

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bramleigh Lodge Nursing Home
Centre ID:	OSV-0000204
Centre address:	Cashel Road, Cahir, Tipperary.
Telephone number:	052 744 2129
Email address:	selma.kelly@sacrecoeur.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bramleigh Lodge Nursing Home Limited
Provider Nominee:	Selma Kelly
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
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: 04 July 2014 10:15 To: 04 July 2014 17:00

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

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 reviewed policies and analysed questionnaires which relatives had submitted to the Authority prior to the inspection.

As part of the inspection the inspector met with the providers, the acting person in charge, residents, relatives, nurses, relatives and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaints log, policies and procedures and records of residents' meetings. The person in charge had completed the self-assessment tool and had noted some areas for improvement in respect of both food and nutrition and end of life care, and had devised an action plan to address these.

The inspector found compliance 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, in the area of food and nutrition, and in end of life care.

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:

The centre-specific policy on end of life care was made available to the inspector and had been reviewed in May 2014. This policy was augmented by a centre-specific policy on pain management, which had been updated in March 2014. The inspector noted that these policies were comprehensive, evidence based and informed practice amongst nursing and healthcare staff. Training records confirmed that staff had received training on these policies and the inspector noted that policies were made available to staff in the nurses' station.

In completing the self-assessment prior to the inspection, the person in charge had identified a number of actions to ensure compliance, including review of the end of life policy and the provision of additional training for all staff. The inspector noted that these actions had been completed.

Questionnaires, asking relatives' opinions regarding end of life care, were sent to the relatives of deceased residents. The response rate was 40%. All responses received reflected a high level of satisfaction with the care provided.

An end of life assessment form and care pathway had been introduced which guided staff in caring for and meeting the needs of residents at the end of life. The inspector reviewed a selection of care plans of deceased residents and noted that residents had received appropriate care and their physical, emotional, social, physiological and spiritual needs had been met.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. The inspector saw that reference materials were available in the nurses' station to guide in the facilitating and engaging of cultural practices at end of life.

Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

A comprehensive advanced discussion form and care plan had been completed for residents which ascertained the resident's wishes and would guide care. Residents and relatives with whom the inspector spoke confirmed that end of life wishes had been ascertained in a sensitive manner. Some residents expressed to the inspector that in the event of becoming unwell, they would prefer to go to the acute services while other residents stated that they would choose to stay in the centre. The inspector saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a three monthly basis or more frequently if a resident's needs changed.

The inspector noted that any decisions not to attempt resuscitation were seen to be based on clear clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate.

All residents who had died in the centre over the past two years had been provided with a single room if they were not already in one as they reached their end of life. The centre-specific policy stated and the person in charge confirmed that, if possible, the option to go home for end of life care was facilitated.

Family and friends were facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

The inspector noted that practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Residents were offered the opportunity to pay their respects to the deceased resident and were facilitated to attend the funeral.

Family members were also given practical information with regard to registering a death. The end of life policy stated that personal possessions were returned in a sensitive manner and the inspector was shown the handover bag used for this purpose. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Records were made available to the inspector which confirmed that staff had received training in a number of aspects of end of life care in 2014.

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:

There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents which had been reviewed in May 2014. The inspector noted that these policies were comprehensive, evidence based and informed practice amongst nursing and healthcare staff. Training records confirmed that staff had received training on these policies and the inspector noted that policies were made available to staff in the nurses' station.

In completing the self-assessment prior to the inspection, the person in charge had identified actions to ensure compliance including review of policies and provision of additional training. The inspector saw that these actions had been implemented.

The report from an environmental health inspection in May 2014 was made available to the inspector. The inspector reviewed results of audits had been completed by the person in charge in relation to meals and food preparation. The minutes of residents' meetings were made available to the inspector and reflected satisfaction with the quality of food and beverage. The inspector noted that suggestions made by residents in relation to food choices were acted upon promptly. Of the complaints recorded in the complaints log, none were concerned with food quality.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal choices and preferences. Records of monthly meeting between nursing and catering staff were made available to the inspector who noted that residents' dietary needs were discussed. The inspector spoke with the catering staff on duty who demonstrated comprehensive knowledge of residents' preferences and dietary needs. There was evidence that choice was available to residents for breakfast, lunch and evening tea with regards to menu options and dining location.

A selection of prescription charts were reviewed by the inspector and nutritional supplements were prescribed and administered appropriately. It was observed that every effort was made to present modified diets in an attractive manner.

Breakfast was served to residents between the hours of 07:00 hrs to 09:00 hrs. Residents had a choice for breakfast; hot/cold cereals, breads, toast and beverages. Residents with whom the inspector spoke stated that they chose to have a leisurely breakfast in bed or at their bedside.

Lunch was served at 12:30 hrs and the inspector observed the meal to be unhurried and a social occasion. Residents had the choice to dine in the dining room, conservatory,

sitting room or at their bedside. Dining tables in the dining room were attractively and invitingly set and a menu for the day was displayed. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required.

The evening meal was served at 16:30 hrs and the inspector observed that a number of options for food made available to residents including sandwiches, salads and soup. There was a further supper served at 20:30 hrs. In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

The inspector noted that lunch and the evening meal were sociable occasions with assistance being offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspectors spoke were complimentary of the meals and snacks served. Residents were provided with adequate dining space with many residents choosing to attend the dining room for lunch and evening meal.

Residents with whom the inspector spoke were complimentary of the meals and snacks served, especially the home baked breads, desserts, birthday cakes and confectionery.

On reviewing the staff roster and from observation on inspection, the inspector noted that there were sufficient staff to meet the needs of residents during mealtimes.

Based on a sample reviewed by inspectors, care plans reflected assessment of nutritional needs on admission. Residents' weights were monitored on a monthly basis and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspectors saw that residents looked well, weights were stable and nursing staff understood the relevance of weight loss when computing the MUST. Inspectors saw that the advice of occupational therapist, dentist, dietician and speech and language therapist was accessed promptly, documented, communicated and observed.

The inspector noted that staff had received training in training food and nutrition throughout 2014.

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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