

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ospideal Pobal Chorca Dhuibhne (West Kerry Community Hospital)
Centre ID:	OSV-0000569
Centre address:	Mail Road, Dingle, Kerry.
Telephone number:	066 9151455/0669150350
Email address:	dch@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Eithne McAuliffe
Lead inspector:	Col Conway
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	0

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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: 16 October 2014 08:10 To: 16 October 2014 14:30

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

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 that was undertaken in regard to two specific outcomes, end of life care and food and nutrition. During the inspection the inspector met with some residents and staff, reviewed the premises and observed some practices. The inspector also reviewed various documents, such as, relevant policies and procedures, meal menus and a sample of residents' records.

Prior to this inspection, self-assessment questionnaires had been submitted to the Authority by the Person in Charge and they indicated that the service and care that was provided was overall compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector's findings concurred with this as there was evidence that residents received individualised and person centred care that met their needs and they had good access to an allied health care team. Residents received care at end of life from staff that facilitated individual resident's preferences and relatives were encouraged to be involved. The inspector noted that support was provided to residents in a respectful manner and residents' dietary choices and requirements were met.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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):

No actions were required from the previous inspection.

Findings:

The Authority's self-assessment questionnaire was completed by the person in charge and it identified compliance with Regulation 14 and Standard 16. The inspector concurred with this assessment as there was evidence that residents received care at the end of their life which met their assessed needs and respected their dignity and wishes. Two questionnaires from residents' relatives were received by the Authority and the feedback included in them confirmed relatives involvement when a resident received end of life care.

Each resident had comprehensive assessments undertaken on admission to the centre that identified their physical, emotional, social and spiritual needs and each resident was reassessed by a nurse at a minimum every four months or more frequently if a resident's circumstances changed. Nursing care plans were in place that outlined the individualised nursing care that a resident required based on their assessed needs. The inspector reviewed a sample of allied health records for residents whom had recently received end of life care in the centre. The records indicated that residents had received well coordinated multi-disciplinary care. That they had been frequently reviewed by their general medical practitioner, a pharmacist had been involved in reviewing the residents' medicines and specialised community palliative care services had been made available when required.

There was a centre-specific written policy in regard to providing end of life care and it was available for staff to read. Records indicated that both nursing and care staff had been provided with opportunities to attend training updates on aspects of the provision of end of life care. Staff whom the inspector spoke with were knowledgeable about up to date end of life care practices. Residents care plans also indicated that learning had been transferred into practice as the care plans were very detailed and outlined all the aspects of care that needed to be provided. Residents' preferences regarding their own end of life care choices were documented and the person in charge informed the inspector that improvements were on going by nursing staff in relation to capturing each residents' exact wishes and preferences. This was based on audit findings from a review

of records for residents that had received end of life care.

Residents' religious needs were facilitated as there was a prayer area within the centre and residents also had access to pastoral care services. Residents' records confirmed that relatives as well as residents' friends were welcomed at various times of the day and there were areas for residents to meet their visitors. Residents' relatives were encouraged and facilitated to be closely involved when their relative was receiving end of life care. There was a dedicated relatives' room which included recliner chairs, a television and facilities for making hot drinks and heating food and there was also an attached shower and toilet. Residents' records indicated good communication between the health professionals supporting a resident at end of end of life and their respective relatives. The inspector found clear documented evidence that deceased residents' personal belongings were returned to their identified representative/s.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The Authority's self-assessment questionnaire was completed by the person in charge and it identified the service provided to residents, in regard to food and nutrition, was compliant with Regulation 20 and Standard 19. The inspector concurred with this assessment as there was evidence that residents were provided with a nutritious and varied diet and food was provided in adequate quantities to meet each resident's needs. Five food and nutrition questionnaires were completed by residents on the day of inspection and the feedback provided indicated overall satisfaction. Residents confirmed meal times were suitable, food preferences were always provided, assistance was given with eating and drinking when required and snacks were readily available. Residents that the inspector spoke with also confirmed same.

The centre had an up-to-date food and nutrition policy that was available as a reference and guide for best practice for nurses and care staff as well as catering staff. Staff training records indicated that staff had been provided with opportunities to attend relevant training and education sessions, such as, food hygiene, management of weight loss, nutritional support for the older person, nutrition for residents with a dementia and gluten free diets for coeliacs. There was an effective system in place to ensure catering staff were kept up-to-date with residents' diets and preferences. The chef whom the inspector spoke with was very knowledgeable about residents' specific dietary needs and

food preferences. There was detailed information kept in the kitchen if a resident required a special diet, such as, if they were diagnosed with diabetes or a swallowing difficulty. Records that the inspector read indicated good communication between catering staff, nursing staff and dietician services. The inspector reviewed a sample of prescription records which indicated that food supplements were appropriately prescribed and records of administration were in line with professional nursing guidelines.

The inspector observed breakfast, mid morning refreshments and lunch. The menus reviewed by the inspector indicated choice and variety of food and the inspector noted that residents were actually offered a choice of food at mealtimes. This included residents on modified consistency diets. Food was presented in an appealing manner and it appeared to be wholesome, nutritious and available in sufficient quantities. It was noted that residents had the choice of having their meals served in their bedrooms or in the dining areas and staff were observed facilitating residents' preferences in this regard. Cold drinks were readily available for residents and they were placed in covered jugs and each resident was provided with a cup/glass. Staff were also observed assisting residents with hot and cold drinks throughout the day as well as light snacks between main meals. There was an adequate number of staff on duty to assist residents with their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner and staff members spoken with were knowledgeable of residents individual diets and any specific assistance they may require. Meals taken in a communal area were observed to be a social occasion, not hurried and staff were overheard engaging with residents in a relaxed manner.

The inspector reviewed a sample of residents' nursing, medical and allied health records and there was evidence of a multi-disciplinary approach to managing residents that had specific nutritional needs. Nurses used well recognised assessment tools to assess and monitor on an ongoing basis residents' nutritional status and nursing care plans were in place to support residents with their nutritional needs. Those residents that required close monitoring had food charts in place, their total daily intakes were closely observed and they had their weights regularly recorded. Residents' nursing and medical records indicated that residents had regular review by medical practitioners and any deterioration in a resident's food or fluid intake was well communicated. There was evidence that residents had timely access to dental services, dietician services and speech and language therapy for swallowing assessments.

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:

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