

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cluain Lir Community Nursing Unit
Centre ID:	OSV-0000739
Centre address:	Longford Road, Mullingar, Westmeath.
Telephone number:	044 939 4931
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	47
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: 10 September 2014 12:00 To: 10 September 2014 19:00

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 was a thematic inspection, which focused on two outcomes Food and Nutrition and End of Life Care. As part of the process the designated centre was required to complete a self - assessment which was submitted to the Authority in March 2014. The Authority also received and reviewed seven questionnaires which were submitted by relatives and friends of residents who had resided in the designated centre and are now deceased. The questionnaires focused on the quality of care and experience of both the resident and their loved one from the perspective of the relative or friend.

There were forty seven residents residing in the designated centre and one vacancy. Of the forty seven residents one had been transferred to an acute setting on a temporary basis. The inspector met with the person in charge and a member of the management team at the commencement of the inspection and provided the feedback to them at the conclusion.

In the self- assessment the designated centre had determined compliance in the area of food and nutrition and a minor non - compliance in the area of End of Life Care. As a result they had identified actions to be taken in both areas for compliance and improvement in the quality of care provided. The inspector found that progress had been made towards achieving these actions on the day of inspection, which is discussed in the body of the report.

The inspector spoke to residents, relatives and staff throughout the inspection. The inspector also observed practice and reviewed eight resident files which belonged to residents currently residing in the designated centre and to residents who were deceased.

The inspector found that positive practices were in place both in relation to the Food and Nutrition and the care that the residents receive at the end of their life. Of the residents spoken to and the questionnaires reviewed, satisfaction was reported with the food available in the designated centre and relatives felt that their loved one was cared for at the end of their life.

Improvements were required in the guidance provided to staff on how to support residents who require assistance with their meals and the documentation in place following the death of a resident. Also an area of improvement identified by the inspector pertained to the layout of the dining room.

The action plan at the end of the report identifies areas where mandatory improvements are required in order to comply 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.

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 designated centre had determined minor non-compliance in this area in the self-assessment which was submitted to the Authority in March 2014. As a result they had self-determined three actions to be achieved by September 2014 to ensure compliance. These actions related to a review of the End of Life Policy, staff training and ensuring that all residents had a care plan for End of Life. On this inspection, the inspector found that staff training was in progress, with some staff completing training on the day of inspection. Of the sample of files reviewed there was evidence that End of Life plans had commenced for residents. In the self-assessment submitted in March 2014 which was submitted to the Authority, an action identified was that the policy for End of Life would be reviewed and updated. This had not occurred as of the day of inspection, however all policies relating to End of Life had been reviewed in 2013.

The inspector reviewed the policies and spoke to staff and confirmed that the policies informed the practice of the designated centre, however as identified by the provider there was limited information available regarding the procedures in place following the death of resident. For example there was no standardised procedure regarding the planning of funeral arrangements. The inspector was informed by staff that the designated centre support families if requested in the planning of a funeral and at times the funeral is held in the designated centre. However the documented evidence to support same was absent. There was evidence that the family members had requested the funeral to be held in the chapel however there was no further documented evidence to confirm that this had occurred.

Of the sample of files reviewed, the inspector found that efforts had been made to ascertain the needs and wants of residents at the end of their life. Some assessments were comprehensive and addressed aspects such as funeral arrangements, choice of place of death and persons to be informed if the needs of a resident were to change. However in other assessments the information was incomplete, the inspector could not determine if this was the choice of the resident and/or their representative or if it was because the assessment had not been fully completed. Residents and relatives reported that they had discussions with staff regarding their future wishes and this was conducted in a sensitive manner. Staff reported that they were afforded the opportunity

to pay their respects to residents if they so wished.

Policies guided practice in relation to meeting the needs of religious and cultural practices. The centre had a folder in place which contained practical resources necessary in the event of the death of a resident. There was also a system of utilising a symbol to inform individuals if a resident was dying in order to promote the dignity of the person. Relatives and residents had been informed of the purpose of this symbol through the residents' forum.

The designated centre had a room for family and friends to stay when a resident is dying. There was access to facilities to ensure that relatives had food and drink available to them. Catering staff reported that they included relatives when preparing food. The designated centre has forty single rooms and four double rooms. The person in charge stated that to date a death had not occurred of a resident in a double room therefore all residents to date have had a private room allowing the family to remain with the resident at all times of the day and night, without undue impact on other residents. The person in charge stated that if the situation arose all efforts would be made to provide a private room however this may not always be possible. The inspector confirmed that a resident who was in receipt of palliative care had been proactively moved to a single room on request of family, once a vacancy became available.

The assessment included the resident's choice as to the place of death, inclusive of location and type of room. The designated centre also had introduced a policy in October 2013 regarding if a resident was to be resuscitated. The general policy is that anyone, residents, staff and/or visitors would receive intervention if necessary. Therefore the aim of the policy was to ensure that residents were not unduly transferred to an acute setting against their wishes. This was completed in consultation with the clinical team and appropriate signatures of the clinicians, the residents and their representatives were in place, in the sample of personal files reviewed. This was reviewed regularly to ensure that the decision was still valid.

There was evidence that residents had referrals and had been reviewed by Allied Health Professionals related to meeting their needs at the end of their life including access to specialist palliative care teams.

The narrative provided to the inspector by staff and the questionnaires submitted as part of the process for a thematic inspector supported that respect was shown for the remains of a deceased resident and that removal of the remains were completed in consultation with the deceased family residents. However the inspector reviewed a sample of files of residents who had passed away and found that the documented evidence did not substantiate this. The designated centres current practice documents when the belongings of the resident were collected by relatives however there was no records maintained of the time when residents' rooms were officially vacated or as stated if a residents funeral was facilitated in the designated centre.

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):

No actions were required from the previous inspection.

Findings:

In the self - assessment submitted to the Authority, the designated centre had determined that they were compliant in the area of Food and Nutrition. They had identified actions which could assist with improving the existing practices. These actions pertained to a patient satisfaction survey and audits to ensure that the food provided was nutritionally balanced. This work had yet to be undertaken at the time of inspection. However a forum to focus primarily on nutrition had been introduced and one meeting had been held to date and consisted of multi - disciplinary input.

The designated centre had policies and procedures in place regarding food and nutrition which addressed both the clinical aspects and the quality of both the food and mealtime experience. There was a comprehensive policy for monitoring and documenting both the food and fluid intake of a resident. The inspector confirmed that the policy was implemented in practice. On admission, the nutritional status of each resident was assessed. If a need was identified appropriate records were maintained of the intake of a resident, along with a care plan being developed. The resident was then referred to the appropriate Allied Health Professional and the inspector confirmed that this review occurred in a timely manner. Recommendations arising from that review were then transferred into the resident's care plan and implemented in practice. All residents were weighed monthly and if a change was noted a referral occurred.

The inspector spoke to catering staff who stated that the specific requirements of residents were communicated to the kitchen in order to ensure that the appropriate modifications were available. The inspector reviewed the three week menu and confirmed that there was variety and choice available for all residents regardless of their need. Residents reported that they were satisfied with the food available and that there was sufficient choice. Staff also stated that there was generally no issue preparing an alternative option for a resident if they did not like the options for the day, and residents confirmed same. The inspector also observed residents being informed if they did not want to eat at the designated mealtimes, that they could eat later. The last designated mealtime was 19.30 hours, however residents stated that they could have a snack before bedtime if they wished. There was also water and juice readily available. Snacks were also available mid morning and mid afternoon.

The inspector observed both the dinner and tea time in the designated centre and was satisfied that it was a relaxed occasion with residents having the opportunity to enjoy their meal in their own time. Food was also presented appropriately and served hot. Of

one of the meals observed, eight of the thirteen residents required support to eat and there was sufficient staff available to ensure no unnecessary waiting time for residents. The designated centre had a protected meal time policy in place, which requests that visitors do not attend during mealtimes however they are welcome if they wish to assist their loved one to eat. Protected mealtimes was raised as a concern by families in the complaints log as they were not assured that their relative had sufficient food and drink. The outcome was that they were advised that they could attend and visit at any time. The inspector witnessed a relative supporting a resident during one mealtime.

The dining room and the sitting room in the two units were one. There was sufficient space available in the rooms to accommodate residents, however due to the layout of tables, there was insufficient room between residents. This resulted in residents not being able to vacate their chair without another resident being moved. An area for improvement identified by the inspector was that the space could be utilised more effectively.

Staff had received training in the modification, presentation and fortification of food. There was clear record maintained of the specific needs of residents prior to staff serving the meal. Food was served from a food trolley in the dining/living room and one member of staff reviewed the residents' specific requirements and reminded the staff supporting the resident. A record was then maintained of what was utilised to fortify the food at every meal. However the recommendations of Allied Health Professionals in relation to the physical assistance residents required did not consistently correlate with the physical assistance the inspector observed staff providing. For example, one resident was observed being supported to have a cup of tea utilising a tea spoon which had been altered for a thicker consistency. On review of the residents file this was not the recommendation of the Allied Health Professional. The inspector determined that improvements were required in the information provided in the care plans for residents, as whilst they stated clearly the modification of food a resident required, they did not reference the recommendations in relation to how a resident could be physically assisted to eat or drink.

Residents with specific health needs as a result of Diabetes had appropriate care plans in place and were referred to the relevant specialist services, inclusive of diabetes clinics and chiropody to ensure that needs associated with their condition were met. There was a policy in place regarding Percutaneous endoscopic gastrostomy (PEG) feeding tubes. Residents who required PEG tubes had appropriate plans of care in place which addressed both the daily procedure and also to ensure infection did not occur around the site of insertion. There was also evidence that care plans were developed if a resident had adverse symptoms such as nausea. Residents reported that their oral care needs were met if they were not in a position to eat and care plans supported same. Allied Health Professionals were regularly involved in the care of residents and there were plans to assist in re-introducing food to the resident, if possible.

The inspector reviewed the report from the Environmental Health Officer in June 2014 and was satisfied that of the four recommendations two had been completed and two were in progress.

Judgment:

Non Compliant - Minor

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:

Jillian Connolly
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cluain Lir Community Nursing Unit
Centre ID:	OSV-0000739
Date of inspection:	10/09/2014
Date of response:	02/10/2014

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 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:

The documentation available did not support the arrangements that had occurred following the death of a resident.

Action Required:

Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they

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

are known and are reasonably practical.

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

The policy on "End of Life care including verification of expected death and Last Offices" is currently being amended to include the arrangements above.

An advice leaflet for bereaved family members will also be made available.

Proposed Timescale: 05/11/2014

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:

The inspector observed residents being supported by staff in a manner which did not correlate with the recommendations of Allied Health Professionals. These recommendations were also omitted from care plans.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Once recommendations are made for a resident, this is communicated by the Allied Health Professionals to the Nurse in Charge of the unit. The Nurse in Charge ensures that recommendations are communicated to all staff at handover/reports.

The nutrition meetings at unit level will be continued on a 3 monthly basis and will reinforce the importance of the communication of recommendations by Allied Health Professionals and inclusion of these in the residents' care plan.

The possibility of further training for staff is currently being explored with the Allied Health Professionals.

Training updated by 31/03/15.

Proposed Timescale: 04/11/2014

Theme:

Person-centred care and support

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

In the self-assessment, an action identified was to commence audits to ensure that the

food provided was nutritionally balanced. This has yet to commence as of the day of inspection.

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:

A food satisfaction survey was completed in May 2014. The current menu cycle is in place almost one year. The Person in Charge with the assistance of the Dietician will complete an audit on the food provided on the menu to ensure that it is nutritionally balanced.

Proposed Timescale: 31/12/2014