<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Archersrath Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000191</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Archersrath, Kilkenny, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 779 0137/087 2410 090</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:archersrathnursinghome@mowlamhealthcare.com">archersrathnursinghome@mowlamhealthcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mowlam Healthcare Services</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Shanahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>58</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>09 October 2014 12:00</td>
<td>09 October 2014 18:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
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</thead>
<tbody>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
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</tbody>
</table>

Summary of findings from this inspection

This report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life care and Food and Nutrition. In advance of this inspection providers attended an information seminar, received evidence based guidance and completed a self-assessment questionnaire in both outcomes to determine their level of compliance.

The inspection was unannounced. On the day the inspector undertook a documentation review which included the centre's policies on both outcomes, training records, staff rosters, residents' care plans and minutes of residents' meetings.

On the day of inspection there were 58 residents in the centre. The person in charge was not available and the Authority had been notified of the absence in accordance with statutory requirements. The inspector met with the assistant director of nursing (ADON) who was deputising for the person in charge as notified. The inspector also met with other members of staff, including the regional operations manager, and also a number of residents. The inspector was present at both lunch and teatime and observed the residents in their experience of dining and the staff in their delivery of service. Residents spoken with were satisfied with the service they experienced at the centre. Staff spoken with demonstrated a good knowledge of the residents' individual circumstances and an understanding of their needs.

The self-assessments completed by the centre recorded minor non-compliances with the Regulations set out by 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 in regard
to both end-of-life care and food and nutrition. The inspector concurred with this assessment on the day as documentation around care planning and learning from reviews were incomplete.
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 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
A number of care plans reviewed by the inspector indicated policies around end of life care were implemented in practice though there were gaps in documentation around assessments on admission and subsequent review. Detail on the findings for this action are at outcome 14. No other aspects of this outcome were assessed in the course of this inspection.

Judgment:
Non Compliant - Minor

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

Theme:
Person-centred care and support

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

Findings:
The Assistant Director of Nursing (ADON) acting for the person in charge on the day was suitably qualified and had been employed at the centre for seven years. The ADON demonstrated a well developed understanding of the centre’s resident profile, had a clear commitment to person-centred care and understood the statutory requirements in relation to the provision of end of life care.

A current, centre-specific policy on end of life care was in place dated 27 June 2014. It
provided direction for care around both the physical and psychological needs of residents at end of life and also covered provisions relating to emotional and spiritual considerations. Policies around dignity, privacy and consent were in place dated March 2014. Specific guidelines dated 22 May 2014 were in place to allow residents access to their choice of GP, allied healthcare professionals and complementary therapists. Where residents wished to develop an advanced care directive the person in charge was identified as a resource to facilitate accordingly though there were no recorded instances for reference on the day of inspection. Signed documentation in relation to the verification of death were on record in files reviewed by the inspector on the day. Mechanisms for consultation and feedback by residents and relatives were described. The inspector reviewed a number of questionnaires that had been completed by next of kin where residents had passed away at the centre; the feedback, without exception, was very positive with comments on the care, kindness and consideration shown by staff throughout.

Training records indicated staff were enrolled in a continuous programme of training and review, appropriate to their role, around palliative care and end of life issues with training delivered in the March and April of this year. The ADON also demonstrated to the inspector that, following training, designated resources had been made available to support relatives around the death of a resident which included facilities to stay overnight and the provision of a separate space for the repose of remains with items of religious significance in place if requested. Staff spoken with were familiar with, and understood, policies and procedures around end of life care. Staff were also able to illustrate by example some of the learning outcomes from recent training such as processes to afford dignity to the remains of a resident and considerations around hospitality and privacy for relatives. The inspector noted in particular that communication with other staff and residents around the death of a resident was managed in a manner that was sensitive and person-centred. On the death of a resident the centre arranged a ‘guard of honour’ of staff and had a policy of sending a sympathy card to families where contact details were available. Arrangements for an annual remembrance event were in place for any residents, relatives and staff to attend, should they so wish, and to partake in a candle lighting memorial service.

The ADON explained that the person in charge had put in place a system to review care practices in relation to end of life as part of the general review of residents' care plans to ensure practice reflected policy and that this was an on-going process. A number of care plans reviewed by the inspector indicated policies were implemented in practice though there were gaps in documentation around assessments on admission and subsequent review. An action for this finding is recorded against outcome 5. Where discussions around end of life care had taken place with residents and their family files were noted accordingly. Where a resident had a specific preference in relation to place of death this was also recorded. Notes on transfer to hospital, pain relief and comfort management were well documented and regularly reviewed. Intake and output charts were in place with dated commencements of nutritional supplements and subcutaneous fluids administered where advised. Timely and regular assessments by a GP were recorded and dated.

In keeping with the centre's policy suitable arrangements were in place for the return of residents' belongings. The ADON confirmed that relevant information was available to
relatives regarding removal arrangements and that the centre facilitated families in this respect wherever necessary.

**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:**
Site-specific policies on the management of nutrition were in place dated 3 March 2014. The policies provided directions to staff on the assessment, monitoring and documentation of residents' nutritional and fluid intake and also provided guidance on procedures for the recording of this information in resident care plans. The dietary requirements of residents were assessed through the use of evidence-based tools with suitable practices in place to ensure needs in relation to nutrition and hydration were monitored and appropriately met.

The inspector reviewed a number of care plans and noted that residents' food, nutrition and hydration needs were comprehensively assessed on admission. Information from assessments as time of admission formed the basis of a resident’s care plan for ongoing review through the regular monitoring of weight and the use of a specified nutritional assessment tool. Care plans reviewed included those of residents experiencing weight loss or requiring wound management and specialised support with nutrition. The inspector found that the monitoring and review of care in these instances was in keeping with clinical advice. Referrals to allied health care professionals, such as a physiotherapist and speech and language therapist, were recorded appropriately and occurred in a timely manner. Where healthcare professionals had made recommendations, such as fortified diets or nutritional supplements, these were recorded in prescriptions and administered by appropriately trained staff.

Breakfast was available from 8.30am and included choice around juice, porridge, cereals, toast or bread with butter and tea. Residents could also avail of optional extras, such as a boiled egg, and could choose to have their breakfast served either in the dining room or in their own room. The inspector was present for lunch and tea service on the day. The inspector observed staff providing assistance to residents during mealtime and noted that assistive cutlery was available and used appropriately. Staff interaction with residents was helpful and courteous throughout. Staff had a good understanding of residents' likes and dislikes and were attentive throughout service checking meal temperatures and individual preferences. Prepared meal trays were also seen to be individualised and reflected the requirements and preferences of residents.
The lunch menu was rotated on a three weekly basis. On the day of inspection there was a soup to start and a choice of main courses with dessert and tea or coffee. The centre provided two dining areas one of which was smaller and accommodated eight residents with low dependency needs who were assisted by three staff on the day. The main dining area had tables set for individuals and groups. Staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. Five staff members were in attendance in the main dining area on the day. Drinks were available during the meal including milk and water. The inspector observed lunch service and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious in content and appetising in presentation. Portion sizes were also appropriate. Meals which were required to be pureed were presented in an appealing manner with identifiable ingredients and a choice of main courses also on offer. Light snacks were available throughout the day. Afternoon tea was available from 5pm with supper served at 7pm. Water was readily available and seen to be regularly on offer by staff.

The inspector spoke with kitchen staff who were trained in food hygiene and handling and had also received training in relation to nutrition and diet and the management of dysphagia. The most recent training on nutrition and dysphagia had been delivered in April of this year. A communications book was used to log exchanges between the kitchen and care staff around monitoring of the nutritional needs of residents. Records of actions and administrations in relation to dietary requirements were documented and maintained in a folder for reference in the kitchen. Carers also entered information on an electronic data base and progress reports on residents with specific nutritional needs were reviewed daily and discussed with nursing staff during handover. An audit of menus had been undertaken by a dietician on 11 April 2014 and the associated documentation was available for reference. The kitchen facilities were in keeping with the requirements of the size and occupancy of the centre and an environmental health report dated 15 September 2014 was made available to the inspector on the day.

The inspector spoke with residents who attended regular resident meetings and said that they were satisfied with the food quality and choice. Residents spoken with were complimentary about their experience of the centre. The provider's self-assessment identified a minor non-compliance which referred to the maintenance of training records. On the day of inspection documentation reviewed by the inspector was complete and the centre was compliant in this outcome.

**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:

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

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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000191</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>09/10/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23/10/2014</td>
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</table>

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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care plans to reflect details of assessments on admission and subsequent review in relation to end of life including any changes in nursing and specialist health care.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by...

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

**Please state the actions you have taken or are planning to take:**
We will ensure that all assessments and care plans accurately reflect the care required by the resident. These will be reviewed to reflect specific care needs, wishes and resident choice as they approach end of life. This will be done in as far as is practicable in conjunction with the resident and family.

Assessment and care plan reviews shall be undertaken every 4 months, or as indicated by a change in the resident’s condition/care needs.

**Proposed Timescale:** 28/02/2015