

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cois Abhainn Residential Centre
Centre ID:	ORG-0000583
Centre address:	Greencloyne, Youghal, Cork.
Telephone number:	024 92 765
Email address:	cois.abhainn@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa O'Donvoan
Person in charge:	Sinead Motherway
Lead inspector:	Breda Desmond
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	5

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: 28 May 2014 08:30 To: 28 May 2014 15:00

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

Outcome 04: Records and documentation to be kept at a designated centre
Outcome 08: Medication Management
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 received evidence-based guidance and undertook a self-assessment in relation to both outcomes. Prior to the inspection the inspector reviewed policies and the self-assessment. The inspector met residents, relatives and staff and observed practice on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, minutes of residents' meetings, documentation pertinent to deceased residents and the admissions/transfer/discharge policy.

The person in charge who completed the provider self-assessment tool judged that the centre was compliant regarding food and nutrition and had a minor non-compliance with end-of-life care. The inspector's findings demonstrated that there was a moderate non-compliance with end-of-life care. Policies and documentation in relation to end-of-life care required attention to ensure 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.

Overall, the inspector noted a warm and calm atmosphere throughout the centre. The centre was clean and decor and furnishings were homely. Residents voiced how happy they were in the centre and were very complimentary of the food. There was evidence of improvements arising from the findings of the self-assessment questionnaires and these will be discussed under the relevant outcomes in the report. Staff spoken with by the inspector exhibited an in-depth knowledge about the

residents and their care needs and staff were observed interacting with residents in a respectful manner.

The person in charge was on leave during the inspection. The key senior manager (the clinical nurse manager level two, CNM2) and staff displayed a commitment to the delivery of person-centred care and continuous improvement. The assistant person in charge demonstrated knowledge of the Regulations and National Standards.

The actions necessary to ensure 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 are detailed in the action plan at the end of this 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 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

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

Findings:

The findings from this outcome are described under Outcome 14.

Judgement:

Non Compliant - Minor

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:

Findings related to medication management are discussed under Outcome 14.

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's self-assessment and overall assessment of compliance identified minor non-compliance with Outcome 14 and Standard 16 and the inspector concurred with this evaluation.

Within the completed returned self-assessment, the provider and person in charge listed actions that needed to be undertaken to ensure compliance with the Regulations and these actions included:

- 1) a review of their policy
- 2) staff training.

The provider's suggested timescale for completion of these actions was September 2014.

The inspector reviewed the centre's policy on end-of-life care. The inspector acknowledged the admissions criteria to the designated centre of low/medium dependency residents, where residents were transferred to a more suitable facility when their dependency increased. Nonetheless, the end-of-life care policy did not reflect this or comprehensively address care. The supplementary policy for transfer of a resident when their dependency level increased was totally inadequate and did not reflect the consultative process which the CNM2 described. Criteria to determine when a resident would be transferred to a higher dependency centre were not in the policy. In addition, the transfer form described in the policy was not included in the policy. Overall, the policy did not direct staff to assist them to give a high standard of evidence-based appropriate care to residents and their relatives at any stage of end-of-life care.

Residents who spoke to the inspector relayed very positive feedback with regard to their care, access to the staff and their freedom to speak with staff regarding any issue. Evidence was demonstrated to show that planning of care was done in consultation with the resident and/or their next-of-kin and many residents had signed their own care plans. One resident expressed that in the event of becoming unwell, they would like to go to the acute services, another resident relayed that they had not yet decided if they wished to be cremated or buried. Some residents had spoken with their families and given details to the next-of-kin of their end-of-life care wishes.

Staff training records and the provider's self-assessment demonstrated that staff had not received training in any aspect of end-of-life care and the person in charge had

identified further staff training as part of their quality improvement strategy. Nevertheless, the CNM2 had several years experience working in palliative care and this was an invaluable resource for staff.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre every Thursday; mass in the local church was relayed through the radio for residents who wished to avail of this and ministers from a range of religious denominations visited upon request. There was an oratory with ample seating for residents to attend services or for reflective time.

Open visiting was facilitated and this was evidenced during the inspection with several visitors calling throughout the morning and afternoon. The centre had a majority of single bedrooms. There was ample provision of sitting spaces, sitting rooms, enclosed garden with walkways and seating.

The inspector reviewed a deceased resident's care plan and noted that the resident had timely access to the general practitioner (GP) and specialist services. Residents' documentation was reviewed. There was a one-page check list/form at the start of each resident's file which gave a snapshot of the documentation status; it included dates for the assessment completed and next due, GP visit, bloods taken, hearing test, vaccines, other for example physiotherapy, and consultant review. Medical notes were examined and while residents had regular access to their chosen GP, refusal to attend the GP was not documented in the residents' communication narrative. While a daily checklist was evidenced demonstrating the resident's involvement in activities, a daily record of care given as described in the Regulations, was not in place.

Medication management was reviewed and the inspector accompanied the nurse during a medication round. Medications were administered in line with best practice. Controlled drugs were maintained in line with professional guidelines. Residents' prescription charts were examined. While photographic identification was in place for many of the residents, it was not there for four residents, one of whom had the same name and address as another resident. The maximum dosage for PRN (as required) medicines was not included in the sample of prescriptions viewed. Some PRN medications were prescribed and administered on a regular basis, necessitating further review. There was evidence that transcription of medications occurred occasionally, however, this was not identified or accounted for in the medication management policy reviewed. Transcribed medications were neither signed nor dated.

Judgement:

Non Compliant - Moderate

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 inspector reviewed the person in charge's self-assessment questionnaire of compliance with Regulation 20 and Standard 19. The person in charge had assessed the centre compliant regarding food and nutrition for staff. Following review of the staff training matrix as well as scheduled staff training, the inspector deemed the centre compliant with this outcome. The centre had an up-to-date policy on food and nutrition.

Staff training in relation to food and nutrition was discussed with the CNM2 who relayed that relevant staff had recently completed training in food hygiene and preparation. One cook had recently attended a study day on dysphagia facilitated by a speech and language therapist. Following this study day she compiled a reference folder with information such as foods to avoid as well as food consistencies and promoted the usefulness of HSE guide in relation to therapeutic diets for community hospitals.

There was evidence that residents were reviewed by a speech and language therapist and this was evidenced in residents' notes. A nutritional assessment tool was part of documentation with current records maintained in residents' notes. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when the resident's condition warranted. Residents' weights were recorded monthly or more often if indicated.

Residents spoken with gave positive feedback regarding their meals, choices, times and choice of where to have their meals. The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Breakfast was served from 08:30hrs and residents were observed arriving to the dining room at different times; some residents chose to have their breakfast in bed. Residents were given choice and meals were served in a respectful friendly manner. Mid-morning and mid-afternoon snacks and hot and cold drinks were served and fresh drinking water was replenished throughout the day. Lunch was served in the dining room from 13:00hrs. One resident chose to remain in the lounge area for her dinner and a few other residents chose to stay in their bedrooms while most came to the dining room. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents were appropriately assisted at meal time and received their meal in a timely manner. The inspector observed that meal time was a relaxed social affair.

Information was relayed to kitchen staff on admission of a new resident. The cook stated that she meets with residents daily to get feedback and also attended their monthly meetings. Time was allocated for her to attend to discuss the menu choice with residents. The menu was developed by the residents with choice of alternative desserts, main meals and teas. There was a large white board discretely placed in the kitchen which identified room numbers, residents' initials, food preferences and dislikes and specialist diets.

The dining room was spacious, bright and pleasantly decorated with views of the enclosed garden and the main entrance to the centre.

The complaints log was reviewed and two complaints documented related to meals. Issues raised were dealt with comprehensively, in a timely manner and to the satisfaction of the complainant.

Documentation submitted to the Authority indicated that one resident was prescribed nutritional supplements.

Judgement:
Compliant

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:
No actions were required from the previous inspection.

Findings:
Findings relating to staffing are discussed under Outcome 14.

Judgement:
Non Compliant - Minor

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:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Cois Abhainn Residential Centre
Centre ID:	ORG-0000583
Date of inspection:	28/05/2014
Date of response:	18/06/2014

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 04: Records and documentation to be kept at a designated centre

Theme:
Leadership, Governance and Management

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

While a daily checklist was evidenced demonstrating the resident's involvement in activities, a daily record of care given as described in the Regulations, was not in place.

Action Required:

Under Regulation 25 (1) (b) you are required to: Complete, and maintain in a safe and accessible place, an adequate nursing record of each residents health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

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

Our present recording of Activities of Daily Living Sheet will be modified to include a daily narrative.

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

Proposed Timescale: 31/07/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

While photographic identification was in place for many of the residents, it was not there for four residents, one of whom had the same name and address as another resident.

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:

All present residents in Cois Abhann have photographs on their medication charts. A letter is being sent to new respite admissions to bring with them 2 x passport size photographs.

Proposed Timescale: 18/06/2014

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) medicines was not included in the sample of prescriptions viewed.

Some PRN medications were prescribed and administered on a regular basis.

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:

Resident's GPs will be required to write the maximum dose of PRN medicines when writing medication charts.

Proposed Timescale: 31/07/2014

Theme:

Safe Care and Support

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

There was evidence that transcription of medications occurred occasionally, however, this was not identified or accounted for in the medication management policy reviewed.

Transcribed medications were neither signed nor dated.

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:

Review Medication Management Policy and audit medication charts.

Proposed Timescale: 31/08/2014

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:

Overall, the end-of-life care policy did not direct staff to assist them to give a high standard of evidence-based appropriate care to residents and their relatives at any stage of end-of-life care.

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:

A full review of the End of Life Care Policy is currently underway.

Proposed Timescale: 30/09/2014

Theme:

Person-centred care and support

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

The supplementary policy for transfer of a resident when their dependency level

increased was totally inadequate.

Criteria to determine when a resident should be transferred to a higher dependency centre were not in the policy.

The transfer form described in the policy was not included in the policy.

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:

The Transfer Policy will be reviewed and updated and a Transfer Form added to the policy.

Proposed Timescale: 31/08/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff training records and the provider's self-assessment demonstrated that staff had not received training in any aspect of end-of-life care.

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:

A programme of training will be planned and made available to staff.

Proposed Timescale: 31/12/2014