

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hamilton Park Care Facility
Centre ID:	OSV-0000139
Centre address:	Balrothery, Balbriggan, Co. Dublin.
Telephone number:	01 690 3190
Email address:	info@hamiltonpark.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hamilton Park Care Centre Limited
Provider Nominee:	David Pratt
Lead inspector:	Michael Keating
Type of inspection	Unannounced
Number of residents on the date of inspection:	115
Number of vacancies on the date of inspection:	11

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: 30 July 2014 08:00 To: 30 July 2014 16:00

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

Outcome 02: Governance and Management
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 specific Outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analyzed surveys which relatives submitted to the Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. A number of residents completed questionnaires on food and nutrition were received on the day of inspection and were analyzed accordingly.

The person in charge who completed the provider self-assessment tools had judged the centre to be in minor non compliance under both outcomes. The provider had identified actions within the self-assessment questionnaire to ensure they moved towards full compliance under both outcomes.

On the day of inspection both outcomes were found to be complaint under 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.

The inspector found that residents' end-of-life needs were well managed with good access to medical and specialist palliative care and residents wishes to be cared for in their final days within the centre had been supported and encouraged.

The nutritional needs of residents were met to a high standard. There was access to

allied health professionals for residents such as medical, occupational therapy, dental and speech and language therapy. The food provided to residents was appetising and nourishing. Residents were facilitated to maintain their independence and adequate and discreet support was provided by staff as required. Residents and relatives reported high levels of satisfaction with the service provided. The dining experience was a positive, social experience for all residents.

On the day of inspection, the inspector was concerned about the effectiveness of the governance and management of the centre, as it was found that the governance structure did not fully support the person in charge. Therefore, this outcome was included and is reported upon within this inspection report. This outcome was deemed to be in moderate non compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

These matters are discussed in further detail within the report and in the Action Plan at the end of this 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 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
 Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
 No actions were required from the previous inspection.

Findings:
 On the day of this inspection the person in charge (PIC) was on annual leave however, it was found that there was suitable deputising arrangements in place as the assistant director of nursing (deputy PIC) was on duty. In addition she was supported by two clinical nurse managers who provided assistance to the inspector throughout the inspection and they were clear on their individual roles and responsibilities. All components of this Outcome were not covered upon this thematic inspection. However, in seeking evidence in relation to the themed inspection the inspector found the overall governance structure did not fully support the person in charge.

There were a number of issues identified by the inspector which related to poor communication at senior management level within the centre. For example, an audit of the nutritional value of menu's within the centre had been completed on behalf of the person in charge however, the results of this audit had not been passed on to the

chef(s) or the household manager. As a result the household manager had sought her own nutritional audit. Similarly; both the household manager and persons in charge had completed resident questionnaires recently seeking their input into the menu however, neither party was aware the other had done this.

Others areas of concern related to staff training. Again, one of the clinical nurse managers (with responsibility for identifying training needs and organising training for staff) had organised training in the areas of end of life care and food and nutrition further discussed under those Outcomes within this report. However, the household manager had also organised similar training for staff, again the person in charge and the CNM referred to were not aware of this. The person in charge and the household manager were also planning different methods for returning residents belongings to families after the death of a loved one, and there were also contrary opinions in relation to ordering and contracts with nutrition and training providers.

These communication and related issues were raised with the person in charge during the morning of the inspection. The inspector requested to speak with the provider and informed the person in charge that his presence was required at the feedback session planned for the end of the inspection. However, while the provider was in the centre during the morning of the inspection and the person in charge assured the inspector that she had passed on the concerns raised the provider had did not meet with the inspector prior to leaving the centre to go on holiday.

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:

End-of-life care was person centred and respected the values and preferences of each individual resident. There was a comprehensive policy on end-of-life care in place. The person in charge had identified via self-assessment that some further improvements were required to ensure that advanced planning was in place to respond consistently and effectively to sudden unexpected deaths. A policy entitled 'Adult Sudden and Unexpected Death Policy' has since been developed which provided guidance to all staff in the event of such death. Relatives questionnaires received by the Authority has been highly complementary of all areas of care provided during the end of life phase of expected deaths however, a small number had stated that improvement was required relating to unexpected loss. There had been no unexpected deaths since the publication

of this policy in March 2014. However, the inspector judged that the policy catered for all areas identified for improvement within the questionnaires. Residents' care plans did include a section on palliative care for all residents which focused upon the needs of residents when 'actively dying'.

On the day of inspection no resident was receiving palliative care. Out of the past eleven deaths since March 2014 nine deceased residents had received end-of-life care within the centre without the need for transfer to an acute hospital. Residents' care plans clearly documented residents wishes upon transfer to an acute hospital. The plan highlighted that residents' should be returned to the centre for palliative care if possible. This reflected efforts within the centre over previous years to reduce the numbers of residents' passing away in hospital. Statistics provided within the self-assessment tool documenting the number of deaths in the past two years provided evidence that residents were supported to spend their final days within the centre.

Recent efforts were being made to address the need to provide comprehensive end-of-life care plans for all residents. The inspector reviewed fifteen care plans including the care plans of three residents recently deceased. There were comprehensive assessments of need in place clearly documenting 'advanced care planning' for these residents. These care plans recorded the expressed preferences of the resident and were drawn up in consultation with the resident, family members, person in charge and General Practitioner (G.P). These plans detailed the physical, emotional, social and spiritual needs and preferences for residents. They also detailed residents' rights to refuse treatment and at what point they wanted any interventions to cease. Advanced care plans were individualised and many reviewed went into such detail as to what music the resident wanted playing in their final moments, and also what clothes were to be worn after they passed away.

The centre provides a mixture of single and multi-occupancy rooms. The person in charge stated that, whenever possible a single room was provided to residents' for end-of-life care. The information provided within relatives' questionnaire confirmed that this had been done for all recent expected deaths which occurred within the centre. Relatives were facilitated to stay overnight and be with the resident when they were dying. A pull-out bed was available to relatives who could stay in the room with their relative or who could sleep in a family room should they prefer. Pillows, bed linen and toiletries were also available to relatives. Relatives spoke very highly of the support that had been provided to them during their time of loss, and stated they felt welcome and were well supported by staff to be with the resident when they were dying. A single room was available on the day of inspection.

The inspector also spoke with a resident who son had passed away in the centre. Both father and son had moved into the centre around the same time. The son was in a coma for a number of years. The centre moved them into side by side single rooms to make it easier for the father to spend time with his Son, and to make it easier on other members of the family to visit them. The father spoke in detail about the supports that had been provided to him and his son when his son approached end of life, and had high praise for staff. He spoke in particular about how own religious beliefs and spirituality were promoted during this difficult time.

Training records and the provider self assessment indicated that staff had been provided with specific training in end-of-life care. Staff spoken with had a good understanding of the policy on end-of-life care and related practices. Recent training provided to staff included end of life and palliative care, quality and end of life, and 'what matters to me' provided by St Francis Hospice. Extra staff were also made available to support residents and families at end of life. Residents also had access to a community based palliative care team

The inspector spoke with a number of residents in relation to their needs and preferences in relation to end-of-life care and to establish if they had been provided with an opportunity to make their needs known. All residents spoken to stated they had been spoken with, and some stated they had refused to have this conversation. This refusal had been documented in care plans, and followed up with families. Residents spoken to stated they were well supported when it came to the loss of fellow residents within the centre. Residents spoke of being regularly updated of their friends condition as they progressed towards end-of-life, of being brought to visit them and ultimately to pay their final respects. A high percentage of deceased residents had reposed within the nursing home over the previous two years, and this was a pattern that had been increasing. A room (oratory) was provided for this. A number of residents' spoke about being supported to pay their respects and pray in this room. They also told the inspector that this was how they would like to be treated when they reach the end of their life.

There was a protocol for the return of personal possessions. A check list was used for staff to ensure that after death, all relevant procedures, including the return of personal possessions was completed. The inspector discussed a recent bereavement within the centre, whose check list for personal possessions had not been signed. The person in charge stated that these possessions were in safe storage and were kept in a bag provided for this purpose from the Irish Hospice foundation. This resident had only passed away in recent days. On the day of the inspection the centre received a card in the post from the family of this resident and this was highly complementary of the support provided to their loved one, and to the family during their recent bereavement.

One staff member employed as an activity coordinator had been running a memorial night in the centre for families of residents who had passed away and these were running every 3-4 months. Invitations were sent out and residents and staff were also invited. Families were invited to light a candle with the name of their loved one printed on the candle, and staff, residents and relatives were invited to speak about each resident who passed away. This night had also led to a number of families contributing to the cost of opening a sensory garden within the centre in memory of their loved ones.

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 a varied and nutritious diet that was tailored to meet individual needs and preferences. There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff.

Residents who required pureed meals were offered a choice of main meal on the day of inspection. Prepared meals were sent out for these residents, which were well presented, with each item pureed separately. Staff were knowledgeable on what was being served and what had been pureed on the plate. Large photographs of meal choices were on display in all dining areas. Ban Marie units were used to transport meals to each of the dining areas to keep the meals hot. This had the added benefit of allowing residents change their minds in relation to their choice of meal. For example, while residents were provided with menus to choose meals for the next day, residents' could then change their minds at meal time, by looking at the choices on display in the serving unit. This assisted residents with cognitive impairment to make choices, and also allowed all residents to choose the food based upon what they saw. Staff from the catering department also served the meals from the Ban Marie at each dining area, which added to the sense of occasion and gave residents direct access to catering staff.

There was prompt access to medical and allied health professionals such as speech and language therapists (SALT) or dieticians for residents who were identified as being at risk of poor nutrition or hydration. Residents also had access to an on site occupational therapist (OT) who worked full time within the centre. On the morning of the inspection, the OT was running a 'breakfast club' for residents, where residents were supported to choose and assist in the cooking of their own breakfast.

Clinical care assessment, planning, implementation and evaluation were of a high standard. Residents were assessed on admission and reviewed on a three monthly basis with validated assessment tools including one specific to food and nutrition. A baseline weight was recorded upon admission and monthly thereafter or more frequently if a resident was identified as being at risk. In addition, seventeen residents were assessed as requiring weekly weight monitoring and the inspector reviewed a number of these residents care plans, which confirmed weekly monitoring was taking place.

Assessments were detailed and reflected the residents' individual needs. Each need had

a corresponding care plan, which detailed the nursing care, medications/food/nutritional supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the GP instructions. Assessments and care plans were reviewed by staff members every three months and amendments made intermittently as the residents needs changed. Food and fluid record charts were maintained with exact food and fluid intakes documented in a timely manner. For example, one resident who was cared for within the centres' high dependency unit, care plan reflected her fluid intake and also documented that if her fluid intake was bellow 600mls a day, subcutaneous fluids would be used. Her care planning records reflected that this was regularly provided for this resident by the nursing staff.

Sixteen residents were receiving percutaneous endoscopic gastrostomy (PEG) intervention, fourteen of whom were being actively PEG fed for food and medication. The other two residents were only using the PEG for medication. One of these residents had been assessed by a multi-disciplinary team and had been supported to move onto a soft diet for feeding, and now only required the PEG for receiving medication. Residents using PEG feeds dose and type of feed was documented upon residents prescribing sheets and their care plans also documented that PEG's were flushed every 6 hours and the site cleaned every day.

The inspector observed breakfast and lunch. The food provided was varied and the meals served were hot and well presented. Weight maintenance or gain was part of many residents care plan. In this regard, food was fortified where possible, and fortification used on the day included porridge with cream, potatoes with butter and/or cheese and vegetables with milk or honey added. Tea/Coffee was also served at 11:00hrs and 15:00hrs everyday along with a choice of fresh fruit and biscuits and sandwiches (if requested). A small number of residents who were on weight loss diets were also appropriately provided for, with healthy alternatives provided. Nursing and care staff monitored the meal times closely. Second helpings were offered. Residents who required assistance received this in a sensitive and appropriate manner. There was an emphasis on residents' maintaining their own independence. Equipment such as non-slip plate mats and high-edged plates were used by residents.

Breakfast was a relaxed affair with many residents receiving breakfast in their rooms, or in one of the dining areas. There was a broad choice of breakfast available, and upon arrival to the centre, residents were observed eating cereals, porridge, toast, cooked breakfasts, boiled eggs, fried eggs and bacon sandwiches.

Breakfast was available to residents from 8.00hrs until 10:00hrs. Evening meals were served at 16.30hrs with tea, coffee and snacks delivered to residents at 19.30hrs and 21.30hrs. Residents stated that they could request additional snacks or drinks if they were required at any time during the day or at night. For example, one resident known to be up regularly during the night often requested a meal during the night. The chef stated he always ensured food was left prepared for this eventuality. Residents questionnaires filled out on the day reflect the choices offered in relation to the times of meals, quality of the food, and the chosen location to eat. Fresh water and soft drinks were provided throughout the centre. Tea/coffee making facilities were available to residents and relatives. Vending machines were also available which provided snacks and drinks.

The chef had a list of all dietary needs and preferences available to him in the kitchen and this was updated as required. The chef had a comprehensive knowledge of all residents' likes and dislikes, and spoke about how residents' choices and preferences were reflected in the menu, and how other meals were prepared at short notice if a resident wanted something different to the dishes of the day.

Menus were updated quarterly in line with the seasons, and the household manager informed the inspector that she and the chef's worked on this menu together. The menu provided was based upon a three week rolling period. The kitchen was maintained in a clean hygienic condition with ample supplies of fresh and frozen food. The kitchen had recently been inspected by an environmental health officer and this report was read by the inspector. Communication from the person in charge confirming all recommendations had been addresses was also viewed.

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:

Michael Keating
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:	Hamilton Park Care Facility
Centre ID:	OSV-0000139
Date of inspection:	30/07/2014
Date of response:	27/08/2014

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The specific roles and responsibilities of those participating in management were unclear and lines of authority and accountability were not identifiable to the inspector.

Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

A clearly defined management structure, that identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of service provision shall be implemented as a priority for the organisation. The following actions shall be

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

undertaken to achieve an effective governance and management structure:

1. Undertake full Gap Analysis of the organisation against all elements of 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 (28.08.14)
2. Develop full Gap Analysis Report and Quality Improvement Plan listing, detailing all of the actions required to ensure full compliance with the regulations and standards focusing on the key functions of governance. (17.08.14)
3. Review the Governance and Management Structure of the Organisation, including:
 - Organisational Structure
 - Line Management Reporting and Responsibilities
 - Roles, Responsibilities and Accountabilities of all Staff
 - Team and Committee Structure
 - Communication Mechanisms (26.09.14)
4. Develop and Approve all relevant documentation, including (but not limited to):
 - Organisational Structure Chart
 - Job Descriptions for all Staff
 - Team and Committee Structure Chart
 - Terms of Reference, Minutes, Agendas for all Teams and Committees
 - Corporate Governance Manual for the Board (10.10.14)
5. Communication and Education of the Governance and Management Structure to all Staff (24.10.14)
6. Ensure all staff sign updated Job Descriptions and that same are held in relevant Staff Files (14.11.14)
7. Ensure meetings are being held as per Terms of Reference (14.11.14)
8. Audit of Governance and Management Structure to ensure improvements are implemented (22.01.15)

Senior Management at the organisation are fully committed to implementing an effective and functioning Governance and Management structure that will benefit residents and staff. An external quality and safety specialist organisation has been retained to support Senior Management in achieving this goal.

Proposed Timescale: 14/11/2014