

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cairn Hill Nursing Home Bray
Centre ID:	OSV-0000755
Centre address:	Herbert Road, Bray, Wicklow.
Telephone number:	01 201 4699
Email address:	info@cairnhill.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	McMahon Healthcare Limited
Provider Nominee:	Brian McMahon
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	91
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 November 2014 11:30 To: 04 November 2014 18:00

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

Outcome 04: Suitable Person in Charge
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, relatives and staff and observed practices during the inspection. Documents were also reviewed such as policies and procedures, training records and care plans. Using the self-assessment tool, the centre had judged that they were compliant in relation to both outcomes, and the inspector found that this was a true reflection on the day of inspection.

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 relatives and evidenced throughout the inspection.

Questionnaires were received from three 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. Care delivered to residents at the end of their lives was well documented, and outlined the physical, emotional and spiritual support offered to residents and families in their final days.

The nutritional needs of residents were met to a very high standard. Food was nutritious, varied and in ample quantities. All food was prepared and cooked on site

from scratch, will little usage of pre-made or processed foods. 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 therapist, 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. The inspector was present for lunch and tea, and found that residents were supported where necessary, with encouragement to be as independent as possible.

The inspector carried out a fit person interview with the person in charge, who was in post since June 2014, and found that she had settled well into her role. The inspector was satisfied that the person in charge met the requirements of the Regulations, and had strong oversight systems in place to ensure effective governance of this large centre.

The findings of this inspection 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 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

As part of this inspection, the inspector carried out a fit person interview with the new person in charge who had been in post since June 2014. The inspector was satisfied that the person in charge was a registered nurse, had the required experience in the area of care of the elderly, and was suitably qualified and experienced in her role. The person in charge fully met the requirements of the Regulations. The inspector was satisfied that the person in charge demonstrated clear knowledge of the clinical needs of the residents, and could easily discuss these with the inspector. The inspector found that a clear and strong system of reporting was in place, with daily reports from each Clinical Nurse Manager (CNM) going to the person in charge, to ensure she was fully informed of all aspects of service provision. The inspector was satisfied that the person in charge was supported in her role by the general manager, support services managers and five CNM's, which would increase to six before the end of the year.

Judgment:

Compliant

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.

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. There was a checklist in place for when a resident died, to ensure the procedures were followed.

The inspector reviewed the nursing notes of recently deceased residents and found that appropriate care had been given at the end of their lives to meet residents' changing needs. Care and support offered to residents as they passed away was holistic, and met the preferences and wishes of the individual. For example, saying prayers with a resident, amending the type and frequency of meals and fluids, or offering subcutaneous fluids. The nursing notes and care plans evidenced good access to the General Practitioner (GP), speech and language therapist and a palliative care team where necessary. The inspector found evidence of contact with residents' representative of their chosen faith in their final days. For example, evidence of sacrament of the sick, and anointment. On review of these files, the inspector found evidence that families were consulted in all aspects of care, were kept up to date of the residents' condition, and were offered support and refreshments from the full team. Relative questionnaires reflected this positive finding also.

On review of a number of care plans for current residents, the inspector found that residents preferences in relation to their end of life wishes were noted and discussed, and included their preferred place of death, their psychological, religious and spiritual preferences and any other wishes or requests. The inspector was satisfied that a culture of discussion and recording end of life preferences had been established in the designated centre. On speaking with relatives during the course of the day, the inspector was satisfied that families were fully involved in discussing the future care needs of their loved ones. Documentation in relation to residents' wishes not to be transferred to hospital, or not to be resuscitated in the event of cardiac arrest were clearly outlined, and consented by the residents' GP and other members of the clinical team.

The majority of resident rooms in Cairnhill Bray are single rooms, with only five double rooms in the building, all occupied by married couples or relatives. This ensures privacy and dignity for residents as they approach end of life, or should a residents health deteriorate. The centre has a large bedroom to offer families should they wish to stay overnight to be close to their relatives at end of life. The centre also has a large reflection room in the lower ground floor of the building which is available for families and residents to use if they wish, to lay out the body prior to the funeral. There was a large hospital bed lift in the centre, which ensured discreet and dignified removal of a residents' body following death.

Of the 17 deaths that had occurred since the centre opened in August 2013, only two of these occurred in acute hospital setting, the remainder passed away within the nursing home. Staff had received training in subcutaneous fluids, syringe driver and palliative care to enable them to assist residents to die at home in the centre.

On review of the training records, the inspector found that staff of all disciplines had received training in end of life care in 2014.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' individual nutritional and dietary needs were identified and met within the designated centre. There was a selection of policies in place in relation to food and nutrition, and the monitoring and documenting of nutritional intake. The inspector reviewed a sample of residents' care plans for residents who were at risk of losing weight, were obese, or had specific dietary needs such as non-insulin dependent diabetes. The inspector was satisfied that this policy was implemented in practice, with evidence of monthly malnutrition assessments carried out, weekly and monthly weight recording as required, and nutritional care plans in place to guide staff on the support necessary for particular nutritional needs. There was evidence of access to, and ongoing review by the dietician and speech and language therapist where required. These care plans were evidenced as being reviewed and updated regularly. For residents who did not want to follow the advice of allied health care professionals, this was clearly outlined in their care plans, and documented. The inspector saw evidence of encouragement and review of residents who refused this guidance, while at the same time respecting their decision to refuse. For example, a resident who did not want to use a thickener for fluids, was fully aware of the risks of aspiration.

The inspector found that there was access to fresh drinking water at all times, snacks and beverages. The inspector spoke with a selection of residents, who all expressed satisfaction with the quality and quantity of food available in the designated centre, and the experience offered at meal times. Surveys carried out by the staff team confirmed this satisfaction also. On the day of inspection, the inspector dined with residents for lunch, and observed tea. The inspector found that there was a menu on display for residents, which offered a selection of choices at each meal. The dining rooms were nicely laid out, with place settings, cloth napkins and table décor for residents. There was relaxing music playing in the background, and staff were attentive to the needs of residents. Residents who required support at meal times, were observed to be supported in a discreet and respectful way on the day of inspection. Residents were

seen to be encouraged to be as independent as possible with regards to their meals. The food on offer was very well presented, served hot and appetising.

On discussion with the senior chef and on review of the menus and dietician audit, the inspector was satisfied that food was wholesome and nutritious. Food was all prepared and cooked in house, with little reliance of pre-packed, frozen or processed foods. Food was freshly prepared and cooked immediately prior to serving. Residents with particular dietary needs were offered the same choices as others. For example, coeliac friendly cakes and meals were prepared with gluten free flour, or sugar substitutes for diabetics. Residents on alternative consistency diets had the same choice as those on a normal diet, and had these presented in an appetising and appropriate way. The inspector found that the kitchen and the clinical team were working to continuously improve the service offered in relation to food. There was no resident on tube feeding on the day of inspection.

The inspector found that the chef had clear knowledge on the dietary needs of residents including their requirements for modified diets where required. Information on residents' individual needs was available in the kitchen, updated regularly, and the inspector found it to be in line with the information outlined in the residents' care plans. The chef was knowledgeable on the use of fortification for certain residents who were at risk of malnutrition.

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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