

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Virginia Community Health Centre
Centre ID:	OSV-0000503
Centre address:	Dublin Road, Virginia, Cavan.
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Email address:	maryc.oreilly@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Rose Mooney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
12 August 2014 08:50	12 August 2014 16:45

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
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection the person in charge undertook a self assessment in relation to both outcomes. The inspector reviewed policies and the provider's self-assessment tools relating to End of Life Care and Food and Nutrition submitted by the person in charge pre-inspection. The person in charge had judged that the centre was minor non complaint in relation to Food and Nutrition and End of Life Care. The inspector met residents, staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records.

Relatives who returned information to the Authority prior to the inspection confirmed that the care provided at this time was appropriate and they were welcomed and facilitated to remain with their relative for as long as they wished. The inspector noted many examples of good practice in this area and staff were supported by prompt access to palliative care services. Residents requiring end-of-life care received a high quality and person-centred service. Advance care plans for end of life were in place for residents to record their care preferences.

The food and nutritional needs of residents was met to a high standard. The food provided to residents was appetising and wholesome. Residents had care plans for nutrition and hydration in place. There was access to allied health professionals for residents who were identified as being at risk of poor nutrition or hydration or had difficulty swallowing. Meal times were a social occasion. However, resident's food likes and dislikes were not recorded for all residents. There was not a clear choice for residents on a pureed/liquidised diet. Residents were required to confirm their menu choices for all meals in the afternoon time, a day in advance of having their meals.

The inspector judged the centre to be compliant in the area of End of Life Care and minor non complaint in Food and Nutrition. These matters are discussed further in this report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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:

End of life care formed an integral part of the care service provided at the centre. Questionnaires, asking relatives' opinions regarding end-of-life care, were sent to the relatives of deceased residents. All responses reflected a high level of satisfaction with the care received and the communication between families and staff. Documentation indicated that, within the last two years, 85% of deaths occurred in the centre where end-of-life care needs were met without the need for transfer to an acute hospital.

There was an end-of-life policy in place. The policy reviewed included procedures to guide staff on documenting resident's wishes in relation to end of life, the right to refuse treatment and information on referral to palliative care services for specialist input. A document titled 'multi faith guide on beliefs and requirements at death' was available as a reference to provide guidance to staff to meet residents' religious and cultural beliefs. Staff spoken with had an understanding of end of life care and the majority of staff had completed training in May and June 2014. Staff indicated to the inspector the training had increased their confidence and professional development in providing care for residents at end of life.

All care needs are identified by a comprehensive assessment on admission and documented accordingly. This is regularly reviewed. The inspector read the records of two recently deceased residents and care files of the current residents with a do not resuscitate (DNR) status. A new form titled 'acute medical directive' was being implemented for residents documented not for resuscitation. There are procedures in place to ensure a resident's resuscitation status is regularly reviewed. The documentation reviewed outlined the clinical judgement of the general practitioner. Residents were consulted regarding their future healthcare interventions, personal choices and wishes in the event that they became seriously ill and were unable to speak for themselves. The inspector reviewed a sample of care plans outlining the conclusion of discussion with residents and their next of kin in relation to their wishes and preferences for end of life care.

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

comfort measures. Medication was regularly reviewed and closely monitored to ensure optimum therapeutic values. At the time of this inspection there were no residents resident in receipt of end of life care.

Care practices and the facility of the physical environment ensured that resident's needs were met and their dignity respected. Presently the centre is undergoing a program structural renovation and refurbishment which will provide single ensuite bedroom accommodation for all residents. Families are supported to be with their relative and facilitated to stay overnight. There is a visitors' room which includes a sofa bed.

Residents' cultural and religious needs are supported. Mass takes place on a weekly basis for Roman Catholic residents and a Eucharistic Minister visits along with an advocate from a pastoral care team. Residents of other religious denominations had access to ministers who visited. An oratory is available providing a quiet space for residents to facilitate meeting their spiritual needs.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally) and on what to do following the death of their relative. An information leaflet on how to access bereavement and counselling services is available and these were on display in the entrance foyer and available at each nurses' station. There was a protocol for the return of personal possessions. Specially designed bags to return personal possessions to the families were available.

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:

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Residents spoken to during the visit and relatives in questionnaires returned to the Authority expressed satisfaction with the food provided and the choices available to them. The menu was planned on a three weekly basis and all food was cooked on the premises. The inspector reviewed the menu and discussed options available to residents with the chef. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake particularly those for those on fortified diets. A trolley served residents mid morning offering a

choice of soup, tea/coffee and biscuits. In the afternoon residents were offered a fruit option, with biscuits, tea and coffee.

The inspector observed mealtimes. Residents confirmed they could choose where they wanted to eat. Residents are accommodated in two separate dining rooms one on each floor of the building. Meal times were a social occasion and a calm environment was ensured. The dining areas are well decorated with a bright décor. The lunch time menu provided residents with two different options. The menu choices were clearly displayed on a board in the dining room and on the tables. However, all residents were required to confirm their menu choices for all meals in the afternoon time, a day in advance of having their meals. There was not a clear choice for residents on a pureed/liquidised diet. The menu reviewed specifically stated only a single pureed/liquidised option. Each resident's food likes and dislikes were not comprehensively known. One resident assessed as requiring a pureed diet was unable to communicate. The resident's food preferences were not recorded in her care file. The care plan reviewed indicated 'food dislikes, none known'.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific requirements.

Sufficient dining space was available. Tables accommodated small groups of residents which supported social interaction. The inspector saw that there were adequate staff available to assist at mealtimes. The number of residents on this inspection has decreased to 26 to facilitate structural renovations to the building. Staff sat with residents who required assistance with meals, were respectful with their interventions and promoted independence by encouraging residents to do as much as they could for themselves. Some residents had plate guards to promote their independence in eating.

Clinical documentation was of a good standard. Assessments, care plans and nursing evaluation notes were reviewed. Residents had care plans for nutrition and hydration in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. There was evidence of referral to allied services and reviews by the dietician, occupational therapist and the speech and language therapist. Care plans were revised to reflect updates following reviews by allied health specialists.

There was ongoing monitoring of residents nutritional, hydration and skin integrity and oral hygiene. Nutritional screening was carried out using an evidence-based screening tool at a minimum of three-monthly intervals. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the general practitioners instructions. Residents' weights and body mass index (BMI) were monitored every three and those identified at risk had their weight reviewed on a more frequent basis. Staff monitored the fluid intake of all residents. However, fluid charts were totalled and reviewed to ensure a daily fluid goal was maintained. Detailed dietary monitoring records of food intake were implemented when appropriate. No resident's food intake was being recorded at the time of inspection.

Staff had received training in relation to food and nutrition. They demonstrated and articulated good knowledge of how to provide optimal care for residents. Further training on safe assisted eating practices for residents and nutritional care for the elderly was planned by the person in charge for staff.

Judgment:

Non Compliant - Minor

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the training provided to staff to promote their professional development. As discussed in detail under outcome 15 Food and Nutrition, further training on safe assisted eating practices for residents and nutritional care for the elderly was planned by the person in charge for staff.

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Virginia Community Health Centre
Centre ID:	OSV-0000503
Date of inspection:	12/08/2014
Date of response:	15/09/2014

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.

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

There was not a clear choice for residents on a pureed/liquidised diet. The menu reviewed specifically stated a single pureed/liquidised option

Action Required:

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

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

All residents on a pureed/liquidized diet now have a choice of menu at meal times.

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

Proposed Timescale: 09/09/2014
<p>Theme: Person-centred care and support</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Fluid charts were not totalled and reviewed to ensure a daily fluid goal was maintained.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take: Each resident who has a fluid intake chart now has the intake totalled at the end of each 24hour period.</p>
Proposed Timescale: 08/09/2014
<p>Theme: Person-centred care and support</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: All residents were required to confirm their menu choices for all meals in the afternoon time a day in advance of having their meals.</p> <p>Action Required: Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.</p> <p>Please state the actions you have taken or are planning to take: All meal choices will be confirmed with residents following mid morning beverage service each day for that particular day.</p>
Proposed Timescale: 11/09/2014
<p>Theme: Person-centred care and support</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Each resident's food likes and dislikes were not comprehensively known. One resident assessed as requiring a pureed diet was unable to communicate. The resident's food preferences were not recorded in her care file. The care plan reviewed indicated 'food dislikes, none known'.</p>

Action Required:

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

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

All resident's food likes and dislikes will be ascertained on admission with themselves or their family and reviewed as part of their 4 monthly care plan reviews.

The monthly documentation audit carried out by the CNM2 will monitor this.

Proposed Timescale: 19/08/2014

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

All staff were not trained on safe assisted eating for residents and nutritional care for the elderly.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

- Staff training on safe swallowing for assisted feeding for residents was held as planned in the 18/8/14. Awaiting confirmation of further dates from the Speech and Language Therapist.
- Must training for Nurses Scheduled for 26/11/14.
- Training Session on Nutritional needs for the older person for all grades of staff 26/11/14.

Proposed Timescale: 30/11/2014

