

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kylemore House Nursing Home
<b>Centre ID:</b>	OSV-0000055
<b>Centre address:</b>	Sidmonton Road, Bray, Wicklow.
<b>Telephone number:</b>	01 286 3255
<b>Email address:</b>	kylemorehse@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Kylemore Nursing Home Limited
<b>Provider Nominee:</b>	Ruth Behan
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	3

## 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: 09 October 2014 11:20 To: 09 October 2014 16:45

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 specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection, providers attended an information seminar, received evidenced based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as policies and procedures, training records and care plans. The person in charge who completed the self-assessment tool had judged that the centre was compliant in relation to both outcomes, and the inspector found that this was a true reflection.

The inspector found compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland. This was reflected in positive outcomes for residents, which were confirmed by residents and evidenced throughout the inspection.

Questionnaires were received from seven relatives of deceased residents which showed that in general families were very satisfied with the care given to their loved ones at the end of their lives. Care plans were reviewed and found to discuss and record residents' preferences in this area.

The nutritional needs of residents were met to a good standard. Food was nutritious, varied and in ample quantities. Residents' nutritional needs were assessed and their preferences were recorded and facilitated. There was a good standard of nutritional assessment, monitoring and care planning and residents had very good access to the general practitioner (GP) and allied health professional such as the dietician and

speech and language therapy where required. Residents provided feedback to the inspector, regarding food and nutrition, which was very positive. The mealtime experience was observed to be an unhurried, relaxed and social occasion.

Findings are discussed further in the report. There were not actions generated as a result of this inspection.

**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:**

The inspector found that residents received care at the end of his/her life which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy.

There was an operational policy in place for the delivery of end of life care which was reviewed July 2014, which was found to be sufficiently detailed to guide staff in the delivery of holistic care at the end of a resident's life. The inspector reviewed the nursing notes of recently deceased residents and found that appropriate care had been given to meet their needs. There was regular assessment by their general practitioner and ongoing assessment of their condition. Pain assessments and care plans were in place for residents who identified as in pain.

The nursing notes and care plans evidenced good access to the General Practitioner (GP) and a palliative care team, where necessary. On review of a number of care plans for residents identified as end of life, the inspector found that residents preferences in relation to their wishes were noted and discussed, and included their preferred place of death, their psychological, religious and spiritual preferences and any other wishes or requests. As per the centre's policy, for residents who were not at end of life, opportunities to gather this information were used and documented. This information would be used to inform future care plans for residents as they approached end of life. Overall, the inspector was satisfied that a culture of discussion and recording of end of life preferences had been established in the designated centre.

The inspector found that the operational policy provided guidance to staff on the practical care of a resident's body following death, and also included the arrangements for the return of personal belongings to their next of kin. On inspection, the inspector saw evidence that all belonging were handed in line with the policy, and staff had received the signature of the next of kin for the safe return of same.

For residents who lived in shared rooms and were approaching end of life, if a vacant single room was available it was offered to the resident. If the nursing home was at full

capacity, this was not always possible. On review of the seven questionnaires received from families, one resident had not been facilitated with a single room at end of life. Relatives and friends are facilitated to spend as much time in the nursing home with their loved ones at end of life. As outlined in the policy, and reflected in the questionnaires relatives have refreshment facilities available to them at all times and open visiting times.

Of the seventeen deaths that had occurred over the past two years, seven of these had been facilitated within the designated centre, with ten deaths occurring in acute hospitals, and no resident dying at home in the community. Residents who had wished for no transfer to hospital and no resuscitation in the event of cardiac arrest, had this consented and agreed by their GP's / consultants, and staff were aware of residents wishes in this regard.

Training had been provided to staff between March and September 2014 in palliative care, end of life, and medication at end of life.

The inspector was satisfied that the designated centre was compliant with the Regulations in regards to this outcome.

**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 inspector found that residents were provided with food and drink at times and in quantities adequate for his/her needs. There was an operational policy in place called "Meeting the nutrition and hydration needs of residents" which had been updated in August 2014. This policy offered clear guidance in this area. On review of residents files and observation of two meal times, the inspector was satisfied that this policy was evident in practice. Residents had access to drinking water at all times, with an ample supply of water available and accessible throughout the day. The inspector saw residents being offered tea, coffee and snacks at regular intervals throughout the inspection process, and residents verified that they had choice around the times of meals if they wished. Residents expressed great satisfaction with the quality and quantity of food on offer in the centre.

On meeting with the chef and viewing the kitchen, the inspector found that food was stored appropriately, and there appeared to be a sufficient supply of stock to match the menu. The chef had a menu plan in place which was reviewed regularly, and residents had a choice at lunch time of meat or fish. Through the residents forum meetings, a request for more Brussels Sprouts on the menu had been facilitated, with them on offer during the day of inspection. The kitchen staff were kept informed of all the dietary needs of residents, and was provided with an information sheet on a regular basis which identified the consistency of meals, and any special requirements. The inspector checked this information against residents care plans and was satisfied that the information was up to date and correct. For example, a recent change by SALT on the consistency of a residents meals, had been reflected in the information to the kitchen in a prompt manner. The chef had a list of all likes and dislikes of residents, and had a knowledge of individual wishes. Residents expressed satisfaction with the menu options and the quality and quantity of the food available. The inspector was present for two meals, lunch and tea, and found a pleasant atmosphere in the dining room. The inspector dined with residents for lunch, and found that food was properly prepared, cooked and served, and was wholesome and nutritious. Residents were provided with assistance in a dignified way, where required, but residents were encouraged to be as independent as possible. Staff members had received training in nutrition and dysphagia over the past few months which was provided by internal and external personnel.

On review of the residents' care plans, the inspector was satisfied that there was a strong system in place to capture any risks of malnutrition for residents with the use of an appropriate assessment tool. Depending on the results of this assessment, referrals were made to the appropriate health care professional if required, and evidence of this was noted in the medical notes. The designated centre had good access to speech and language therapy (SALT) and dietician services. Care plans for residents at risk of malnutrition were very clear, practical in nature, and guided staff on how to support residents. Records of food and fluid intake were kept for residents where the policy indicated this was required. Residents with particular needs had this clearly addressed in their care plans. For example, residents with non-insulin dependent diabetes, and resident with a PEG tube.

There were no facilities for residents to prepare their own food in the designated centre. The inspector spoke with residents who expressed satisfaction with this, as they enjoyed the service on offer, and could ask for drinks and refreshments at any time throughout the day and their requests were facilitated by staff.

On review of monthly weights and malnutrition scores of residents, the inspector found that a high number of residents had improved over the past number of months, with the risk of malnutrition being reduced in most cases. This is a positive finding, and suggests that the food on offer, along with the input from allied health care professionals and the staff team are working effectively in the centre.

**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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