### Health Information and Quality Authority Regulation Directorate

#### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Lough Corrib Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000356</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilbeg Pier, Headford, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>093 35 778</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:loughcorribnh@eircom.net">loughcorribnh@eircom.net</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>Lough Corrib Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Richard Keane</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>21</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</td>
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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: 11 September 2014 13:00  To: 11 September 2014 18:30

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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</table>

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 and reference is also made to care planning and assessment in Outcome 11.

In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents and staff, observed practice in the centre and reviewed documents such as menus, care plans and medical records. The inspector also read survey questionnaires completed by relatives.

The person in charge, who completed the provider self-assessment tools, had judged the centre to be in minor non-compliance with both outcomes.

The inspector found that residents' end-of-life care was well managed and there was good access to medical and specialist palliative care. Records indicated that residents received a good standard of care in their final days and families expressed a high level of satisfaction with end-of-life care their relatives had received.

Residents’ nutritional needs were well met and residents were complimentary of the food provided although, some of the nutritional plans viewed had not been suitably completed and updated to guide staff on the appropriate care to be provided. The menu was generally varied and suited to residents' specific needs. Food appeared wholesome and nutritious and residents requiring assistance were supported in a respectful and appropriate manner. Residents had regular nutritional assessment and
monitoring. Some improvement, however, was required in the choice available for residents with special dietary needs and in nutritional care planning.

**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):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
The inspector viewed the processes in place for the assessment and care planning for nutritional and end of life care. Other aspects of health care were not reviewed at this inspection.

Nutritional assessments and reviews were being undertaken as discussed in outcome 15 of this report. While nutritional assessments were generally well written, the inspector found that some of the nutritional plans viewed had not been suitably completed and updated to guide staff on the appropriate care to be provided. For example, interventions to ensure sufficient calorific intake were not clearly documented and some recommendations of dieticians and speech and language therapists were not incorporated into some care plans.

**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 was satisfied that caring for a resident at end-of-life was regarded as an important part of the care service provided, however, improvement was required in assessment and recording of end of life wishes.

The person in charge had sent questionnaires to some relatives asking their opinions regarding the end of life care that their relatives had received. The inspector reviewed the completed questionnaires and the relatives' responses generally indicated a high level of satisfaction with the care that had been provided before, during and after the death of their loved ones. They stated they were made feel welcome and were facilitated to stay overnight and be with the resident during his/her last days. Relatives reported that residents’ wishes, with regard to their place of death were respected.

There was an up to date end of life policy, which provided guidance to staff on various aspects of end of life care. Staff had received training in delivery of end of life care. This was recorded in staff training records and confirmed by staff who told the inspector that the training had been beneficial to them.

There was an open visiting policy and family and friends were facilitated to be with the resident approaching end of life. There were ample communal and private areas and although designated overnight facilities were not available for families within the centre, staff stated that family members who chose to remain overnight would be offered an unoccupied bedroom if there was one available. Otherwise, a futon bed could be provided in the resident’s room if required. Refreshments were available for relatives. The person in charge and staff explained that whenever possible a resident at end of life would be transferred to a single room if there was one available. Otherwise, temporary transfer was discussed with other residents so that the person at end of life could have sole occupancy of the room. Staff stated that to date this had always been achieved.

The person in charge stated that the centre maintained strong links with the local palliative care team, which provided support to families and guidance to staff. This service was accessed by referral from the general practitioner. Training records indicated and staff confirmed that several staff members had received end of life care training earlier in 2014. Staff said that they found this training to be beneficial.

Residents’ spiritual needs were well met at all times, including at end of life. Local priests visited the centre regularly and were available more frequently to support residents at end of life and their families. The sacrament of the sick was administered monthly or as required.

The person in charge had taken measures to respect residents' dignity at end of life. Staff supplied relatives with discreet zipped bags for the removal of deceased residents' belongings and the spiral symbol was displayed when a resident was approaching end of life or when a deceased resident was present in the centre. Bereavement support information was available to families.
Staff had commenced assessment of residents' end of life wishes and recorded information such as spiritual wishes and preferences for place of death. The person in charge explained that she was developing an improved end of life assessment tool. The inspector viewed the files of some deceased residents and found that appropriate care was delivered in line with recommendations of the palliative care team and GP. Care delivered was suitably documented. No deficits were identified in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life.

**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

**Findings:**
The inspector was satisfied that residents were provided with food and drinks adequate for their needs, although some improvement to the documentation of nutritional records was required and this is covered in outcome 11 of this report. Food was suitably prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and which was served in a way that met their needs. The inspector noted that staff provided assistance to residents in an appropriate and discreet manner. Residents who spoke with the inspector were very satisfied with the standard of catering and confirmed that they were offered choices at mealtimes and could have food and snacks at other times. However, improvement was required to the choices of deserts and confectionery for residents with specific dietary needs.

The inspector visited the kitchen and met with the chef who explained the menu planning process. There were two meal choices each day, although alternatives would be arranged for residents who wanted something else to eat. Staff visited each resident every morning and discussed meal choices with them to ascertain their preferences. The chef told the inspector of residents' likes, dislikes and dietary needs. Up-to-date dietary information which had been supplied by nursing staff was also documented in the kitchen. Some residents required special diets or a modified consistency diet and this was provided for them. However, there was improvement required to the choices of desserts and confectionery for residents on diabetic diets. While these residents were supplied with food suitable for their needs, the choice and variety of deserts and confectionery was limited. A choice of alternative deserts, confectionery and biscuits were not provided. For example, the day of inspection the only option for diabetic residents was sugar-free jelly and unsweetened custard. In addition, on the day of inspection, there was limited fresh fruit or alternative supply of frozen fruit available in the centre. The inspector noted that residents were offered a variety of snacks...
throughout the day, including drinks, soup, cakes and yoghurt. In addition, snacks were available to residents if they wanted something to eat in the evenings or during the night. Residents who required increased nutrition were supplied with nutritional supplements but did not have their meals fortified with additional nutritious ingredients.

The inspector observed the dining experience in the dining room, which was found to be pleasant and relaxed. Most residents opted to take their meals in the dining room, which was well furnished and comfortable, although a small number took their meals in the sitting room. There were sufficient staff present at mealtimes to support and encourage residents with dining and staff chatted with residents throughout the meals. Staff were attentive to residents and assisted them appropriately. All residents were suitably seated while dining. Staff were aware of residents’ special dietary requirements and were knowledgeable of how meals would be served to residents. The person in charge had identified a need for change in mealtimes as the evening tea was being served too early. It was agreed that catering staff would be rostered until later in the day, to ensure that residents could have a later tea if preferred. This change was due to commence soon after the inspection.

The inspector reviewed a sample of records and found that each resident had a nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files.

The person in charge had identified a training need and had arranged for some staff to attend a training day on nutrition in elderly care, which was scheduled to take place shortly after the inspection. There was an up to date nutrition policy to guide 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:

Jackie Warren
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 report

<table>
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<tr>
<td>Date of inspection:</td>
<td>11/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04/11/2014</td>
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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 11: Health and Social Care Needs

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some nutritional plans viewed had not been suitably completed and updated to guide staff on the appropriate care to be provided.

Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
All Nutritional Care Plans have been reviewed and updated to reflect the SALT Assessment. They now contain the required details to guide staff. All updated Care Plans are discussed at staff meetings to inform staff.

**Proposed Timescale:** 01/12/2014

<table>
<thead>
<tr>
<th>Outcome 15: Food and Nutrition</th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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