain their independence where possible.

The provision of end-of-life care was assessed through interviews with staff,

residents and relatives as well as information in the care plans of residents. The policy on end-of-life care was seen to be applied in practice, as evidenced from the file of a recently deceased resident. The inspector also examined the end of life care plans which had been prepared with the residents who were living in the centre on the day of inspection.

The centre had been self-assessed by the person in charge as fully compliant in both outcomes. The findings of this inspection were that the centre was in full compliance in both outcomes as regards the requirements of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland. However, the inspector found that there was some non compliance under outcome 11.

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 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome is addressed in so far as it relates to the medication chart of a resident who was in receipt of subcutaneous fluids for hydration on the day of inspection. This medication chart indicated that the subcutaneous fluids were prescribed by the GP for the resident. Additions in a handwritten script had been made to the prescription. However, the inspector found that psychotropic medication prescribed for this resident was not clearly prescribed as regards the time to administer the medication and the total amount of PRN (given as required) medication which could be administered in a 24 hour period was not defined. The person in charge outlined to the inspector that this lack of clarity is usually avoided by the centre adopting a transcribing policy. This had not been implemented for the resident involved. The inspector found that this was not in compliance with Regulation 6(1) which requires that a high standard of evidence based nursing care, in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais na hEireann, on medication management, for example, is provided for the resident.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the centre's policy on end-of-life care. Information to guide staff in providing holistic care at the end of life stage was documented. The person in charge told the inspector that the centre was one of a group of centres which were part of a pilot programme for the implementation of advanced care directives for residents. The inspector reviewed a sample of residents' care plans with regards to end-of-life care and noted that they comprehensively recorded residents' preferences at this time. All information was accessible to staff and staff indicated that relevant information was shared at report handover time. Residents with whom the inspector spoke were positive about the care available in the centre. Most residents stated that in the event that their needs changed in the future they would prefer to be cared for in the centre. They expressed confidence in the care given by the GP (general practitioner) and were aware of the advanced care planning process. One resident told the inspector that she did not want to go back to the general hospital. This information was recorded in the end-of-life care plan in the resident's file. Relatives with whom the inspector spoke were welcoming of the advanced care planning and said that this was sensitively approached by the person in charge and her team.

Staff training records indicated that staff had attended training on palliative care issues including spiritual care, psychological support, pain management and communicating with the bereaved relatives. Training was facilitated internally and externally. Staff, with whom the inspector spoke, had received training on the use of a syringe driver (a mechanical pump used to administer medications) and were knowledgeable in the administration of subcutaneous fluids, if these were required. The person in charge stated that the centre was well supported by the specialist team from the local hospice. Records which the inspector viewed indicated that the palliative team were responsive to the GP and the staff in providing specialist advice in pain relief and symptom management. There was evidence that relatives were appropriately involved and informed of residents evolving medical conditions

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and had access to ministers from a range of religious denominations. The inspector spoke to the priest who attended the centre twice weekly. He informed the inspector that he had developed a prayer leaflet for residents and relatives and that residents were provided with the sacrament of the sick on a monthly basis. There was an oratory in the centre and this was available for reflection. The priest said that he felt that residents in the centre were content with their lives and that he was available at all times for support. There was evidence in residents' care plans that they would be facilitated in their choice as to the place of death if a request was made including the option to go home. The majority of bedroom accommodation in the centre was of single occupancy bedrooms but a single room was available if required for those in the two-bedded rooms. Sitting rooms were available for family and friends to use as an overnight facility at this time. Facilities were provided for relatives to have refreshments and snacks. Open visiting was facilitated. The inspector reviewed a sample of care plans of deceased residents and noted that residents were regularly reviewed by the GP and specialist services. There was evidence that medication management was regularly reviewed and closely monitored by the GP. It was evident that residents received care at end of life which met their physical, emotional, social and spiritual needs.

Following the death of a resident the staff met to evaluate the care given and audit of the practice of caring for those at end of life was regularly undertaken. The person in charge showed the inspector documentation which supported this practice. There was evidence that learning occurred if any area for improvement was identified. The inspector viewed next of kin questionnaires which had been returned to the Authority prior to the inspection. These contained very positive comments about the care that the residents and relatives had experienced at this time and statements such as "excellent care", "pain free" and "staff kindness and friendliness" were used to convey the experience in Haven Bay.

The centre used a recognised end-of-life care symbol to support the administration of dignified and respectful care for the dying person. A remembrance service was held annually and relatives and residents were invited to attend. The person in charge stated that upon the death of a resident, his/her family or representatives were offered information, both verbally and in leaflet form, on what to do following the death of their relative. Staff were supported and residents could attend the services and removal if they wished. Staff and relatives confirmed this with the inspector stating that they would form a 'guard of honour' at the door of the centre for the removal.

There was a protocol for the return of personal possessions. Samples of inventories of personal property were reviewed. All inventories were up to date and signed by the resident, where possible.

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:

The centre had a comprehensive policy for the monitoring and documentation of nutritional intake which was seen to be implemented in practice. A record of staff training seen by the inspector indicated that staff had attended a broad range of training and that internal education sessions were on going.

The inspector observed mealtimes including lunch, afternoon tea and tea time. Residents informed the inspector that they had the option of having their breakfast served in bed, in the dining rooms or at their bedside at a time of their choosing. Staff to whom the inspector spoke indicated that breakfast time began at 08.15. The inspector sat with residents at dinner which commenced at 12.30 and noted that staff

levels were adequate to meet the needs of the residents during mealtimes. There was a dessert trolley which provided choice of desserts and home baked cakes were on offer with tea after lunch. Residents having their meals were appropriately assisted and received their meal in a timely manner. The inspector sampled the food on offer and found that it was served hot and in an appetising manner. Gravy was offered separately according to the residents' choice.

A trolley offering light snacks was available throughout the day. This menu included yogurts, fruits, crackers, nutella, biscuits, juices, puddings, sandwiches. Fruit smoothies were served daily. The chef showed the inspector his list of contents for these 'snack trollies' which circulated at 10.30, 14.30 and 19.30. Water dispensers were seen in the centre and other drinks and juices were readily available. The inspector saw that residents who were not able to access drinks independently were being assisted by staff members.

Assistive cutlery or crockery required for a resident with reduced dexterity was available. There was evidence that residents were reviewed by an occupational therapist if required and a physiotherapist also gave advice about seating and positioning. The inspector reviewed records of resident meetings and residents were generally complementary of the food on offer in the centre. Any issues raised about food were addressed.

The inspector spoke with the head chef who confirmed that he met with the staff member who is a trained nutritionist on a regular basis. The chef showed the inspector the colour coded plates for meals which would alert staff to specific issue as regards a resident's nutritional status. The kitchen staff had a folder containing details of dietary requirements, modified consistency diets and residents likes and dislikes. There was a good stock of frozen, fresh and baked goods in the kitchen. These were locally sourced from reputable suppliers and were bought in fresh on a daily basis. The chef met with all new residents who were admitted the centre. The dining experience was audited and this was being undertaken when the inspector was on the premises. Food safety training for staff was in progress. The chef and the nutritionist were very involved in providing a balanced and nutritious diet to the residents. The inspector saw training records which indicated that the chef trained staff in how to enhance the dining experience of the residents. The menu would be adapted on a seasonal basis and the inspector was shown the choice form which is filled in with the residents for each mealtime. There was also a menu rotation and the daily choices were on display prominently in the centre.

The inspector viewed minutes of meetings which indicated that menus, food choices and preferences, weight loss/gain were discussed at staff meetings and that this information informed residents' care plans. Staff had in-depth knowledge of residents' likes and dislikes and particular dietary needs. Residents had input into the menu of offer. The inspector saw evidence that ample choice was available to residents for breakfast, lunch and evening tea. The breakfast choice included a variety of hot and cold cereals, hot breakfast option, breads, juices and fruits. Residents confirmed that a staff member came around daily informing them what was on the menu and confirmed that they had a choice form filled in. They said that food was available on request including night time. There was evidence that the chef sought feedback from the residents with regard to the meals served.

Relatives with whom the inspector spoke said that the food was very good and that they were informed of any changes in the nutritional status of their relative.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the GP for residents were administered accordingly. The dining tables were decorated with centrepieces with a marine theme, good cutlery and serviettes. Staff informed the inspector that residents could choose to have their meal in the dining room or in their room. On the day of the inspection, most residents dined in the dining rooms. Residents voiced how they enjoyed the meals. Meal times were unhurried social occasions and staff were observed using the mealtimes as an opportunity to communicate and interact with residents. The inspector heard staff discussing the meals with residents and asking them if they wished to wear protective aprons. Staff with whom the inspector spoke were aware of the procedure to be followed if a resident had a choking episode.

There were three dining rooms in the centre which were bright and spacious. The furniture was homely and included lamps and bookshelves. The inspector noted that the residents' dining experience in each of the dining rooms was a relaxed and unhurried with background music playing in one of the dining rooms.

The inspector was informed by staff that residents had access to speech and language therapy services (SALT) and occupational therapy and there was evidence of this in residents' care plans. Dental services were easily accessible and residents could avail of this service in the centre or externally. Detailed individualised SALT plans were in place where required. The kitchen staff were also aware of these requirements. Dietician service was provided by a nutrition company and the dietician from this service provided training, information on suitable supplements and advice on modified and fortified diets to staff.

There was evidence that residents had a MUST (Malnutrition Universal Assessment Tool) assessment on admission and monthly thereafter. Staff, spoken with by the inspector, were familiar with how to use the tool. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output in the care planning system. On the day of inspection one resident was on subcutaneous fluids as his oral intake was inadequate to maintain hydration. The inspector saw that this was prescribed by the GP. However, the inspector noted that there was lack of clarity in the prescription sheet for this resident as regards a psychotropic medication which did not have a maximum daily dose indicated. This will be addressed under Outcome 11. The person in charge told the inspector that the centre had a transcribing policy which usually prevents any ambiguity. The inspector spoke with this resident who was being supported to eat his meal in his bedroom but he had not tolerated the food offered.

Residents with diabetes and coeliac disease had a care plan guiding their care. The inspector noted information in residents' care plans regarding the recording of blood sugars and corresponding documentation for this information in residents' nursing notes. The residents with diabetes had personal glucometers (a device for checking blood sugar levels). Sugar free and gluten free food stocks were available in the kitchen. The inspector spoke with the person in charge who described how the nutritional

management process had evolved. There was a system in place where a representative from each floor supervised the dining experience and these people formed part of the nutrition and dining review group.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Haven Bay Care Centre
Centre ID:	OSV-0000235
Date of inspection:	26/08/2014
Date of response:	10/10/2014

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 11: Health and Social Care Needs

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Under regulation 6 (1) the professional guidelines for medication management issued by An Bord Altranais agus Cnaimhseachais were not adhered to, for a resident. The policy on medication management in the centre, in relation to the transcribing of medication, was not adopted and implemented for a resident.

Action Required:

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

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All medication charts have been reviewed and renewed where required. Audits have been put in place to monitor the transcribing of medication internally by nursing staff and by an external pharmacist.

Proposed Timescale: Commenced 27th August 2014 and ongoing.

Proposed Timescale: 27/08/2014