<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ferndene Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000759</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Deansgrange Road, Blackrock, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 236 0028</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@williscaregroup.ie">info@williscaregroup.ie</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>SRCW Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Ronan Willis</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
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<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>90</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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.
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: 23 October 2014 08:00
To: 23 October 2014 02:30

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

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
<th>Outcome 15: Food and Nutrition</th>
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Summary of findings from this inspection
This inspection report sets out the findings of a one day thematic inspection which focused on two specific outcomes, end-of-life care and food and nutrition.

In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

The inspector met residents, relatives, and staff during the inspection. They reviewed policies and documents, including care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was minor non-compliant in relation to both outcomes when they completed it in March. On the day of the inspection the centre was found to be compliant in both outcomes.

The inspector found a good level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The centre was seen to support positive outcomes for the residents, which was confirmed by residents and relatives, and evidenced through the inspection.

The inspector saw records of resident’s wishes in relation to end of life care, where they had expressed them. Staff were provided with appropriate training and supported to provide care for residents by prompt access to palliative care services where needed. Relatives gave positive feedback about the care given to their family members.

The nutritional needs of residents were met to a good standard, and were person-
centred. Residents were provided with food which was varied and nutritious and respected their preferences. There was a good standard of nutritional assessment and monitoring and residents had very good access to general practitioners (GP) when required and specialists such as dietician when needed. Audits were carried out monthly to identify any residents who needed more support to maintain good nutrition and hydration levels. All feedback given to the inspector by residents and relatives was very positive about the quality of meals and access to food and drink.

These matters are discussed further in 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 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:**  
There were policies and procedures in place to support residents to receive a good standard of end-of-life care, which respected their individual needs.

There were detailed written policies and protocols in place for end-of life care. They covered planning the care for residents, steps to take when death was imminent, steps to take after death including how to break bad news to families.

The inspector read a number of care plans and found that all residents had end-of-life care plans in place, in the event that they became seriously unwell and were unable to articulate their wishes. The plans covered the environment to be provided, discussing any fears and wishes, social activity and contact with relatives. Residents' wishes for treatment at end of life was also recorded, for example if they wanted to be resuscitated. All the plans followed a similar format but were personalised to individual residents.

There were some ‘do not attempt resuscitation’ orders recorded in general practitioner (GP) notes for individual residents. The notes made it clear who the discussion had been held with, and whether family were involved.

There were care plans that covered residents other needs including their physical and nutritional needs.

Plans were reviewed three monthly or as needs changed, and there was evidence that the resident and family had been involved in the reviews. For example residents and family members had signed some documents.

The inspector reviewed care records and saw evidence that there was regular review from the general practitioners (GP). This also included review of medication.

At the time of the inspection there were no residents who were receiving end stage care. One questionnaire was received from a relative of someone who had passed away in the centre. They reported the care was highly professional, with care and dignity.
The nurses reported that palliative care services were available when needed, and that the service was always responsive to the residents needs. Nurses in the centre were trained in equipment such as syringe drivers should they be needed.

Records also showed residents had access to dietician, speech and language therapy, optician, occupational therapy, and dental services. The inspector spoke with staff about access to these services and all felt the response was quick.

Staff spoken with were seen to have a good knowledge of the residents needs, and positive interactions were seen between them. On the day of the inspection, there was sufficient staff to meet the needs of the residents. Staff showed the inspector the signs that were used to identify when someone was at end of life, and spoke about the importance of a calm and comfortable environment, and supporting the resident and family emotionally.

Records showed that had completed training about palliative care and end of life care. More training was planned to take place to ensure all staff had received it. All staff were positive about the training. They also confirmed they received regular updates if policies changes. New staff said the induction covered in detail the procedures to follow for residents at end of life.

All religious and cultural practice was facilitated. There were religious services provided in the centre. There was an oratory that could be used by families and residents. They also held remembrance mass for those who had passed, to support residents to pay their respects.

If a resident specifically wanted a single room as part of their end of life care, the person in charge was able to make use of a spare room, though they reported this had not been needed.

The person in charge told the inspector that relatives were welcome to stay with their relative, and there was a relatives room for them to use. They were able to spend the night there if they wished. There were kitchenettes available for them to make their own drinks, and the chef confirmed they would be offered snacks where appropriate.

The person in charge confirmed that relatives would be informed by phone if they had not been present at the time, and there were guidelines in place on how to do this sensitively. Other residents would be informed by staff if they knew them.

The policy covered returning residents belongings, and bags were available to hand the items over. Staff told the inspector this would be done at a time that suited the relatives.

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:**
Residents received food and drink at times and in sufficient quantities to meet their needs, and in line with their personal preferences.

There was a detailed policy on monitoring and documentation of nutritional intake that gave clear guidance to staff. The inspector observed that it was being implemented in practice. For example where residents nutritional intake was being monitored daily records were being kept, and residents weights were taken weekly.

Nursing staff spoken with were very clear in their role of monitoring residents for any sign of reduced intake of food or drink, and were able to explain what action they would take. For example they described how they would access the speech and language therapy service if a resident showed signed of having problems with swallowing food and drink.

The inspector reviewed a number of care plans and supporting documents, such as speech and language and dietician assessments. The care plans were seen to be individual to the residents and included thier food preferences. Special diets for residents were recorded and matched the recommendations of speech and language therapy and the dietician. There was also good evidence of the steps to ensure resident were not at risk of malnutrition, for example weight, body mass index and malnutrition screening. Dental services were available via a mobile dental service.

Some residents were seen to take nutritional supplements. These had been agreed with the general practitioner (GP) who had prescribed them, and then kept them under review. They were clearly recorded on the prescription records of residents.

The person in charge informed the inspector that the staff handovers at the beginning of the shift identified those residents who needed to be monitored. This system worked well, and staff spoken with were knowledgeable abut the current needs of the residents.

Monthly audits were being carried out for all residents’ nutrition and hydration needs. The person in charge met with senior staff and went through the audits to ensure all care was being provided in line with the centres policies and quality assurance processes. They were very knowledgeable about the residents who had identified needs in relation to nutrition.

The inspector observed the service of breakfast and the main lunch time meal to
residents. Meals were seen to be properly prepared, cooked and served. Residents were seen to have good access to food and drink through the day including fresh drinking water in their rooms and public areas. There were also snacks available for residents in some areas of the centre.

There were two choices offered for the main meal. There was also rice and pasta available as well as potatoes for each meal to meet residents preferences. Residents confirmed that if they wanted something other than was on the menu, it would be arranged for them, and that they got sufficient quantities for food. They also said the staff were very good and always asked them what they wanted to eat, and where they wanted to eat it. They also confirmed they were offered drinks regularly, and could have them at any time if they asked. Every resident spoken to during the inspection gave very positive feedback about the quality of the meals.

The chef confirmed that care staff were able to access food for people in the evenings and through the night. The kitchenettes were stocked with cereal, and bread, and other snacks.

On the day of the inspection most residents had their breakfast in their room, with only a small amount choosing to go to the dining room. Residents were able to choose the time they wanted their breakfast, and it was usually served between 8.00 and 10.00, although some residents were seen to be having it at a later time.

Many people were sat up in bed, while others sat in a chair with a small table. Staffing levels reflected the needs of those who required assistance and they were very clear about what support was needed and the residents preferences. Residents were eating a range of food including cereals and toast. When spoken with, residents confirmed they had a choice of what type of cereal and bread to have, and could also have a hot breakfast such as eggs if they wanted.

At lunch time most residents ate in the three dining rooms. A small number of residents had their meal in their rooms if they chose or were resting.

In the area that supported people with dementia there were two sittings, the first for those who required support to eat their meals. The support was seen to be appropriate to residents needs, was offered sensitively. Pleasant conversations were being held with residents about a range of topics.

Kitchen staff served the meals in each dining room, giving residents meals that met their personal preferences, for example small portions, gravy, or no peas. The food was well presented, including modified diets and the meal was unhurried. Tables were laid out with cutlery, condiments and napkins. Trays for people in their rooms were also well presented.

The large kitchen was seen to have adequate storage for fresh and stored food items. The chef had records of residents food plans that included their likes and dislikes, and had very good knowledge of the different diets people chose, for example French, African and vegetarian meals. There was also an up to date record of those residents on modified diets, which matched the care plans that had been reviewed. Home baking was
seen to offer choices for those on alternative diets, including resident who were diabetic.

The menu ran over three weeks, and was changed seasonally. The menu had been reviewed by a dietician, to confirm it was nutritious, who had made recommendations that were being followed up.

The chef spoke to residents about meals as they were served. There was also a questionnaire given to residents that included quality of meals and mealtimes. Residents could also fill in comment sheets at each meal if they wished.

The last review showed feedback was positive. The inspector noted there was a range of views on the topic of vegetables with some finding them too hard, and some too soft. The chef reported he tried to provide a range of vegetables to meet all preferences, where possible.

Staff had received training on nutrition and hydration through a nutrition company. The training included guidance on nutrition in older people. Staff, including kitchen staff, confirmed they had learned good information, for example seating position and taking meals at the pace of the resident.

There was access for residents or relatives to make their own drinks in the kitchenettes.

**Judgment:**
Compliant

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**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:**

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority