

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|--------------------------------|
| Centre name: | D'Alton Community Nursing Unit |
| Centre ID: | OSV-0000643 |
| Centre address: | Claremorris, Mayo. |
| Telephone number: | 094 936 2727 |
| Email address: | teresa.loughnane@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Michael Fahey |
| Lead inspector: | Lorraine Egan |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 29 |
| Number of vacancies on the date of inspection: | 1 |

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: 27 November 2014 12:30 To: 27 November 2014 19:00

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

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| Outcome 11: Health and Social Care Needs |
| 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 providers attended an information seminar, received evidenced based guidance and undertook a self-assessment in relation to both outcomes.

The self assessment questionnaires and policies on end of life care and food and nutrition had not been submitted as required. The inspector contacted the person in charge prior to the inspection and requested the documentation be submitted. The person in charge submitted the documentation within the timeframe outlined by the inspector.

The inspector reviewed the self-assessment questionnaires which were submitted to the Authority prior to the inspection. The person in charge who completed the provider self-assessment tool had judged that the centre demonstrated compliance in relation to food and nutrition and minor non compliance in relation to end of life care.

As part of the inspection the provider contacted families of residents who had died in the centre and asked them to complete questionnaires. Four questionnaires were submitted to the Authority and all outlined families satisfaction with the care provided for their loved ones at end of life.

The inspector met residents and staff and observed practice on inspection. Documents were reviewed such as care plans and training records. Practices and

facilities were in place to ensure that residents received a high quality service at the end of life stage. There was an emphasis on providing care and comfort to residents at end of life and their loved ones during and following the death of a resident.

Improvement was required to the care plans outlining residents' wishes for their end of life care. While assessments on end of life care had been completed the information was not comprehensive enough to ensure residents' wishes for their end of life care could be accommodated.

The inspector viewed the arrangements in place for ensuring residents' nutrition and hydration needs were met. Food was properly cooked and served, nutritious and varied and assistance was offered to residents in a discrete and respectful manner.

Residents' nutritional needs were assessed and their needs and preferences were recorded and facilitated. The chef and kitchen staff had up to date accurate information pertaining to residents' dietary requirements and preferences.

Residents had good access to the general practitioner (GP) and allied health professionals such as the dietician and speech and language therapist.

Residents provided feedback to the inspector, regarding food and meals, which was very positive. The inspector sampled the lunchtime meal and found the food was flavoursome, suitably heated and nicely presented.

The menu was displayed in written format and a visual menu for residents who were unable to read and/or understand the written menu was in place.

Care plans clearly outlined residents' requirements in regard to food and nutrition and oral health needs. While access to dental services in the event of an identified need was facilitated improvement was required to the provision of routine professional dental care.

Some staff had received training to ensure they were appropriately skilled to support and care for residents in regard to end of life care and food and nutrition.

The findings are discussed further in the report and improvements required are included 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

Findings:

This outcome was not fully inspected on this inspection and the action plan from the previous inspection was not followed up. The outcome was inspected in regard to End of Life Care and Food and Nutrition only.

The end of life care plans required improvement and are discussed further under Outcome 14: End of Life Care.

Improvement was required to the provision of routine professional dental care. There was evidence residents were supported to access professional dental care where a concern was identified by staff or relatives. However, there was no process in place to ensure residents had access to routine dental check-ups.

Judgment:

Non Compliant - Minor

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):

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

Findings:

The end-of-life care policy had been implemented in November 2011 and was reviewed by the inspector prior to the inspection. The policy provided guidance on the measures

which would be taken by the centre to care for residents at end of life which included the support which would be offered to family and friends to support their loved ones.

An outline of the centre and staff response to the death of a resident was included in the policy including an outline for staff regarding the measures to be taken following the expected or unexpected death of a resident. Staff spoken with were knowledgeable of these practices.

The policy included information regarding care of the body after death and this included the practices which should be adhered to if a resident was a particular faith. It provided comprehensive guidance for staff to ensure the care of the resident's body was in line with their religious faith.

The inspector viewed end of life care assessments and found they outlined some information regarding residents' end of life care wishes. However, they were not sufficiently comprehensive.

The person in charge showed the inspector a sample of end of life care plans which had been put in place when a resident was approaching end of life. The care plans identified the interventions which were to be employed to ensure residents were not in any physical pain, not agitated and other physical care needs were addressed. However, the care plan outline did not outline residents' wishes for their end of life care.

Neither the end of life assessments nor the end of life care plans adequately addressed residents' wishes at end of life in areas such as physical comfort, spiritual and religious wishes and psychosocial needs.

While residents' preference for their place of death was recorded on the end-of-life assessments, they were not adequately comprehensive. For example, some assessments showed that residents wished to return home at end of life and there was no information regarding where home was and if this had been discussed with the residents' family.

Residents' preference for having friends or family with them at end of life was recorded on the end of life assessments. However, they required further expansion as it was not clear which family members or friends the resident would like with them.

Some staff had received training in end-of-life care and the person in charge told the inspector that further training was being sourced for staff.

Care practices and facilities were in place so that residents received appropriate and respectful end-of-life care which addressed their physical and medical needs and respected their dignity. Staff spoken with were familiar with procedures for the last rites and respectful care of the remains of the deceased person.

There was evidence that medical, nursing staff and family supported each resident when they were at end of life. Access to palliative care was sourced and facilitated.

All residents who died in the previous two years were supported to have a comfortable death in the centre. The centre had strong links with primary care and community services. Residents were supported to move to a single room, if available, when approaching end of life.

Family and friends were facilitated to be with the resident when they were dying. There was an open visiting policy and suitable facilities were provided. Visitors were provided with drinks and snacks when visiting residents. Specific bags were used to return personal effects at a time that suited the bereaved family.

Religious and cultural practices were facilitated. The Sacrament of the Sick was administered to residents at Easter and Christmas. The centre had a Roman Catholic priest who celebrated Mass weekly and attended residents who were ill or at end of life and anointed residents when requested.

At the time of inspection all residents were of Roman Catholic faith. The person in charge told the inspector that all faiths and spiritual needs would be catered for.

Staff confirmed that arrangements for the removal of remains occurred in consultation with the deceased resident's family. Staff told the inspector that residents were supported to pay their respects where appropriate.

A religious service was held each year to remember the residents who had passed away in the previous year. Families, residents and staff were invited to attend.

Judgment:
Non Compliant - Minor

Outcome 15: Food and Nutrition

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

Theme:
Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a comprehensive policy on nutrition and hydration and meals which provided detailed guidance to staff. The policy was in place since 2011.

Menus had been approved by the dietician and residents were provided with a varied and nutritious diet that was tailored to meet individual preferences and requirements. The inspector found that overall practices and procedures were in place as described in the self assessment questionnaire.

Processes were in place to ensure residents did not experience poor nutrition and hydration. Nutritional screening was carried out using an evidence-based screening tool. Up to date care plans for nutrition and hydration were in place and were based on residents' individual assessed needs.

Oral health assessments were in place and there was evidence residents need for dental care had been addressed. Improvement was required to the provision of routine dental care. This is discussed further under Outcome 11: Health and Social Care Needs.

A rolling two weekly menu was in place which outlined the meal choices. A menu was displayed in writing on a blackboard in the dining room and a rolling menu was available on each table. The person in charge had spoken with residents regarding the menu and residents agreed they liked the menu with all meals displayed. A visual menu was in place to assist staff to elicit the preferences of residents who were unable to read or understand the written menus.

The inspector observed that fresh water and other drinks were available in communal areas and in residents' bedrooms. Main meals were served from 9:00 hrs, 13:00 hrs and 16:00 hrs onwards and snacks were served at 11:30 hrs, 15:00 hrs and 19:30 hrs.

The inspector was told that meal times were changed to suit residents' needs and preferences and that snacks were available at any time. If a resident did not wish to eat their meal at the set time staff offered the resident the option of a meal when the resident wished to eat.

Residents had good access to the GP and appointments for speech and language therapy (SALT) and dietetic services for residents was facilitated. The care plans were implemented in practice and the inspector saw that advice from the dietician and SALT was implemented for individual residents. There was also access to an occupational therapist and a physiotherapist where required.

Residents eat in the dining room, day room or in their rooms. The inspector observed the lunchtime and tea time meals being served. The meals were a pleasant social event.

Residents were offered two choices of main course at lunch time and individual preferences were readily accommodated. The inspector was told that breakfast and tea choices were based on residents' individual preferences.

Residents were supported to eat independently and their clothing was appropriately protected. Assistance was provided in a discrete dignified manner. All residents received a main meal which was hot, attractively presented and tasty with ample portions. Satisfactory numbers of staff were present to supervise and assist residents.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were aware of resident's specific requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents for meals. Kitchen staff and other staff members were aware of those residents who had special dietary needs and food was fortified prior to the meal being served.

Improvement was required to the display of information regarding residents' individual dietary needs. This is discussed further under Outcome 16: Residents' Rights, Dignity and Consultation.

Staff members who spoke with the inspector were aware of residents' food preferences, likes and dislikes and this was recorded in the care plans and in the kitchen. Additional snacks and beverages were offered to residents. A number of residents were prescribed nutritional supplements.

There was a clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. Some staff members had received training in nutrition.

The inspector spoke with staff in the kitchen. Staff were knowledgeable about special diets and a record detailing residents' special dietary requirements and preferences was maintained for each resident in the kitchen. Staff spoken with were clear regarding the importance of accommodating residents' food preferences.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. Kitchen staff had the autonomy to order food supplies when required and systems were in place to ensure food supplies were used before their use by dates.

Judgment:
Compliant

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:
This outcome was not fully inspected on this inspection. The outcome was inspected in regard to End of Life Care and Food and Nutrition.

The end of life care plans required improvement and are discussed further under Outcome 14: End of Life Care.

Improvement was required to the display of information regarding residents' individual dietary needs. Information was displayed in the dining room which could be viewed by residents and visitors.

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:

Lorraine Egan
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

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| Centre name: | D'Alton Community Nursing Unit |
| Centre ID: | OSV-0000643 |
| Date of inspection: | 27/11/2014 |
| Date of response: | 03/12/2014 |

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:

There was no process in place to ensure residents had access to routine professional dental check-ups.

Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service

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

requires additional professional expertise.

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

Oral Assessments by Primary Nurses would have previously indicated where dental assessment may have been required, however arrangements are now currently being arranged to facilitate all residents to have a dental assessment by a Dentist. The Dentist will be requested to attend to carry out assessments within the unit. Twice yearly dental referrals will take place, however this schedule would be individualized as during times of illness/ stress dental referrals may need to occur more frequently. Any acute dental problem will receive immediate attention by the Dentist.

Proposed Timescale: 31/01/2015

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:

Neither the end-of-life assessments nor the end-of-life care plans adequately addressed residents' wishes for their end-of-life wishes in areas such as physical comfort, spiritual and religious wishes and psychosocial needs.

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:

Primary Nurses will review End of Life Assessments and Care Plans. Current documentation will be further expanded to give greater clarity on Resident's wishes with regard to physical comfort, spiritual and religious wishes and psychosocial needs.

Proposed Timescale: 31/01/2015

Theme:

Person-centred care and support

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

The documenting of residents' preferences for their place of death was not adequately comprehensive.

Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return

home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

A Resident's request for a private room or to return home is facilitated whenever possible and same is documented. However in future these wishes will be expanded and will be more specific in nature.

Proposed Timescale: 31/01/2015

Theme:

Person-centred care and support

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

Residents' preference for having friends or family with them at end of life was recorded on the end-of-life assessments. However, they required further expansion as it was not clear which family members or friends the resident would like with them.

Action Required:

Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

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

Primary Nurses will clarify with Residents which family members/friends they may or may not wish to have present. This will be documented within each resident's individual file.

Proposed Timescale: 31/01/2015

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:

Information regarding residents' individual dietary needs was openly displayed in the dining room and could be viewed by residents and visitors.

Action Required:

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

This information is now placed within a file. Staff have been made aware of where to access this information.

Proposed Timescale: 28/11/2014