

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glendonagh Residential Home
Centre ID:	ORG-0000229
Centre address:	Dungourney, Midleton, Cork.
Telephone number:	021 466 8327
Email address:	info@glendonaghnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Glendonagh Residential Home Limited
Provider Nominee:	Maeve Cashman
Person in charge:	Josmy Kuruvila
Lead inspector:	John Greaney
Support inspector(s):	Mary Moore
Type of inspection	Unannounced
Number of residents on the date of inspection:	41
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: 10 June 2014 07:30 To: 10 June 2014 16:30

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

Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a one day 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 met residents, relatives, staff and observed practice throughout the inspection. The inspector reviewed policies, training records, care plans, medical records and analysed survey questionnaires completed by relatives and received by the Authority following the inspection.

The person in charge, who completed the provider self-assessment tools, had judged the centre to be in minor non-compliance under both outcomes.

The inspector found that residents' end-of-life needs were well managed with good access to medical and specialist palliative care. Records indicated that residents received a good standard of care in their final days but improvement was required in relation to staff training and policies and procedures.

Residents and relatives spoken with by the inspector were complimentary of the food provided, however, improvements were required. Based on the dependency levels and size and layout of the premises, there were inadequate staffing levels to ensure care was provided in a timely manner, such as assistance with breakfast. The

provider had been given an action on staffing levels following the most recent inspection in September 2013, however this had not been addressed. Care staff did not have access to information contained in electronic care plans and staff knowledge in relation to the provision of fluids of a modified consistency to residents with impaired swallowing required improvement.

In addition to the above findings inspectors found that a number of fire resistant doors were held open by various items including wheelchairs, bed-tables and door wedges. Inspectors also found that an emergency exit was obstructed by linen trolleys and a cleaning cart. The person in charge was requested to immediately remove the obstructions to the fire door and to consider a safe alternative method of keeping doors open that complies with fire safety practice, particularly for residents that would like their bedroom doors to remain open. An immediate action plan in respect of fire safety was issued to the provider.

While the thematic inspection focused on two outcomes as described above, the inspector reviewed other outcomes in so far as they related to end of life care and food and nutrition. This is discussed in the body of the report.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

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:

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

Findings:

On the morning of the inspection a number of doors, predominantly bedroom doors, were propped open with chairs, tray tables, and wheelchairs, which would prevent closure in the event of a fire and negate the purpose of fire resistant doors. One fire exit leading from the area in which staff lockers were located to the exterior of the premises was obstructed on the day of inspection by two linen trolleys and a cleaning cart.

The person in charge was asked to immediately address the above fire safety issues and an immediate action plan was issued.

<p>Judgement: Non Compliant - Moderate</p>

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

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

Findings:
As discussed in Outcome 14, the maximum dosage for PRN (as required) medications was not always written in medication records including the prescription, the administration record and the product label and medications were crushed prior to administration for one resident with medical authorisation.

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:
As discussed in Outcome 15, care plans were in the process of being updated as some were generic and did not contain the specific dietary requirements for all residents. Care plans were electronic, only nurses had access to the computer and there was no documented system in place to ensure relevant information contained in care plans was communicated to care staff.

Judgement:

Non Compliant - Minor

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 14 and Standard 16, which address end-of-life care.

Overall inspectors were satisfied that end of life care was provided to a good standard.

There was a centre-specific policy on the management of end of life, dated February 2014, that was signed by 34 of 36 staff indicating they had read and understood the policy. The policy was comprehensive, evidence-based and addressed issues such as consultation, planning and review of end of life issues, the clinical procedure for verification of death by nurses, religious support, confirmation of death by a general practitioner (GP), notification of the coroner. However, the policy did not address the procedure for planning for sudden death and decisions to actively intervene or not in the event of sudden death.

Based on a review of a sample of residents' records, including those of deceased residents, residents were comprehensively assessed on admission and at regular intervals thereafter. There was evidence that residents were regularly reviewed by their GP and with increased frequency as residents approached end of life. There was documentary evidence of ongoing nursing assessment of needs and care including skin care, pain monitoring and relief, oral hygiene, level of responsiveness and consultation with other stakeholders, such as the GP, and intervention appropriate to the resident's condition. There was evidence of consultation and discussions with family members as the residents condition deteriorated, however, clinical decisions in relation to management of end of life, specifically in relation to active intervention, was not documented for all residents for which discussions had taken place and decisions had been made. Staff spoken with confirmed that current practice in this aspect of care was not supported by an explicit policy. There was documentary evidence that staff actively facilitated relatives and friends to remain with the resident in line with their expressed wishes.

There was evidence on the day of inspection that, while the centre provided some

shared accommodation, residents were facilitated with a single room and this was managed in a planned and proactive manner in the context of the end of life care plan. Medical records seen indicated that where possible treatment options were discussed with residents and where reasonable, the residents right to refuse treatment was recorded and respected. Staff spoken with informed inspectors, and records seen supported, that following death staff assisted relatives to attend to end of life formalities.

Staff spoken with readily recalled individual residents spiritual and religious preferences and choices. An oratory was available on site and religious service available in the centre on a weekly basis. Records seen indicated that spiritual care was facilitated as part of the end of life care plan.

A sample of end of life care plans reviewed addressed the interventions required to meet the physical, social, emotional and spiritual needs of residents. There was documentary evidence that residents and their relatives, where appropriate, were formally consulted with in relation to end of life choices and preferences and that care was planned and delivered in line with expressed wishes.

There was good access to palliative care services and evidence of referral and review. Subcutaneous fluids were administered in conjunction with the palliative care team and there was a policy on the administration of subcutaneous fluids. Syringe drivers (a mechanism for administering medications continuously and/or intermittently via a syringe) were used for the administration of analgesia, also in consultation with the palliative care team. However there was no policy in place governing the use of syringe drivers.

No deficits in care were identified, however, training records indicated that only five nurses had attended end of life training between 2010 and 2013. None of the healthcare assistants had attended training in end of life care. The training addressed religious, spiritual and emotional needs, however, staff had not received recent/refresher training in the management of a syringe driver or the administration of subcutaneous fluids. The person in charge stated the further training was planned but not yet scheduled.

An inventory of residents' property was maintained and a record was also maintained of items returned to family members following death.

Inspectors reviewed a sample of prescriptions and found that not all contained the maximum dosage for PRN (as required) medications and one resident's medication had been crushed without authorisation from a medical practitioner.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

The provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 20 and Standard 19, which address food and nutrition.

There was a policy for the management of food, nutrition and hydration, dated February 2014. Based on a sample of records reviewed, all residents had a nutritional assessment on admission and at regular intervals thereafter using a recognised assessment tool. Residents were weighed on admission and monthly thereafter and there was evidence of action taken in response weight loss by residents. This included the maintenance of food charts and referral and review by dietetics/speech and language therapy, as appropriate. There was evidence of referral and review to other allied health services such as dental and chiropody.

Inspectors reviewed a sample of care plans. Inspectors were informed that care plans were in the process of being reviewed and updated to ensure they were personalised to residents' individual needs and preferences, however, this had not yet been completed. This was confirmed by inspectors who found that some care plans were personalised, however, others were generic and did not contain all specific nutritional requirements as prescribed by speech and language therapy. The care plans were electronic and only nursing staff had access to the computers. There was no documented system to ensure that information contained in care plans was communicated to care staff.

Inspectors observed mealtimes including breakfast, mid-morning snacks and lunch. Breakfasts commenced at 08:00hrs for most residents, however, a number of residents had requested early morning or late breakfasts and this was facilitated. All residents had their breakfasts in their bedrooms. A significant number of residents required assistance at mealtimes, including breakfast. Inspectors noted that staff were very busy in the morning, assisting residents with their breakfast and providing personal care. Inspectors were satisfied that staffing levels were not adequate to ensure care was delivered in a timely manner and residents were appropriately supervised, based on residents' dependency levels and on the size and layout of the centre. For example:

- inspectors observed that three residents had their breakfast trays on their bed table while they continued to sleep and for at least one of these residents it was still there at 10:05hrs, untouched

- inspectors observed that residents were being assisted out of bed and with personal care until lunch time and staff were not visible or accessible during this time
- residents in the sitting room were unsupervised for long periods throughout the morning.

Staff members spoken with by inspectors confirmed that they aim to have everyone out of bed and personal care completed by 11:45hrs each day.

Lunch was served for most residents in the dining room. The dining room was located beside the main kitchen; it was spacious and had sufficient seating to accommodate 24 residents at one time. The kitchen was clean, well stocked and there was a separate toilet and changing room for catering staff. There was an adequate system in place for the disposal of food waste.

There were two sittings for lunch, the first at 12:00hrs and the second at 13:00hrs. Residents at the first sitting were predominantly those with a higher level of dependency and most required assistance with their meals. Residents were offered a choice of food at meal times, and food appeared to be nutritious and was available in sufficient quantities. Residents requiring assistance were assisted by staff in a respectful and discreet manner.

Fresh drinking water was readily available throughout the day and light snacks and warm drinks were offered between meals and at night. The first sitting of evening tea commenced at 15:45hrs and the second at 16:30hrs. Supper was available for all residents at 19:00hrs and snacks were available outside of these times. A food and nutrition audit had been completed in April 2014 and no issues requiring attention were identified. However, the audit did not involve consultation with residents or their relatives and did not address satisfaction with choice of food available or times that meals were served.

A number of residents with swallowing difficulties were prescribed modified diets following speech and language therapy assessments and a copy of these were maintained in the residents' records. There was an adequate system in place for communicating with the catering staff in relation to residents' likes and dislikes and also in relation to specialised diets. Care staff and catering staff members spoken with by the inspector were knowledgeable of residents' individual needs in relation to likes and dislikes and also in relation to the prescribed consistency of food. However, based on discussions with staff members and observations of inspectors, and notwithstanding the fact that training had been provided to staff, not all staff were familiar with the quantity of thickener to be added to fluids for residents with swallowing difficulties that required thickened fluids or indicators that the resident may be having difficulty when swallowing fluids. Records were not available to enable inspectors to determine the component of the training and whether or not it addressed modified diets and fluids.

A sample of medication prescription records were reviewed and indicated that nutritional supplements were prescribed by the residents' general practitioner. There was an adequate system in place to ensure residents were administered dietary supplements as prescribed.

Judgement:

Non Compliant - Moderate

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

As discussed in Outcome 15, the food and nutrition audit did not involve consultation with residents or their relatives.

Judgement:

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

As discussed in Outcome 15, inspectors were satisfied that staffing levels were not adequate to ensure care was delivered in a timely manner and residents were appropriately supervised, based on residents' dependency levels and on the size and layout of the centre. Only five nurses had attended end of life training between 2010 and 2013. None of the healthcare assistants had attended training in end of life care.

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:

John Greaney
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:	Glendonagh Residential Home
Centre ID:	ORG-0000229
Date of inspection:	10/06/2014
Date of response:	02/07/2014

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:

One fire exit leading from the area in which staff lockers were located to the exterior of the premises was obstructed on the day of inspection by two linen trolleys and a cleaning cart.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

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

All trolleys have been located to other areas. All staff have been informed of the importance of keeping fire exits free from equipment.

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

Proposed Timescale: 01/07/2014

Theme:

Safe Care and Support

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

On the morning of the inspection a number of doors, predominantly bedroom doors, were propped open with chairs, tray tables, and wheelchairs, which would prevent closure in the event of a fire and negate the purpose of fire resistant doors.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Electromagnetic door holders will be looked at to allow doors to be kept open. At present all doors remain closed. Staff have been informed of the importance of the fire regulations pertaining to doors being kept open with equipment.

Proposed Timescale: 01/07/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

The maximum dosage for PRN (as required) medications was not always written in medication records including the prescription, the administration record and the product label and medications were crushed prior to administration for one resident with medical authorisation.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Medication policies are in place and implemented. All staff are familiar with policy & procedures. Discussion took place with GP regarding the clear writing of prescriptions, maximum dosage and time of medication.

Proposed Timescale: 01/07/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Improvements were required in care planning, as:

- care plans were in the process of being updated as some were generic and did not contain the specific dietary requirements for all residents
- only nurses had access to the computer and there was no documented system in place to ensure relevant information contained in care plans was communicated to care staff

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

All resident files, care plans and assessments are at present being audited and this is ongoing. New care plan has been implemented for care assistants to include basic information on each resident which Care Assistants document information and report to. Care assistants are always included in morning / night handover. There are systems in place for reporting any findings on a daily basis. Care assistants are always included in discussions regarding the care of all residents.

Proposed Timescale: 01/07/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

There was no centre-specific policy on the management of sudden death, administration of subcutaneous fluids or on the care of residents receiving medication via a syringe driver.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

Sudden death policy has been put in place following discussion with the GP. Policy on syringe driver is at present being implemented.

Proposed Timescale: 01/07/2014

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:

Not all staff members were knowledgeable of the correct amount of thickener to be added to fluids to ensure fluids were of the required consistency for residents prescribed modified fluids.

Action Required:

Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each residents individual needs.

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

There is ongoing training for nutrition and dysphagia in Glendonagh Residential Home for all staff. Training has been organised urgently to address those staff who were not knowledgeable in the amount of thickener to be used in modified fluids. This took place on Tuesday 24th June.

Proposed Timescale: 01/07/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The food and nutrition audit did not involve consultation with residents or their relatives.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

At present food and nutrition is discussed with Resident's family when signing agreement regarding the individual care plans. It is also discussed at family & resident meetings. Going forward we will include consultation with family or residents in our nutrition audit.

Proposed Timescale: 01/07/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Inspectors were not satisfied that there were adequate staffing levels and skill mix to meet the needs of residents, based on the size and layout of the centre and in particular at mornings

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

Following discussion with all staff re management of the care of the resident, particularly in the mornings it was decided by all staff to:

1. Commence duty at 7.20am – 7.30pm for all care assistants / nursing staff, 2 x care staff have day extended from 7.20pm to 2pm instead of 8.20
2. To bring some residents to dining room for breakfast for 9am.
3. Change tea time to 4.15pm for 1st sitting and 5pm for 2nd sitting.

Therefore this extends the morning by 30 minutes. Supervision of dining room will be carried out by kitchen porter and nurse on duty. Late tea / snacks prior to retiring to bed will now be served by night staff.

All above are on a trial basis for one month commencing on July 11th 2014 (next roster).

Proposed Timescale: 01/07/2014

Theme:

Workforce

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

Improvements were required in staff training, as:

- only five nurses had attended end of life training between 2010 and 2013
- none of the healthcare assistants had attended training in end of life care
- staff had received training on nutrition, however, records were not available to enable inspectors to determine the relevance of the training and not all staff members were knowledgeable of the correct consistency of residents' modified fluids.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Training in house is being planned for all care assistants in end of life care.
An external organisation has been contacted re training in end of life care to include use of syringe driver for all nurses. Training will not commence again until Sept 2014.
Training in nutrition/hydration is ongoing for all staff.

Proposed Timescale: 01/07/2014