

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Breffni Care Centre
Centre ID:	OSV-0000489
Centre address:	Ballyconnell, Cavan.
Telephone number:	049 952 6782
Email address:	ann.gaffney@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Rose Mooney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
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 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: 29 September 2014 09:40 To: 29 September 2014 15:15

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

Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation

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 the person in charge undertook a self assessment in relation to both outcomes. The inspector reviewed policies and the provider's self-assessment tools relating to End of Life Care and Food and Nutrition submitted by the person in charge pre-inspection. The person in charge had judged that the centre was non-complaint: minor in relation to Food and Nutrition and End of Life Care. The inspector met residents, staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records.

The inspector noted examples of good practice in the area of end of life care and staff were supported by prompt access to palliative care services. Further improvement was required in the area of advance care planning for end-of-life care needs. Residents with a do not resuscitate (DNR) status in place did not have the (DNR) status regularly reviewed to assess the validity of clinical the judgment on an ongoing basis.

While staff endeavoured to ensure privacy and dignity the facility of the physical environment did not ensure that resident's needs were met and their dignity respected fully, the physical environment does not comply with the regulation 17 and the Authority's standards.

There was good access to medical and allied health professionals to include a dietician and speech and language therapist. The food provided to residents was

appetising and nourishing. However, residents who required assistance with their meals were not facilitated to attend the dining room. There was not a system in place to ensure each resident's nutrition and hydration needs were recorded appropriately to identify issues at the earliest stage possible.

The inspector judged the centre to be in moderately non-compliant in the area of End of Life Care and Food and Nutrition with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland. These matters are discussed further in the report and in the Action Plan at the end of 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 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector reviewed the assessment and care planning for residents' nutritional and end-of-life care and found that some improvements in care planning were required as described under Outcome 14 and 15 of this report.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As discussed in detail under Outcome 14, End of Life care, the physical environment does not comply with Regulation 17 and the Authority's standards. This matter has been repeatedly identified in previous inspection reports. The provider is required to have in

place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allowed.

Judgment:

Non Compliant - Major

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:

There was an end-of-life policy in place. The policy reviewed included procedures to guide staff on the right to refuse treatment and information on referral to palliative care services for specialist input. A document titled multi faith guide on beliefs and requirements at death was available as a reference to provide guidance to staff to meet residents' religious and cultural beliefs.

Staff spoken with had an understanding of end of life care and all staff had completed training in this area recently. Staff indicated to the inspector the training had increased their confidence and professional development in providing care for residents at end of life. Documentation indicated that, within the last two years, 44% of deaths occurred in the centre where end-of-life care needs were met. However, the majority of residents, 56% were transferred to an acute hospital.

All care needs are identified by a comprehensive assessment on admission and documented accordingly. The policy of the centre is all residents are for resuscitation unless documented otherwise. There were ten residents with a do not resuscitate (DNR) status. The documentation reviewed outlined the clinical judgement of the General Practitioner (GP) and the resident or their next of kin were involved. Residents with a do not resuscitate (DNR) status in place did not have the (DNR) status regularly reviewed to assess the validity of clinical the judgement on an ongoing basis. In the sample reviewed the (DNR) status was not dated. One DNR directive stated for review 2015. However, there was no date on the form to indicate when the directive was initially written or last reviewed. Other (DNR's) did not have any date to indicate when they commenced and no review date was indicated. One resident's (DNR) status was dated as 2011. There was no evidence of any review of this decision in the intervening period at the time of inspection.

Where the need was identified referrals were made to the palliative care team. Records reviewed evidenced good input by the palliative team to monitor and ensure appropriate

comfort measures. There was only one resident under review by the palliative care team at the time of inspection which was not specific to end of life care needs.

A new form was developed to implement a system of advance care planning for end of life to maximise residents' ability to participate in the decision-making process to record their wishes and preferences. However, not all residents were consulted regarding their future healthcare interventions, personal choices and wishes in the event that they became seriously ill and were unable to speak for themselves. In some cases the form contained limited information in relation to spiritual and personal wishes. In some cases where a (DNR) status was documented for a resident there was no end of life care plan in place.

While staff endeavoured to ensure privacy and dignity the facility of the physical environment did not ensure that resident's needs were met and their dignity respected fully. There are only four single bedrooms. The majority of residents are accommodated in multiple occupancy bedrooms. There are two bedrooms each occupied by five residents and two bedrooms each occupied by four residents. These bedrooms open onto a corridor linking all of the communal bedrooms allowing visitors to move unrestricted between rooms. The physical environment does not comply with the requirements of regulation 17 and the Authority's standards. This matter has been repeatedly identified in previous inspection reports. The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allowed.

Residents' cultural and religious needs are supported. Mass or prayers take place on a weekly basis. A member of staff belongs to a religious order and provides pastoral support and care to residents and their families. Residents of other religious denominations had access to ministers who visited. An oratory is available providing a quiet space for residents to facilitate meeting their spiritual needs.

The nursing staff stated that upon the death of a resident, his/her family or representatives were offered practical information verbally and on what to do following the death of their relative. There is a mortuary room available to families to facilitate removals from the centre. Information leaflets on how to access bereavement and counselling services is available and these were on display in the entrance foyer. There was a protocol for the return of personal possessions. A stock of specially designed bags to return personal possessions was available.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Residents spoken to during the visit expressed satisfaction with the food provided and the choices available to them. Staff had received training in relation to food and nutrition. They demonstrated and articulated good knowledge of how to provide optimal care for residents.

The menu was planned on a three weekly basis and all food was cooked on the premises. The inspector reviewed the menu and discussed options available to residents with the chef. A trolley served residents mid morning offering a choice of soup, tea/coffee and biscuits. In the afternoon residents were offered tea or coffee. However, there were no snacks offered on the trolley in the afternoon to residents who required assistance with their meals. The evening meal time menu while offering options, required review. The options available did not ensure sufficient or optimum calorific intake particularly those for those on fortified diet. There were no menu choices to ensure optimum calorie intake with appropriate fortified snacks available to include yoghurt's, creamy puddings or enriched milk as part of the evening meal. This was an area identified for improvement on the last inspection.

The inspector observed the main lunchtime/dinner meal. Thirteen residents came to the dining room which was shared with those attending for day-care services. Meal times were a social occasion and a calm environment was ensured. The dining area is well decorated with a bright décor. The lunch time menu provided residents with two different options. However, there was not a choice for residents on a pureed/liquidised diet. The menu reviewed specifically stated a single pureed/liquidised option. On the day of inspection all residents on a modified diet were given a chicken dish.

The menu choices were clearly displayed on a board in the day room and menus were placed on the tables in the dining room. The inspector noted that food including food that was pureed was attractively presented. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were available to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific requirements. There was a protected meal time arrangement in place. However, in consultation with nursing staff family members were encouraged to come in and help if they wished with meals.

Sufficient dining space was available. Tables accommodated small groups of residents which supported social interaction. The inspector saw that there were adequate staff available to assist at mealtimes. Staff sat with residents who required assistance with meals, were respectful with their interventions and promoted independence by encouraging residents to do as much as they could for themselves. However, residents

who required assistance with their meals and were having a modified consistency diet did not attend the dining room. They were served their lunch in the day room. Most of these residents were seated in specialist chairs and they had their dinner from a tray placed on their lap. Consideration to a separate sitting in the dining room was not given.

Assessments, care plans and medial notes were reviewed. Residents had care plans for nutrition and hydration in place. Nutritional screening was carried out using an evidence-based screening tool at a minimum of three-monthly intervals. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the general practitioners instructions. However, one resident with a swallowing difficulty did not have plan of care. While the recommendations from the speech and language therapist were available, a plan of care was not devised to manage all aspects of the problem and ensure regular review. There was access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration.

Residents' weights and body mass index (BMI) were monitored every three months and those identified at risk had their weight reviewed on a more frequent basis. However, one resident with identified weight loss, on one occasion refused to be weighed and did not have her weight checked again until three months later.

Staff monitored the food and fluid intake of residents at risk of poor nutrition or hydration for three day periods. This base line information was reviewed by the dietician to inform a professional judgement and assist in making recommendations. However, food and fluid intake records were not maintained consistently for all residents who required assistance with their daily meals and drinks. There was not a system in place to ensure each resident's daily fluid goal was maintained and food intake was appropriate to allow for intervention at the earliest stage possible if issues arose.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

As discussed in detail under Outcome 15, Food and Nutrition residents who required assistance with their meals did not attend the dining room. Consideration to a separate sitting in the dining room was not given.

Judgment:

Non Compliant - Moderate

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:

PJ Wynne
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:	Breffni Care Centre
Centre ID:	OSV-0000489
Date of inspection:	29/09/2014
Date of response:	28/10/2014

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One resident with a swallowing difficulty did not have plan of care. While the recommendations from the speech and language therapist were available, a plan of care was not devised to manage all aspects of the problem and ensure regular review.

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

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A plan of care has been devised for all residents who have been reviewed by the Speech and Language Therapist. This will enable staff to manage all aspects of the residents care and recorded in the care plan and reviewed regularly

Proposed Timescale: 20/10/2014

Theme:

Person-centred care and support

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

One resident with identified weight loss, on one occasion refused to be weighed and did not have weight checked again until three months later.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

- Weight Chart introduced for all residents.
- Arrangements have been put in place (Details in Care Plan) to ensure that all residents have their weight recorded fortnightly / or as necessary .
- Monthly audits will continue to be carried out and will include the tracking and identifying of the most recent up to date weight chart.

Proposed Timescale: 01/10/2014

Theme:

Person-centred care and support

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

Food and fluid intake records were not maintained consistently for all residents who required assistance with their daily meals and drinks. There was not a system in place to ensure each resident's daily fluid goal was maintained and food intake was appropriate to allow for intervention at the earliest stage possible if issues arose.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

- All residents requiring assistance with diet/fluids are screened using the evidence based tool M.U.S.T. which allows for intervention at an early stage if any issues arise .
- Residents needing assistance have been reviewed by the Dietician in July 2014-10-21 Recommendations;
- Monitor food and fluid intake for three days each week for four weeks .Residents who remain within the guidelines do not need any further intervention from dietician however monitoring will be continued .
- Nursing and Care Staff have received training in these guidelines and know residents have to be reviewed by the dietician if there is any change in their health status.
- Dietician reviewing all residents on the 06/11/2014 .
- Nutritional food record chart will be maintained on a daily basis on all Residents requiring assistance. (These charts to commence 31.10.2014.)
- Fluid intake record chart will be maintained on a daily basis on all Residents requiring assistance. Fluid intake will be calculated on a daily basis in millilitres (using food and fluid intake record (MUST TOOL) (These charts to commence 31.10.2014).

Proposed Timescale: 20/10/2014

Outcome 12: Safe and Suitable Premises**Theme:**

Person-centred care and support

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

The majority of residents are accommodated in multiple occupancy bedrooms. There are two bedrooms each occupied by five residents and two bedrooms each occupied by four residents. These bedrooms open onto a corridor linking all of the communal bedrooms allowing visitors to move unrestricted between rooms.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The provider will have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Standards for residential care settings for Older people in Ireland by June 2015

Proposed Timescale: 30/06/2015

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:

Residents with a do not resuscitate (DNR) status in place did not have the (DNR) status regularly reviewed to assess the validity of clinical the judgement on an ongoing basis.

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:

A commencement date for DNR has been put in place and a 3 monthly review date in consultation with the Medical Officer and NOK will be implemented to ensure all Residents DNR status is regularly reviewed in their best interest and in consultation with the Medical Officer to ensure best practice is observed. This 3 monthly DNR review will now be incorporated into the Residents Care Plan and evaluated accordingly.

Residents other needs will be met by the following

- Single room identified for Resident with special sign on door.
- Visitors room with dining and sleeping arrangements available 24/7
- Access to Medical Officer, Palliative Care Team, Chaplin /Pastor .
- Staff will make every effort to honour any special requests made by resident or family

Proposed Timescale: 30/10/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were no snacks offered on the trolley in the afternoon to residents who required assistance with their meals.

Action Required:

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

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

- A mixture of nutritious snacks are available at all times in the Pantry for residents who require assistance with meals. Health Care Assistants take the responsibility of offering them to residents if and when required.
- Catering staff offer snacks in the Dayroom where there is supervision at all times.
- A snack box will now be placed on morning and afternoon beverage trolley and offered to all Residents. Catering Assistants and HCA will jointly carry out this beverage/snack duty ensuring all Residents dietary needs are met and documented in their food record chart

Proposed Timescale: 30/10/2014

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The evening meal time menu while offering options required review. The options available did not ensure sufficient or optimum calorific intake particularly those for those on fortified diet. There were no menu choices to ensure optimum calorie intake with appropriate fortified snacks available to include yoghurts, creamy puddings or enriched milk as part of the evening meal.

Action Required:

Under Regulation 18(1)(c)(ii) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

- The menus have been reviewed with the catering officer and dietician to provide a balanced nutritional menu for all residents.
- There is always an alternative to the set menu of the day Milk puddings yogurts fortified drinks /puddings fruit are available 24/7

Proposed Timescale: 30/10/2014

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was not a choice for residents on a pureed/liquidised diet. The menu reviewed specifically stated a single pureed/liquidised option. On the day of inspection all residents on a modified diet were given a chicken dish.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Both meal choices on lunch menu is offered to all Residents and alternative choice can also be offered if requested. A specific order sheet has been implemented to ensure that all Residents dietary needs and choices are being met appropriately. This order is taken during the 10.30 mid-morning snack service. Please see attached dietary sheet.

Proposed Timescale: 31/10/2014

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

Residents who required assistance with their meals and were having a modified consistency diet did not attend the dining room. They were served their lunch in the day room. Most of these residents were seated in specialist chairs and they had their dinner from a tray placed on their lap. Consideration to a separate sitting in the dining room was not given.

Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

- Consideration has been given to a separate sitting in the dining room for residents who are seated in specialist chairs.
- Residents who require assistance with their meals have the option of having their meal in the sitting room to allow them have privacy and dignity.
- Referral has been made to the Occupational Therapist to review the cutlery and crockery and see if any suitable aids and appliances are available to assist the residents in their dining experience.
- Some of the residents who have their dinner in the sitting room join the remainder of the residents in the main dayroom for the activities

Proposed Timescale: 15/10/2014