

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Nursing Unit Abbeyleix
Centre ID:	ORG-0000527
Centre address:	Ballinakill Road, Abbeyleix, Laois.
Telephone number:	057 873 1204
Email address:	marym.lawlor@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Person in charge:	Mary Lawlor
Lead inspector:	Mary O'Donnell
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	11

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:
20 November 2013 08:30	20 November 2013 14:30

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

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 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 evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Authority prior to the inspection. The inspector met residents, relatives and staff and observed practice on inspection. Documents were also reviewed such as training records, menus and care plans. The director of nursing who completed the provider self-assessment tool had judged that the centre had a minor non-compliant in relation to both outcomes.

The inspector found the service to be in full compliance in the area of End of Life Care and Food and Nutrition 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. This was reflected in the positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

Services had developed to meet the nutritional needs of residents, and robust communication systems were in place between residents, clinical and catering staff. Procedures were in place to assess and manage nutritional risks and staff were suitably trained and supported. Residents had access to specialist services. However, residents with eating and swallowing impairments did not have timely access to speech and language assessments.

The quality of end-of-life care was good and residents were supported in their

religious and spiritual practices. Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy. Residents wishes and preferences in relation health matters and end-of-life care were respected. Families were supported and provided with the use of a new visitors' room if they wished to stay with an ill or dying resident.

Residents had access to a single room if they wished and a new dining room was almost ready for use. Multi-occupancy rooms had been reduced and one room which accommodated three residents was still in use. These matters are discussed further in the 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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Resident who had difficulty eating and swallowing did not have timely access to assessments by a speech and language therapist. This is discussed under Outcome 15.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The centre had 28 registered places but was no longer accepting any new residents for long-term care. Residents were admitted for respite care only. Consequently the

occupancy in many of the rooms had been reduced. Four residents had single rooms, 10 residents occupied five twin rooms and one three-bedded room remained in operation.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

End-of-life care was person centred and respected the values and preferences of each individual resident. There was a policy on end-of-life care in place which was reviewed in December 2012. There was a robust system in place to ensure that staff understood and implemented the policy. The Policy sheet had 32 signatures of staff who had read the policy and there was evidence of team discussions on end-of-life care. Staff were able to articulate this policy and care practices observed by the inspector were in line with the policy.

Two nurses had post graduate qualifications in end-of-life care and the majority of staff had recently attended "What Matters to Me" training with the Irish Hospice Foundation. Staff told the inspector that they were now aware of the need to discuss and plan end-of-life care with a resident soon after the person was admitted. Although there were only four residents in single rooms there was spare capacity and residents were offered a single if this was their preference. In the previous two years 19 residents had died and 16 had received end-of-life care in the centre. Each resident was provided with a single room in line with the residents and family's preference. Family's confirmed that they and the deceased resident were treated with dignity following a sudden death. One resident was supported to return home to live out the remainder of her life in her community. A homecare package was procured and the family were supported with regular respite care at the centre.

At the time of inspection no one was receiving palliative care. Records of residents who had been very ill or had died showed that care was provided to a high standard with the wishes of residents used to ensure a person-centred care plan was devised and implemented. All care needs are identified on admission and documented accordingly. Documentation evidenced that, when a resident's condition deteriorated an end-of-life care plan was put in place following a meeting between the resident, relatives and nursing staff. The care plans recorded the expressed preferences of the resident and were drawn up in consultation with the resident and/or their family members. Residents had access to the local consultant led palliative care team as and when required and

recommendations from the palliative team had been recorded in detail in residents' care plans and had been implemented by the staff.

Relatives were facilitated to stay overnight and be with the resident when they were very ill or dying. The visitors' room was being refurbished to create a calm environment for friends and relatives, with a large settee and comfortable armchairs. The person in charge discussed plans to procure reclining seats for relatives to stay overnight beside very ill residents if they wished. Questionnaires from relatives of deceased residents indicated a high level of satisfaction with the care afforded. Four relatives who spoke with the inspector indicated that they were very satisfied with the care provided. They were made feel welcome, communication with staff was described as excellent and refreshments provided when required.

There was a protocol in place to ensure all staff were aware if a resident was approaching end of life. The spiral symbol was used to alert staff, visitors and other residents when a resident was receiving end-of-life care.

There was a protocol for the care of the remains of a deceased resident and the return of personal possessions to family members. The inspector saw that following the death of a resident staff used a special canvas bag to return personal possessions. The return of personal possessions was witnessed and recorded by two staff members.

There was written information on services available to support, relatives, residents and staff following the death of a resident. Residents were supported to attend requiem services and pay their respects. They told the inspector that staff were very sensitive and supportive whenever residents were ill or had died. An annual remembrance service for residents who had died was attended by bereaved families and residents on the day of inspection.

Residents were satisfied that their religious and spiritual needs were respected and supported. Weekly mass was celebrated and residents were offered the Sacrament of the Sick every month. A minister of the Eucharist visited daily at the request of the residents and the Parish Priest visits on a regular basis. Staff were aware of the needs of people from other religious and cultural backgrounds and had a list of contact details for religious ministers. Spiritual support was also provided by families, relationships with staff and other residents and contact with nature. Residents had access to the well maintained grounds and a secure sensory garden. Bird tables were erected close to the patio areas and a staff member took her dog to the centre three days each week. Most of the staff and residents had been in the centre for a number of years and knew each other well. Residents had interesting things to do each day. A range of group activities were on offer and one-to-one sessions provided for residents who preferred or required it. The local talking paper was available for residents to listen to if they had difficulty reading and some residents joined people in day care in the afternoon.

Although outcomes for residents were good, the person in charge had used the self-assessment to identify areas for improvement. Many of these had been progressed or completed. Information for relatives had been updated, facilities for families were improved, training was provided for staff and further training was planned for 2014.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. There was a food and nutrition policy in place which provided detailed guidance to staff. There was a robust system in place to ensure that staff read and understood the policy and additional facilitated discussion and training provided. Staff members spoken to by the inspector were knowledgeable regarding this policy which had been revised in November 2013. Residents were assessed and interventions were put in place to manage residents who were identified as at nutritional risk. Residents had access to medical and allied health professionals, However access to speech and language services was not timely and this impacted on outcomes for residents.

Nursing assessments, care planning, implementation and evaluation were of a high standard. Residents were assessed on admission and reviewed on a three-monthly basis using validated assessment tools. Resident involvement was evident and each resident's dietary preferences were documented. A baseline weight was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk. There was prompt access to medical and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration.

Assessments were detailed and reflected each resident's individual abilities as well as their needs. Each need had a corresponding care plan, which detailed the nursing care, medications/food supplements prescribed; specific recommendations from visiting inter disciplinary team members and the general practitioners (GPs) instructions. Assessments and care plans were reviewed by staff nurses on a three monthly basis of more frequently as the residents' needs changed. Residents had access to onsite dental, physiotherapy, occupational therapy and dietetic services. However, the Health Service Executive (HSE) moratorium on recruitment had impacted on access to speech and language therapy. There was a waiting list for over a week for swallowing assessments and staff were advised to transfer residents to the Accident and Emergency (A&E) department if a resident required an urgent assessment. Records of a deceased resident showed that the frail resident had been travelled 20km by ambulance to A&E for a swallowing assessment just days before she died.

Food and fluid record charts were maintained with exact food and fluid intakes documented in a timely manner. The policy included care for residents with Percutaneous Endoscopic Gastrostomy (PEG) tubes but no residents had a PEG tube on the day of inspection. There were four residents with diabetes, who were appropriately monitored and linked to optical, chiropody and specialist diabetic services. A senior nurse had a diploma in care of the diabetic patient. Catering and clinical staff had a good understanding of the specialist needs of residents with diabetes.

The inspector observed breakfast and lunch. Meals served were hot and attractively presented. There were adequate staff on duty to serve, assist and supervise at mealtimes. Residents who required assistance received this in a sensitive and appropriate manner. There was an emphasis on residents' maintaining their own independence. Some residents were observed to be using equipment such as non-slip plate mats, plate-guards and twin-handled cups. The meals were unhurried occasions and staff were aware of the need to position residents correctly and the appropriate pacing the meal to suit each resident.

Breakfast was served from 8.30am and most residents took their breakfast in their bedrooms. Trays were presented attractively with paper place mats and napkins. Residents were offered choices of juices, toast, cereals and porridge. Hot drinks were also served at 11am. Water and orange juice, and fresh fruit was available in communal rooms and water in residents rooms were replenished during the day.

The inspector joined residents when dinner was served at 12.50pm. One resident took her meal in the small dining room and the majority of residents dined in the day room. It was social and unhurried with a menu on the notice board clearly indicating the choice available. Residents told the inspector that staff also made contact in advance to ensure their choice is available and served to them at mealtimes. The dining room tables were attractively dressed with table cloths, individual place settings, condiments, cutlery and crockery to meet the residents' individual needs. Residents who required minced or pureed meals were offered the same choice as other residents. Residents requiring pureed food could clearly identify what they were eating as each food group was presented separately on their plate. The quality of the food was good and the quantities reflected the residents' individual dietary requirements, which were also reflected in their care plan. All residents spoken to were complimentary of the food provided.

The main evening meal was served at 4.45pm with a further supper at 8pm. Drinks and snacks were readily available throughout the day. All residents spoke to were happy with the amount and variety of food and drinks available to them throughout the day and night. Residents stated that they could request additional snacks or drinks if they were feeling hungry.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs. The inspector spoke to the chefs and multi-task attendants and found a robust system in place to ensure that special diets and preferred foods were made available to individual residents. The three weekly menus had recently been revised and photographic menus were being formulated.

The kitchen was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

Staff had received training in 2011 and 2012 in relation to food and nutrition and they demonstrated a good knowledge of how to provide optimal care for residents. The person in charge discussed plans for the community dietician to provide further training for staff. Facilitated discussions on the revised nutritional policy were also planned. Funding had been sourced to create a separate dining room for residents. This spacious room was decorated to a high standard and the occupational therapist had provided guidance on the sourcing of suitable seating and furnishings.

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 the residents, relatives, and staff during the inspection.

Report Compiled by:

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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:	Community Nursing Unit Abbeyleigh
Centre ID:	ORG-0000527
Date of inspection:	20/11/2013
Date of response:	13/12/2013

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 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:

Residents who required urgent swallowing assessments by a speech and language therapist did not have timely access to this service.

Action Required:

Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

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

As and from Monday 2nd December 2013 a Speech and Language Therapist will be available on site once a week. She will assess new referrals and continue to review previous referrals.

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

Proposed Timescale: 02/12/2013

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

One three-bedded room remained in use which will not meet requirements of the Regulations.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

This room now accommodates 2 residents. There are no three-bedded rooms in use in this facility.

Proposed Timescale: 13/12/2013
