

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carechoice Montenotte
Centre ID:	OSV-0000253
Centre address:	Middle Glanmire Road, Montenotte, Cork.
Telephone number:	021 486 1777
Email address:	montenotte@carechoice.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Carechoice Montenotte Limited
Provider Nominee:	Paul Kingston
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	110
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: 15 October 2014 11:45 To: 15 October 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 12: Safe and Suitable Premises
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 an unannounced thematic inspection by the Health Information and Quality Authority (HIQA or the Authority) of Carechoice Montenotte, which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection the provider had attended an information seminar and had received guidance documents provided by the Authority. The centre had circulated end-of-life questionnaires to relatives of former residents in the centre. These had been returned to the Authority prior to the inspection and were found to be complimentary of the care and support given by staff, to all the family, at the end of life.

The person in charge and staff members had completed the self-assessment questionnaires. The inspector reviewed relevant documentation prior to the inspection. The inspector met residents, relatives and staff and observed practice on inspection. Documents in the centre were also reviewed such as, training records, residents' care plans, medication management charts, menus and also records pertaining to deceased residents. The inspector spoke with residents and relatives and they all expressed satisfaction with the care they received in the centre. The inspector was present for dinner and tea and assessed the dining experience by sitting with the residents. Residents expressed to the inspector that they were happy and felt secure in the centre. Overall, the inspector noted that a person-centred and caring environment was fostered for residents.

There was evidence that the findings of the self-assessment questionnaires were being implemented. Staff were knowledgeable about the residents and were observed caring for residents respectfully with awareness of preserving their privacy

and dignity. The provision of end-of-life care was assessed through interviews with staff, residents and relatives as well as information contained in residents' care plans. The inspector also viewed information in the care plans of residents who had recently died.

The inspector's findings were of minor non-compliance as regards end-of-life care and compliance as regards nutrition in accordance with the Regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland 2009. The inspector also found evidence of minor non-compliance in outcome 11: Health and social care needs and moderate non-compliance in outcome 12: Safe and suitable premises.

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 applies to a sample of care plans reviewed for residents with nutritional issues.

The inspector found gaps in care planning documentation.

There were no detailed plans of care in place to support the interventions required for a resident who was receiving his nutrition through a PEG (percutaneous endoscopic gastrostomy) method. A plan of care was required in the area of mouth care, wound care and the care of his feeding tube.

A resident who had a stoma wound did not have a plan of care which set out the interventions necessary to care for the wound.

Judgment:

Non Compliant - Minor

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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 noted that the dining rooms were small and they were not easily accessed by the residents. Access in most cases was through a kitchenette where serving trolleys and other kitchen equipment were stored. A recent 'dining experience' audit seen by the inspector outlined how a resident did not have a free walkway through this area to exit the dining room and that she had "to manouver her way through trolleys and staff". Food was distributed from various trolleys parked in the kitchenette and the area was very busy when staff were serving the meals. The inspector sat with residents in one of the dining rooms at tea time. The dining experience would have been enhanced by improved table settings and room décor. The dining rooms were restrictive and this was dictated by the fact that the premises was once an old convent which had been adapted as a nursing home. The person in charge informed the inspector that there was a retaining wall adjoining the dining rooms and this limited any extensive renovations required to provide larger more accessible dining rooms.

Floor covering in the centre was in need of repair and the person in charge informed the inspector that all repairs were 'on hold' awaiting management decisions. This failing had previously been identified on inspection in February 2013 and on the re-registration inspection dated October 2013. The action plan presented by the centre following the re-registration inspection specified a completion date for floor repairs of 31 Dec 2014. This work had yet to commence. The provider spoke with the inspector also and said that quotations for replacing the floor covering had been sought. The inspector also noticed that some ceiling areas needed upgrading and the provider said that this would commence shortly.

The following action plan was proposed following a previous monitoring event dated 20 and 21 Feb 2013:

"Floor replacements are part of the maintenance plan for 2013. This will be a progressive programme starting in April 2013".
Proposed Timescale: 31 December 2013

The action plan following the re-registration inspection of 10 and 11 October 2013 read as follows:

"We have spent a lot of time coming up with an appropriate solution to the issue of our damaged vinyl flooring. We have carried out repairs on a number of test patches and have decided on which contractor we will employ to complete the work".
Proposed Timescale: 31/12/2014

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:

Care practices and facilities in the centre were designed to ensure that residents received end-of-life care in a way that met their individual needs and respected their dignity and preferences. There were written operational policies and protocols in place and staff with whom the inspector spoke were familiar with these. These policies were the subject of ongoing review. The inspector found however, that the policy lacked detail to support staff in the physical care of the dying person. The person in charge said that she was reviewing the policy and was augmenting it to provide more detail on skin care and mouth care. Even though the policy referenced the mouth care policy this had yet to be developed in the centre. Nevertheless, the staff were aware of the importance of mouth care and the inspector noted that mouth care trays were available for residents if required.

Staff had initiated discussions with residents and relatives to ensure that their wishes were documented and end-of-life care plans were seen by the inspector in the files of residents. These were new documents and the CNM (clinical nurse manager) informed the inspector that they were more comprehensive and accessible to staff. Residents had signed their care plans where this was possible and relatives were consulted to ascertain the wishes of residents who were cognitively impaired. The general practitioner (GP) was involved in advising and supporting residents and relatives if required. The person in charge said that the GP was very knowledgeable in palliative care and in symptom control for residents who required this. The inspector was shown documentation which indicated that end of life wishes were reviewed on a regular basis with residents and relatives where appropriate. The inspector spoke with family members who said that the person in charge was very approachable and "diplomatic" and that the staff and the GP would give regular updates at all stages, on the care being provided. The inspector spoke with family members in relation to a resident whose condition had recently improved and they confirmed that they were kept updated on a daily basis of any changes.

Religious and cultural practices were respected and services were held in the centre weekly. Family and friends were facilitated to be with the resident when they were at the end of life stage. Residents of all religious denominations were visited by their Ministers as required. The 'HSE Guidelines on Multicultural Care' at the end of life, was available for staff reference. Residents, with whom the inspector spoke, told the inspector that the rosary was said daily for those who wished to participate. These practices were seen to be operational in the centre during the inspection. The CNM

informed the inspector that residents had a choice as to their preferred place of death and this could include dying at home if the appropriate care was available. This option was seen by the inspector on the aforementioned new documentation.

Links were maintained with the community palliative care would see residents on referral from the GP. The centre had a syringe driver which could be used to administer symptom relieving medication at the end of life. Staff had received training in its use from staff in Marymount. The palliative care specialists visited the centre if required and would set up the syringe driver in consultation with the GP. Three of the clinical nurse managers (CNM) and the person in charge had undertaken a palliative care course. They were rolling out training for staff. The inspector viewed completed training records for end of life care and saw that further training was scheduled for staff.

Staff with whom the inspector spoke said that the care at the end of life was person-centred and inclusive of the relatives. Other residents would pay their respects and the deceased person's room was left undisturbed for at least two days afterwards. The inspector observed that there was a genuine respect for the resident and family at the end of life stage and the staff said that they were given support also, at this time. Belongings and possessions were respectfully packed in special bags and the inspector noted that there were updated inventories of the residents' possessions in the care plans. Family were provided with leaflets and information about what to do following a death of a resident in the centre.

Single rooms were available for residents at the end of life and there was accommodation provided if the family wished to stay overnight. Catering staff informed the inspector that the families or friends would be given their meals and allowed to visit whenever they wished. The inspector viewed the file of a recently deceased resident and saw that the GP had participated with staff in planning the care with the family. Staff informed the inspector about the plan of care that was put in place and said that this resident had died peacefully, pain free and with other symptoms suitably attended to. The inspector noted that this resident's nursing notes indicated that the person had died with family members in attendance. A review of residents who had died in the previous two years indicated that 66% of them were facilitated to die in the centre.

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:

The inspector reviewed the self-assessment questionnaire for the centre and the policies on nutrition, mealtimes and hydration. These were found to be relevant and comprehensive but required some updating to reflect further good practice. The inspector viewed training records which indicated that staff had attended training. These education sessions were sourced from a dietician and a speech and language therapist (SALT). An audit of the menu had been carried out by the dietician in 2013 and the documentation seen by the inspector indicated that it was "nutritionally complete" and had "great variety". The inspector noted that there was a list of 24 hour snack foods available for residents and this included items such as a variety of different fruit, cereals, yogurts and biscuits.

The inspector observed mealtimes including dinner at 13.00hrs, afternoon tea at 15.30hrs and the evening meal at 17.00hrs. The inspector sat at the dining table with a group of residents who told the inspector that they were very happy with the choice of meals on offer. Residents spoke with the inspector about their satisfaction with the time at which meals are served as well as the fact that their choice of dining venue was accommodated. On the day of inspection the inspector noticed that there was a choice of two meals on the menu at dinner time. It was served hot and was very well presented. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes. Residents utilised the small dining rooms on each floor and staff ensured that residents maintained their independence by preparing their food in an individualised manner. Residents having their meals were appropriately encouraged and were seen to receive their meal in a timely manner. Gravy was served separately. Second helpings were readily available. The inspector heard residents being offered in relation to a choice of dinner, desserts and tea or coffee.

Residents requiring full assistance were seen dining in a separate dining space. The inspector observed that staff members assisted the residents in a manner which supported their dignity and that residents' preferences were known to staff. The inspector spoke with residents in this dining room who said the food on offer was appetising and staff told the inspector that they were aware of the actions to take if a resident appeared to be choking. Cutlery was appropriate to the specific needs of residents. The modified diets on offer were served in an appetising manner. Staff explained how residents' preferences were also ascertained when preparing modified diets. The dining rooms were small and not easily accessed. This was addressed under outcome11: Safe and suitable premises. The tables were dressed with colourful tablecloths and the crockery and cutlery were of good quality. The menu was displayed on a notice board placed at eye level and written clearly.

Snacks and hot/cold drinks including juices and fresh drinking water were readily available throughout the day. The inspector reviewed records of residents' meetings. It was evident that suggestions, as regards to food choice, were addressed. The complaints log was also reviewed and there was evidence that any complaints concerning food were acted on promptly and the complainant's satisfaction with the outcome recorded. The inspector spoke with the chef who said that she regularly met with the person in charge and the clinical nurse manager (CNM) to discuss the residents' dietary needs. The chef showed the inspector her files, which contained relevant

information, including a copy of the most recent assessments carried out by SALT, the dietician and copies of updated guidelines for the sector. The chef and the kitchen staff indicated that they received relevant training in food safety and HACCP (food hygiene) and the chef had developed a comprehensive induction programme for new staff. The inspector viewed this documentation as well as the records which the chef retained of her conversations with residents and her dining room audits. The inspector noted that the satisfaction and outcome of issues raised were recorded by the chef. There were arrangements in the kitchen for segregating the gluten free food and the diabetic food. The person in charge explained to the inspector how she ensured that the diet was nutritious by sourcing food from reputable local suppliers. Home cooked bread and cakes were seen to be available for residents and their visitors. The inspector saw that there was good communication between the chef and the staff about visits from the dietician, whom the chef said would suggest ideas for fortifying food, if required. There was a four weekly menu rotation in place and the chef stated that if a resident did not like what was on the menu, an alternative was always available.

A sample of medication administration charts and care plans were reviewed by the inspector. These indicated that nutritional supplements were prescribed by the GP. If a resident was not able to eat the food on offer or was judged by the dietician to need nutritional support she suggested the type of supplement to be given. The inspector saw these supplements being given to the residents and saw that they were documented as administered, by the nursing staff. Care plans were in place for residents with swallowing difficulties or other nutritional need. Subcutaneous fluids were also an option which could be availed of for residents who were not able to partake of oral fluids. Fluid and food records were maintained for residents who had nutritional deficits.

The inspector joined a different group of residents for tea and observed that mealtimes were seen by the residents as social occasions. Residents were seen to engage in conversation with each other. They spoke with the inspector about their lives in the centre and how they supported each other. If they had a problem with, for instance, the tea being cold, this would be attended to immediately. They told the inspector that breakfast was served from 07.30am and that they could have this in their bedrooms or in the dining room. All the residents were seen to eat a variety of food at tea time and they were offered home-made cake afterwards. The evening meal was served from 17:00hrs onwards and the inspector observed that there was a choice of menu on offer. Residents told the inspector that they would have tea and a snack at 19.30hrs and that food was available on request at any time of the day or night. This was also confirmed to the inspector by the staff nurses and care attendants. Some of the table settings would have benefited from the addition of jugs of milk and sugar bowls placed within easy reach of residents.

All residents had access to dietary, dental, as well as speech and language services and there was evidence of such access in the sample of care plans reviewed. The inspector noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated three-monthly or when required. A food chart was also completed for new admissions. If a dietary need or weight loss was identified the GP was informed and the appropriate service contacted to review the resident. Residents with diabetes were provided with the appropriate diet and had a comprehensive care plan in place. If a resident was seen to be at risk of dehydration a 24hr monitoring

of fluid intake chart was commenced. Training for staff in dysphagia (difficulty in swallowing) was given by a nutrition company for the centre. The inspector noted that the dietary needs of residents with diabetes and with coeliac disease were accommodated and saw records of the blood sugar levels of the residents with diabetes.

Oral care assessments had been carried out for some residents. Care plans were in place to provide guidance on oral hygiene. Staff spoken with by the inspector were knowledgeable on this subject. However, there was no policy on oral care in the centre even though it was referenced in other documents. The person in charge said that this was being developed. The inspector found that this was particularly relevant for a resident who was on PEG (percutaneous endoscopic gastrostomy) feeding. This resident did not have detailed plans of care on the care of this wound and for his oral care. The inspector also noted that a second resident who had a stoma wound did not have a wound care plan in place. These failings were addressed under outcome 11: Healthcare Needs.

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
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:	Carechoice Montenotte
Centre ID:	OSV-0000253
Date of inspection:	15/10/2014
Date of response:	24/11/2014

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 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:

There were no detailed plans of care in place to support a high standard of evidence based nursing care required for a resident who was receiving his nutrition through a PEG (percutaneous endoscopic gastrostomy) method. A plan of care was required in the area of mouth care, wound care and the care of his feeding tube.

As above, a resident who had a stoma wound did not have a plan of care which set out

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

the interventions necessary to care for the wound.

Action Required:

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:

There is a detailed policy document which addresses all aspects of care required by a resident receiving nutrition via PEG, however details of the policy were not included in the care plan for the resident. This has now been corrected and there is a comprehensive care plan in place. The new care plan also includes details of oral care required. A wound care plan has been developed for care of the stoma as a wound and this is in place for all residents who are in need of stoma care.

A policy has been completed on oral care and has been introduced to all relevant staff.

Proposed Timescale: 24/11/2014

Outcome 12: Safe and Suitable Premises

Theme:

Person-centred care and support

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

Dining rooms were not sufficiently spacious and not easily accessible for all residents.

Floor covering was poorly maintained and in need of repair.

This action had been highlighted in inspection reports dating from February 2013.

Ceilings were in need of upgrading in some parts of the centre.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

In relation to the Dining rooms, we have changed the layout to ensure that our Residents have easier access. We are commencing the replacing of the Floor covering in January 2015. The ceiling in need of upgrading has been repainted.

Proposed Timescale: 31/07/2015

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:

The policy on end of life care did not outline sufficient guidance for staff in each aspect of care required by the Regulations.

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:

Our policy on end of life care did not set out detailed information under the headings of physical, emotional, social, psychological and spiritual care as is required under the regulations.

We are reviewing our current policy to address the requirements of the regulations and expect to complete it in May 2015.

Proposed Timescale: 31/05/2015