

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillview Nursing Home
Centre ID:	OSV-0000238
Centre address:	Tullow Road, Carlow.
Telephone number:	059 913 9407
Email address:	hillviewnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hillview Convalescence & Nursing Home Limited
Provider Nominee:	Catherine O'Byrne
Lead inspector:	Ide Batan
Support inspector(s):	Maria Scally
Type of inspection	Unannounced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	1

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: 05 November 2014 10:15 To: 05 November 2014 16:30

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

Outcome 09: Medication Management
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 inspectors met residents and staff and observed practice during the inspection. Documents were also reviewed such as training records and care plans. The person in charge who had completed the provider self-assessment had judged that the centre was compliant in relation to both outcomes.

Residents described the provision of food and nutrition in positive terms and said that the food choices they were offered were very varied. There was good access to medical services including allied health professionals such as the dietician, dental speech and language therapist. Staff had appropriate evidence-based policies and procedures to guide them in the management of unintentional weight loss, swallowing problems and significant changes in health care needs. There were systems in place to regularly audit practice.

Residents care needs at end of life were managed well in accordance with good practice guidance. Based on a sample of records viewed by inspectors, residents' needs were met to a good standard of nursing and medical care as they approached end-of-life. This was supported by feedback obtained from relatives of deceased residents who completed questionnaires on the care provided to residents at end-of-life. Ten questionnaires had been sent to relatives of deceased residents and seven had been returned to the Authority. All were very complimentary of the care provided.

Inspectors saw that residents who had dementia care needs or other neurological problems had care plans in place that were based on discussion with family members and staff knowledge of their wishes and preferences. Overall, the inspector noted that a warm, inclusive environment existed in the centre. Furnishings and housekeeping were of good standard. Staff spoken with by the inspectors exhibited an in-depth knowledge about the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. Both the person in charge/ provider displayed a commitment to the delivery of person-centred care and continuous improvement.

The inspectors found compliance in the area of Food and Nutrition and compliance in the area of End-of-Life care 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.

However, while the thematic inspection focused on two outcomes as described above, there was a requirement for the inspectors to review another outcome in so far as it related to end-of-life care and food and nutrition. A minor non-compliance was identified under this outcome and this is discussed in the body of the report.

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 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

Medication management documentation indicated that nutritional supplements were prescribed by the GP. However, the maximum dose of medications prescribed as required (PRN), within a 24 hour period, was not documented in a small number of medication prescription charts.

Inspectors saw that in a sample of medication charts reviewed that each medication had not been individually signed by the prescriber which is not in compliance with the Medicinal Products (Sale and Control of Supply) Regulations as amended.

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 provider's self-assessment and overall self assessment of compliance identified compliance with Outcome 14 and Standard 16. The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date and had been reviewed in October 2014. It provided good guidance on the management of the period prior to death and the care of the body. It outlined procedures for end of life care and provided guidance for staff on care planning for end of life, and how to provide support to relatives.

There was evidence that residents received care at the end of his/her life which met

his/her physical, emotional, social and spiritual needs. Residents who spoke to the inspector spoke in a positive manner with regard to their care. Some residents expressed that in the event of becoming unwell, they would like to go to the acute services while other residents stated that they would prefer to stay in the centre. If a resident did require admission to hospital the inspector saw that there were transition documents available to support continuity of care between the hospital and the centre.

Care practice as documented in care plans conveyed that at end of life, the dignity of residents was respected, that their comfort and well being was a priority and that whoever wished to be with them were facilitated to remain as long as they wished. Care plans were reviewed when updating a care plan, following a medical review or when a resident's condition changed. No resident was in receipt of end-of-life care during the inspection.

The staff team told inspectors that residents had very good access to the specialist palliative care services that were located off site. This was a consultant led service which provided onsite visits to residents and also advice via telephone. The home care team review residents regularly and advise on aspects of care particularly effective pain relief. A staff member had completed Level 9 palliative care training and was proficient on the use of a syringe driver (a mechanical pump used to administer medications) in symptom management. This staff member trained other nursing staff members on the syringe driver pumps. There was good access to medical services as evidenced by the medical and nursing records. Documentation such as care plans reviewed by the inspectors indicated that symptom control was effective for residents to ensure adequate pain relief and comfort at end of life.

Questionnaires, asking relatives' opinions regarding end-of-life care, were sent to the relatives of deceased residents. All responses reviewed by the inspector reflected a high level of satisfaction with the care received. The inspector viewed two care plans of deceased residents and noted that staff were always with residents as they approached the end of their life. Care plans viewed indicated that residents had their end-of-life care needs addressed without the need for transfer to an acute hospital.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre on a weekly basis and ministers from a range of religious denominations visited as required. Staff told the inspector that a remembrance mass for deceased residents was held each year. The local priest was also an advocate for residents.

Family and friends were facilitated to be with the resident at approaching and at end of life. The centre had ten twin rooms and 34 single rooms. The shared rooms had adequate screening to promote privacy and dignity and ample space. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated. There was ample provision of private sitting spaces and sitting rooms Overnight facilities for families were available if requested by families.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally and in writing by means of a leaflet) on what to do following the death and on understanding loss and bereavement

and that this included information on how to access bereavement and counselling services.

There was a procedure for the return of personal possessions. The inspector saw that all belongings were recorded on admission and returned following the death of a resident. Staff outlined to the inspector that designed canvas bags were used to return personal possessions.

Inspectors saw that in the event of a sudden death staff had completed training in cardiopulmonary resuscitation (CPR). The centre's policy also provided guidance in relation to sudden death. Other training pertinent to end of life care which had been completed in October 2014 included end of life palliative care identifying the dying process.

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):

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

Findings:

The inspector reviewed the person in charge's self-assessment questionnaire and the overall self assessment of compliance with Regulation 20 and Standard 19. The person in charge had assessed the centre as being compliant

There were a range of well developed systems in place to ensure that residents had a good diet that was nutritionally balanced and provided in a manner that was appropriate to their needs. All residents had a nutritional assessment on admission and with information on their food preferences care plans for nutrition and hydration were drawn up. Care, nursing and catering staff worked together to ensure that information on residents' specialist needs were up to date and that appropriate food was available and prepared according to residents' requirements. Staff said that there were formal and informal arrangements in place such as regular team meetings to communicate changes in residents' diets to catering staff who kept records of all individual requirements in the kitchen.

There was evidence that food and nutrition reflected choice and the active implementation of the person-centred care model. Residents had the option of having their meals served in their room or in the dining room and at a time of their choosing. The inspectors noted that where residents had preferred eating patterns such as eating late or eating snacks instead of full meals that their choices were accommodated. Meals

were kept for residents and provided at times they wished to eat. The chef told inspectors that if residents were attending out patient clinics that a packed lunch would always be provided for them.

The inspectors saw the service of the breakfast, mid morning snacks and lunch time meal. Inspectors saw that the chef engaged with the residents during meal times. It was evident throughout inspection that the residents were familiar with the chef. There were three cooked choices available at lunchtime and there were many different options available at tea time. The dining tables were attractively presented and inclusive of good quality delph and cutlery.

Residents interviewed at this time said that the food was "always good" and "tasty". The centre had a protected meal time arrangement in place. This meant that visits and other activities were discouraged during meals except where relatives came to assist residents. Inspectors saw that some relatives came to assist their family member at meal times.

Snacks and hot and cold drinks including juices and fresh drinking water were readily available throughout the day. The inspectors noted that staffing levels were adequate to supervise meal times. There was a water dispenser available in the front foyer. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Some residents had specialist cutlery which helped them eat independently. Meal times were unhurried social occasions and staff were observed using mealtimes as an opportunity to communicate, engage and interact with residents.

The inspectors met with the chef who confirmed that she met with the person in charge or staff to receive an update of the current status of the residents pertinent to their nutrition. Up-to-date information with regard to any changes in residents' dietary requirements was available in the kitchen. The chef and staff who spoke with the inspectors had in-depth knowledge of residents' likes and dislikes. The chef told the inspector that she met most of the residents on a daily basis with regard to food preferences.

There were good working relationships with specialist services such as dieticians and speech and language therapists who were available off site. Nurses could make direct referrals for consultation to these services and from the records reviewed there was a timely response. Access to diagnostic services was through the local hospital or outpatient department. Residents also had access to dental services within the community.

The inspector saw that where residents had specialist needs related to swallowing, gaining or losing weight or variable eating patterns that care plans reflected the arrangements in place to meet their nutritional requirements. Specific safe swallowing guidelines were available for residents identified at risk .Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter.

Residents were offered therapeutic or modified consistency diet as required following

review by doctors, the speech and language therapist or dietician. The assessments and guidance from these professionals was recorded in care records, used to inform care plans which were reviewed on a regular basis as observed by the inspectors. A sample of medication administration charts reviewed evidenced that nutritional supplements were prescribed by the general practitioner (GP) for residents were administered accordingly.

Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of a three day food and fluid chart.

The inspector reviewed records of residents' meetings. It was evident from minutes of these meetings that residents were satisfied with the food and choices provided. This was supported by the complaints log which did not include any concerns with regard to food. The daily menu was on display on each table in the dining room and also on a whiteboard in the dining area.

Inspectors saw that feedback surveys in relation to quality of service were issued to residents and relatives at intervals. These surveys included a section on meals and mealtimes. Surveys viewed by inspectors indicated satisfaction with the food and choices provided. Inspectors observed that an audit by a nutritional company had been completed in October 2014 which indicated that the food provided was wholesome and nutritious.

There were policies in place that provided guidance for staff on varied aspects of nutrition. These included:

- nutrition status and management
- specific nutrient needs for ageing people
- the provision of specialist professional advice
- dysphagia

Recent training that had been completed in relation to nutrition included:

- Nutritional needs MUST
- dysphagia
- use of fluid thickeners.

The catering staff had completed food hygiene training.

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:

Ide Batan
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:	Hillview Nursing Home
Centre ID:	OSV-0000238
Date of inspection:	05/11/2014
Date of response:	17/11/2014

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 09: Medication Management

Theme:

Safe care and support

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

The maximum dose of medications prescribed as required (PRN), within a 24 hour period was not documented in a small number of medication prescription charts which is not in accordance with best practice in medication management.

Inspectors also observed that the prescribing of medications was not in accordance with best practice. Inspectors saw that in a sample of medication charts reviewed that each

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

medication had not been individually signed by the perscriber.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

A memo has been distributed to all residents GP's requesting that they comply when prescribing medications in accordance with best practice in medication management. This will include the maximum dose of PRN medications within a 24 hour period and each medication prescribed will be individually signed by the prescriber.

Proposed Timescale: 01/12/2014