

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mill Race Nursing Home
Centre ID:	OSV-0000361
Centre address:	Bridge Street, Ballinasloe, Galway.
Telephone number:	090 964 6120
Email address:	millracenh@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mill Race Nursing Home Limited
Provider Nominee:	Kieran Wallace
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	15

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: 22 July 2014 12:30 To: 22 July 2014 18:00

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

This inspection report sets out the findings of a thematic inspection which focused on two 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 reviewed policies and analysed surveys which relatives submitted to the Authority prior to the inspection and also surveys completed by residents during the inspection. The inspector observed practice on inspection and met with residents, the provider, person in charge and staff. Documents were reviewed such as training records and care plans. The provider in conjunction with the person in charge completed the provider self-assessment tool and had assessed that the centre was compliant in relation to both outcomes.

The inspector found that there was substantial 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. There were examples of positive outcomes for residents, which were confirmed by residents and evidenced during the inspection.

There was good access to the general practitioner (GP) and other allied health professionals including the speech and language therapist (SALT) and dietician. The inspector also found that links remained in place with the local hospice team.

The inspector found that overall residents' end-of-life needs were well managed although some improvement was required to ensure a high standard of evidence based practice was provided at this stage of life. The person in charge and staff were very knowledgeable and sensitive to the needs of residents and families. Relatives of

deceased residents expressed satisfaction with the care provided to their loved ones by the centre.

Good practice was also observed in relation to food and nutrition. The nutritional needs of residents were well met and there was high standard of evidenced based practice noted in this area.

The provider continued to provide resources for staff training in areas including end-of-life care and nutritional management and the person in charge facilitate staff to attend this training.

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):

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed on the previous inspection.

Residents received person centred care at end-of-life which was of a good standard, met their needs and respected their dignity and autonomy. The inspector found that the strong links which had been established with the hospice care team had remained in place. The person in charge and staff described how this service had been used in the past. The inspector viewed a sample of residents' files which verified the valuable support and expertise that had been provided by the local hospice team and residents' GPs.

The centre specific end-of-life care policy had been kept under review since the last inspection and was most recently updated in February 2014. The policy provided detailed guidance to staff on the provision of care before, during and after end of life. Staff that spoke with the inspector were familiar with the end-of-life policy and had signed it that they had read and understood the content. In addition to the policy, evidenced based research material on end-of-life matters and other relevant information including details on bereavement counselling were available in the centre.

The inspector reviewed the arrangements for capturing end-of-life wishes and the associated care plans that had been developed for residents. Overall, both were completed in accordance with the policy and were utilised to record residents' preferences and future health care decisions.

The inspector reviewed a number of residents' files, including the records of deceased residents and found that residents' end-of-life wishes and pain management had been assessed and an end-of-life care plan implemented to guide care. The inspector found that most care plans gave sufficient guidelines to staff on the resident's requirements. There was documentary evidence that the majority of care plans were developed in consultation with the resident and/or their next of kin and in conjunction with the residents' GP. However, in some cases the assessment and care plan had not been used to adequately collate residents' preferences and future health care decisions including

any specific medical interventions that had been agreed.

Residents that spoke with the inspector described how their religious and spiritual requirements were promoted and this included the rosary and a weekly mass by a priest. A Church of Ireland minister was also available as required or requested. The person in charge and general manager confirmed that any future residents from other religious denominations or cultures would be facilitated and respected to practice their beliefs. The inspector noted that this was documented in the Residents' Guide and statement of purpose. Staff and some residents that spoke with the inspector confirmed that residents at this stage of life had access to a priest when necessary. The inspector also found that an oratory was provided in the centre and residents were assisted to pay their respects to a deceased resident, if requested. Some residents told the inspector that they liked to spend time in the oratory and say their prayers.

The inspector reviewed questionnaires returned by the relatives of residents who had passed away in the centre. Relatives reported that they were very satisfied with the care provided by the centre during end-of-life. The person in charge had implemented a system during 2014 to review practices in relation to end-of-life provision and had used the findings to inform practice.

The majority of residents resided in single rooms and the general manager and person in charge reported that to date all residents that died in the centre where in a bedroom on their own. The inspector also noted that arrangements were in place to provide meals, refreshments and overnight accommodation to family members and close friends during their loved one's later stage of life.

Continuous training had been provided in end-of-life. Since previous inspections staff had attending formal training in this area in March 2014. Staff confirmed that the person in charge also provided instruction and guidance to staff on end-of-life and palliative care.

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:

Residents were provided with food and drinks adequate for their needs and the

inspector found that food was properly prepared, cooked and presented to residents. Residents were offered a varied diet that offered choice at mealtimes and in a manner that met their needs. The inspector noted that staff provided assistance to residents in an appropriate and unobtrusive way. Residents spoken with confirmed that there were daily meal choices and that staff asked for their preferences.

There was a policy on the management of nutrition which provided comprehensive guidance and was used to inform staff practice. The policy had been kept under review and most recently updated in February 2014. Staff that spoke with the inspector demonstrated knowledge of this policy and a system remained in place where staff signed that they had read and understood the current policy.

The inspector saw evidence that residents received a varied diet that offered choice to all including those residents on modified diets. A four week menu cycle was implemented and kept under review and feedback from residents was used to inform the development of this menu. Snacks and drinks were readily available and staff encouraged residents to have both throughout the inspection. Residents could have meals either in the dining room located on the ground or first floor or in their bedrooms if they preferred and the inspector found that most residents opted to have their meals in the dining room.

The inspector joined residents during the main lunch time meal and evening tea. Meals were suitably heated and the dining experience was pleasant and unrushed. Staff were respectful in their interactions with residents and encouraged social interaction during the meal. A menu was displayed on each table illustrating the choices available to residents. In addition, staff consulted with residents regarding their meal choices and their preferences and served meals in accordance with the wishes of the resident. Supervision arrangements were in place during the meal times and staff offered and provided assistance to residents who required it in a respectful and discreet manner.

All residents spoken with and who completed the Authority's questionnaires on food and nutrition gave positive feedback on their meals and service provided. Residents described the meals as beautiful and told the inspector that they had plenty of time to enjoy their meals.

The person in charge had continued to implement an effective system to monitor residents' nutritional requirements. Adequate measures were in place to ensure residents' dietary requirements were met and information was kept on their dietary requirements and preferences. The inspector read that timely input had been obtained from the speech and language therapist (SALT) where necessary and that recommendations were kept in residents' files on the consistency of meals. Residents also had access to the dietician and dental services when required. Staff spoken with including the chef were knowledgeable of residents' special dietary requirements and referred to nutritional and SALT guidelines. The chef showed the inspector a folder containing information on residents' dietary assessments and special dietary requirements. This folder also included guidance on modified consistencies for individual residents and residents with certain conditions such as diabetes.

A recognised nutritional assessment tool and oral health assessment were used to

develop informative care plans that guided staff practice. These assessments and care plans were kept under review to reflect the changing needs of residents. Residents' weights and body mass index (BMI) were monitored monthly and more regularly when required. A formal process remained in place to ensure that residents, who had poor food and fluid intake, were closely monitored and offered additional drinks and snacks regularly throughout the day. The inspector read that input obtained from residents' general practitioner (GP), dietician and SALT was documented in residents' files and nutritional supplements were administered as prescribed.

Other systems were in place to monitor and review food and nutritional management including the completion of a resident satisfaction survey, audits on catering and nutrition and a review of residents' weight management. The inspector noted that a resident satisfaction survey took place in July 2014 and areas rated by residents or their representatives included the quality and choice of food. The inspector read that the person in charge had used findings from the survey and audits to develop the service. For example, some actions including the provision of additional training on food safety had been identified in the catering audit. This audit had been completed in conjunction with the chef and the inspector noted that formal training had been provided in April 2014.

The inspector found that residents' meetings continued to take place regularly and were also used as an opportunity to discuss food and menu planning directly with residents. The inspector noted in a recent meeting that residents had complimented the introduction of the mobile shop which was available at all hours. Staff and management confirmed that the idea for the mobile shop had originally come from residents. The inspector also read that the person in charge had completed a nutrition and hydration audit in July 2014 and the findings including action taken reflected observations made by the inspector.

The inspector attended the kitchen and found that there was a high standard of cleanliness. There was an ample supply of fresh and frozen food to facilitate choice at mealtimes and there was a variety of snacks including fruit available for residents. A separate toilet and changing facility for catering staff were provided to minimise the risk of cross infection.

Since the last inspection, staff where relevant to their role and the person in charge had completed formal training on different areas of nutritional management. This included training on food safety and hazard analysis control point (HACCP), basic food and nutrition and the application of the nutritional assessment tool.

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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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Mill Race Nursing Home
Centre ID:	OSV-0000361
Date of inspection:	22/07/2014
Date of response:	22/08/2014

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.

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:

Some resident's end-of-life wishes and needs had not been adequately captured in line with a high standard of evidenced based practice.

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:

We are reviewing and updating all care plans in order to ensure compliance with our ethos, best practice and national guidelines for the care of a person approaching end of

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

life. Our review has highlighted the need to ensure that our care plans are consistently centred around the preferences of the resident, detailing their future health care decisions with agreement/consensus from the multi-disciplinary team concerned and ensuring this is updated on a regular basis. We have spoken to both Clinical Nurse Managers and we are providing guidance and support to all nursing staff to ensure there is consistency in our documentation and delivery of care to each resident in our care. We aim to ensure that, at all times, our documentation is an accurate reflection of the highest standards of care that we give to our residents. We will continue to review all care plans on a 3 monthly basis (at a minimum) and more frequently following any changes in the interim.

Proposed Timescale: 31/08/2014