

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ardeen Nursing Home
Centre ID:	ORG-0000406
Centre address:	Abbey Road, Thurles, Tipperary.
Telephone number:	0504 22094
Email address:	maryfogarty1@yahoo.co.uk
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mary Walsh
Provider Nominee:	Mary Walsh
Person in charge:	Mary Fogarty
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:	To:
16 June 2014 09:15	16 June 2014 18:15

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

Outcome 07: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection was thematic in its approach and primarily focussed on two specific outcomes Nutrition and End of Life Care, however, findings are also made under Outcome 7, 11 and 12. In preparation for these inspections providers attended an information seminar convened by the Authority, received evidence based guidance and were requested to complete and submit a self assessment of their compliance in the two outcomes.

As part of the inspection methodology the inspector reviewed two meals the main midday meal and the evening meal. There were 37 residents living in the centre all of whom were in receipt of long-term care. The inspector spoke with residents and staff including the person in charge and the nominated provider, observed practice and reviewed documentation including policies, training records, healthcare records, complaints and meeting records. It was evident that considerable work had been completed by the provider, person in charge and staff in both outcomes including the completion of audits, the development of new policies, the facilitation of staff training and improvement in practice such as protected mealtimes.

Overall the inspector was satisfied that the provider and person in charge were committed to their regulatory obligations, learning and ongoing improvement and were supported by staff in their efforts. All staff spoken with were familiar with each resident's care requirements, choices and preferences and the new initiatives in both nutrition and end of life care.

Overall there was significant evidence of good practice. The inspector was satisfied that staff were informed, proactive and reflective in the planning and delivery of end

of life care to residents and were judged to be compliant in this outcome. There was evidence of good practice in assessing and managing residents' nutritional requirements but gaps were identified in the facilities offered, choice, variety and the management of diabetes.

In addition to the two thematic outcomes the inspector made findings under Outcomes 7 in relation fire safety procedures, Outcome 11 in relation to access to all healthcare (specifically occupational therapy) and the use of physical restraint and Outcome 12 in relation to dining space.

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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This inspection focussed on two outcomes nutrition and end of life care. However, the inspector noted during the course of the inspection that several residents' bedroom doors were held open with chairs thereby negating their effectiveness in containing fire or smoke in the event of fire.

Judgement:

Non Compliant - Minor

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

This inspection focussed on nutrition and end of life care. However, the inspector noted in the self assessment questionnaire submitted by the centre that residents did not have access to occupational therapy (OT) services. The inspector saw that several dependent residents were seated in obsolete chairs with a tilt facility that would not concur with contemporary practice in relation to seating. The person in charge confirmed that no referral had been made to OT services for any of these residents in relation to their seating requirements.

Based on her observations and records reviewed the inspector was not satisfied that all physical restraint practice was in line with evidence based practice and nationally agreed guidance. The inspector saw and the person in charge confirmed that the centres policy on the use of physical restraint was not referenced to national policy and guidance. The practice observed pertained specifically to the use of a bed table permanently affixed to a chair as a falls prevention strategy; the centre acknowledged the device and practice as a restraint. However, consent for the use of the device was signed one day after admission to the centre and in the intervening ten month period there was no evidence of alternative measures taken, when, for how long and the outcome of such measures. While restraint monitoring release charts were in place these were not maintained on the day of the inspection. For example when this form was reviewed at 17:30 the last entry indicating release and opportunity for motion and exercise for the resident was at 11:00hrs.

The inspector saw that the process of care planning satisfied regulatory requirements as each resident had a care plan that was reflective of their needs, was kept under review in line with the resident's changing needs and at a minimum three monthly and was discussed and reviewed with the resident or as appropriate the responsible family member. However, the inspector noted and recommended to the person in charge that the system of review and update be refined as care plans contained both new and outdated information making it difficult to retrieve the care interventions that were current and relevant. The person in charge welcomed the recommendation and advice given.

Judgement:

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

This outcome was not fully inspected but the inspector saw that the centre had insufficient dining space for the number of residents accommodated and the impact of this has been discussed in Outcome 15.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

It was evident that staff were informed, proactive and reflective in their approach to the provision of end of life care.

Practice was guided by a comprehensive policy that had been revised in February 2014; the policy promoted advanced planning for end of life care and also addressed core requirements such as review and notification requirements to statutory bodies.

The inspector saw that each resident or their representative as appropriate was consulted with in relation to their end of life choices and preferences; their expressed wishes were recorded and used to inform an end of life care plan. Both their choices and the plan were reviewed in line with the resident's changing condition and as a resident reached the terminal stage of end of life care the care plan was developed into a comprehensive and holistic plan of care. The inspector was satisfied that staff spoken with had a good understanding of their legal, professional and moral obligations not only in the event of an expected death but also the management of progressive life-limiting illness and unexpected deaths. In consultation with residents, relatives and general practitioners there was a formal process in place for decisions in relation to treatment plans, each resident's request or refusal of care, and decisions to commence or not commence CPR (cardio-pulmonary resuscitation) in the event of sudden death. Based on a sample of records seen the inspector saw resident, nursing and medical records to support this decision making process.

Training records indicated that staff with a clinical/caring role had attended end of life

training facilitated by an external party in February 2014 and the person in charge and senior staff had undertaken education on resuscitation decisions and advanced care directives in September 2013. Twenty four staff had completed basic life support and AED training in 2012. However, the person in charge confirmed that household staff had not attended the recent end of life training and on discussion acknowledged the unique relationship that such staff may develop with residents and agreed to facilitate training for them.

The inspector saw that through the process of regular staff meetings staff were consulted with in relation to policy and practice developments and all staff with the exception of the exclusions above had signed as having read and understood the newly revised end of life policy. Nursing records seen supported that staff were familiar with and implemented the revised policy.

The inspector saw that many residents and families had chosen to remain in the centre for end of life care and this was acknowledged by some residents spoken with who were "happy to end my days" in the centre. Staff spoken with confirmed that a single room was made available where possible, that family had access to the staff facilities and a portable bed had been purchased if required for overnight stays. Suitable facilities were available for the repose of the remains and funeral procedures. Further to their review of end of life care practices staff had introduced an end of life symbol, displayed the funeral arrangements at the reception desk and had procured a discreet bag for the respectful return of personal possessions.

The inspector spoke with staff and reviewed the records of recently deceased residents and was satisfied that the care delivered was appropriate and evidence based. The inspector saw that resident's holistic care requirements were assessed on a continuous basis by staff, that staff were attuned to any changes and that care was planned and delivered in consultation with the resident, the family, the relevant GP and palliative care services. Records indicated that residents had access to timely and regular medical review and palliative care specialists were readily available to the residents and staff sometimes on a daily basis. There was evidence of timely symptomatic relief and where a syringe driver (a mechanism for delivering medications continuously or intermittently) was used this was managed by the palliative care team. Family were encouraged to remain with their family members, were advised and supported at the time of death and offered the oratory facilities if and when requested. There was documentary evidence that staff maintained detailed nursing records and fulfilled all notification of death requirements.

Staff spoken with were familiar with each resident's spiritual and religious beliefs and at the time of inspection all of the residents were of roman catholic belief. On the day of inspection a group of residents were awaiting mass to be said on the local radio and told the inspector how grateful they were to have mass available in the centre on a weekly basis. Records seen indicated that religious practices were facilitated as part of the end of life care plan and that staff understood the psychosocial and well as the physical domains of end of life care with evidence that where appropriate staff engaged constructively with residents as to their end of life hopes, concerns and anxieties.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

As seen by the inspector in end of life care, there was evidence of review, learning and improvements made in assessing and meeting residents nutritional requirements. Overall the inspector was satisfied that good nursing led systems were in place supported by appropriate referral to other healthcare services to ensure that residents' needs were met. However, improvements were identified as required in relation to some evening meals provided, maintaining appropriate records for fluid intake and the management of diabetes.

A comprehensive, centre specific, evidence based policy was implemented in February 2014 and communicated to staff at regularly convened staff meetings. The inspection findings would support the implementation of the policy in practice.

Catering facilities were visibly clean and inspected by the relevant environmental health officer (EHO). Inspection reports were made available and demonstrated substantial compliance and recognition of good food hygiene practices. The inspector saw adequate stocks of dry, frozen, refrigerated and fresh food products. There were formal systems of communication between nursing staff, care staff and catering staff as to each resident's specific nutritional requirements and staff spoken with were familiar with and consistent in their replies as to these requirements. There were formal procedures and designated responsibilities for the management of prescribed nutritional supplements and the fortification of food.

Training records indicated that prior to the Authority's thematic approach to inspections, education and training for staff on nutrition in later life was facilitated on a regular basis in the centre and was most recently delivered in January 2014 to 21 staff. The inspector saw that staff assessed and monitored residents' nutritional needs through the completion of a validated assessment tool, regular weights and nursing observation. The frequency of assessment was at times weekly and dependent on resident need and staff concerns. There was evidence that action was taken in response to any concerns including referral to the GP, dietetic, and speech and language personnel (SALT). At the time of inspection there was documentary evidence that 20 residents had had a dietetic review and four residents had a current SALT plan; the inspector was satisfied that

recommended treatments were prescribed, integrated into the nutritional plan of care and implemented. The person in charge confirmed a local dentist provided dental services as and when required and dentition was integral to the basic assessment completed by nursing staff.

The inspector saw that the meals provided were freshly prepared, cooked and served, portion sizes were sufficient and adequate staff supervision and assistance was available to residents in the main dining areas in a relaxed and respectful manner. The feedback received from residents during the inspection was positive and while a menu was displayed the inspector saw and residents confirmed that they were served "whatever I want". Adequate provision was made to ensure that residents had access to fluids and staff facilitated the delivery of fluids subcutaneously where oral fluid intake was insufficient to maintain well being. A late supper had been introduced where snacks such as sandwiches and yogurt were offered to residents between 20:00hrs and 21:00hrs.

However despite the substantial evidence of good practice as outlined above, the completion of an internal audit in May 2014 and an external audit of the menu in March 2014 gaps were identified by this inspection process.

The centre is registered to accommodate 40 residents but the main dining room was set up to accommodate twelve residents on the day of inspection and may at a maximum be sufficient to accommodate 16 residents. Staff sought to enhance the social dimension of meals by setting up a dining table in one of the communal rooms for more dependent residents. However, the inspector saw that several more independent residents returned to their bedrooms for their main meals and some dependent residents received their meals where they were seated throughout the day. While no negative feedback in relation to this was received from residents they were aware of the lack of dining space "not enough room", and consequently it was reasonable to conclude that this may have influenced their choice as opposed to an autonomous decision to eat in the privacy of their own bedrooms. There was only one sitting for each main meal. In general the inspector found residents to be engaging and eager to communicate and the atmosphere in the centre was relaxed and homely. Documents seen such as the minutes of the residents' committee did not contribute any information as to residents views on the dining experience as the agenda focussed on the social and recreational dimension of life in the centre.

The inspector was not satisfied that the diet provided to more dependent residents for their evening meal was sufficiently varied. The inspector saw, staff spoken with confirmed and records for the previous fortnight demonstrated that "milk-pudding" was provided on a daily basis at this time to some residents.

At the time of inspection approximately 10% of the residents required interventions to manage their blood sugar levels; no resident had their well being maintained by dietary measures only and required oral-hypoglycaemics or insulin. The person in charge confirmed that the staff education programme did not include the management of diabetes. There was evidence of good practice with residents facilitated to manage their diabetes with some nursing supervision and blood glucose levels were monitored by point-of-care testing. However, staff spoken with were not sufficiently knowledgeable

particularly in relation to the management of hypoglycaemia and regular blood profiling to support the point of care testing in line with contemporary evidence based guidance. Diabetic residents were identified by the erection of "diabetic" notices on their bed and this requires review.

Procedures were in place to ensure that residents did not experience poor hydration or nutrition as staff maintained daily records of fluid and dietary intake for some residents. However, a sample seen by the inspector were not totalled on a daily basis and it was therefore difficult to see how they meaningfully prevented deficits and informed care and practice such as the implementation of subcutaneous fluids.

The person in charge confirmed that no resident had been referred for occupational therapy review and this is discussed in Outcome 11: Health and Social Care needs.

Judgement:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Moore
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:	Ardeen Nursing Home
Centre ID:	ORG-0000406
Date of inspection:	16/06/2014
Date of response:	10/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

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

Resident bedroom doors were routinely held open with chairs thereby negating their effectiveness in containing fire or smoke in the event of fire.

Action Required:

Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

An upgrade plan regarding fire regulations has been put in place. Same discussed with our engineering company and the provision of free swing self closing devices linked to

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

the fire alarm system which activate and close the doors on activation of the fire detection and alarm system over an agreed phased period has been agree; copy attached.

Proposed Timescale: 31/12/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

The inspector was not satisfied that all practice in relation to the use of physical restraint was evidence based and in line with nationally agreed guidelines.

Practice in relation to the management of diabetes required updating to ensure that it was contemporary and evidence based particularly in relation to the management of hypoglycaemia and regular blood profiling to support the point of care testing. Diabetic residents were identified by the erection of a "diabetic" notice on their bed and this also requires review.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Developing Policy on the use of physical restraint which will be in line with the National Policy. 30th September 2014

Training with regard to Nutrition/Diabetes scheduled for Wednesday August 13th 2014.

Diabetic notices on resident's beds have been removed. Information regarding residents who have been diagnosed with diabetes is communicated to all staff at hand over times.

Proposed Timescale: 30/09/2014

Theme:

Effective Care and Support

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

The person in charge confirmed that referral to occupational therapy services had not been sought for residents in relation to their seating requirements.

Action Required:

Under Regulation 9 (2) (b) you are required to: Facilitate each residents access to physiotherapy, chiropody, occupational therapy, or any other services as required by

each resident.

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

Urgent referrals have been prioritised, OT to assess residents on Saturday 12th July and Wednesday 16th July 2014. Ongoing assessment.

Proposed Timescale: 16/07/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

The centre provides insufficient dining space for the number of residents accommodated.

Action Required:

Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space separate to the residents private accommodation.

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

Following a revised residents satisfaction survey conducted since the inspection on the 16th June 2014, ten residents choose to dine in dining room for lunch. Should we require further seating as a matter of choice for our residents we can include another table which would seat 4 in the adjoining conservatory area, alternatively a second sitting at lunch and evening tea will be put in place.

Proposed Timescale: Ongoing review

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:

While staff maintained daily records of fluid and dietary intake for some residents a sample seen by the inspector were not totalled and it was difficult therefore to see how they prevented deficits or meaningfully informed care and practice such as the implementation of subcutaneous fluids.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

Record of fluid and dietary intake has been updated to include 24 total.

Proposed Timescale: 10/07/2014

Theme:

Person-centred care and support

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

The inspector was not satisfied that the evening meal provided to more dependent residents was sufficiently varied.

Action Required:

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

Varied diet with a roll over menu every 5 weeks is provided. Following visit from Dietician on the 26th June 2014, we discussed alternatives to provide a sufficiently varied diet for our more dependent residents. We are currently providing same according to resident's choice. The dietician is also developing a more varied menu.

Proposed Timescale: 10/09/2014