

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Youghal and District Nursing Home
Centre ID:	OSV-0000307
Centre address:	Gortroe, Youghal, Cork.
Telephone number:	024 90 280
Email address:	youghalnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Gortroe Nursing Home Limited
Provider Nominee:	Peter Connon
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	1

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: 23 September 2014 08:00 To: 23 September 2014 16:00

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

Outcome 05: Documentation to be kept at a designated centre
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 and clinical nurse manager 2 (CNM 2) attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The person in charge and CNM 2 completed the provider self-assessment tool and judged that the centre was in minor non-compliance regarding food and nutrition and end-of-life care. The inspector's findings concurred with this.

The inspector met residents and staff and observed practice on inspection. Documents were reviewed such as policies, training records, care plans, medication management charts, complaints log and minutes of residents' meetings. Staff had either completed or were scheduled to complete their training on food and nutrition at the time of inspection.

Overall, the inspector noted a warm atmosphere throughout the centre. The centre was clean and furnishings and housekeeping were of a high standard. 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 knowledge about the residents and their care needs and were observed caring for residents in a respectful manner. The person in charge and clinical nurse manager 2 (CNM 2) displayed a commitment to the delivery of person-centred care and continuous improvement. Both the person in charge and CNM 2 demonstrated knowledge of the Regulations and National

Standards. There was a newly appointed CNM 1 in post and all the relevant documentation and notification (NF 31) were submitted to the Authority.

The actions necessary to ensure compliance with the Health Act 2007(as amended) (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 are detailed in the action plan at the end of this report and these include:

- 1) end-of-life care policy and care plans
- 2) aspects of staff files
- 3) staff training relating to food and nutrition
- 4) aspects of medication administration documentation
- 5) residents' meetings.

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 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Findings were discussed under Outcome 14 End of Life Care.

Judgment:
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:

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

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, Standard 16 End Of Life Care and the inspector concurred with these finding.

The inspector noted that the policy was up to date, however, it dealt with the active stage of end-of-life care and not the preceding time, when residents may possibly be better able to discuss their wishes and have those wishes documented; this was discussed at length with the person in charge, CNM 2 and 1 who agreed with this analysis.

Evidence was demonstrated to show that planning of care was done in consultation with the resident and/or their next-of-kin as described in the Regulations. Risk assessments were in place to inform care of the resident. Not all residents had end-of-life care plans as the recording emphasis related to the active stage of end-of-life only. Care plans were part of a software package and the emphasis here was on the active stage of end-of-life care too and based on a medical model, for example, the questions focused on such areas as pain relief and medical review and did not include spiritual, social, emotional, psychological or environmental wishes/needs and this was highlighted to the person in charge. Nonetheless, many residents or their next-of-kin had discussed and signed a form along with the general practitioner (GP) and nurse management stating that they wished to remain in the centre and not be transferred out, be cared for in comfort in familiar surroundings and not for active resuscitation when the time came.

Staff training records indicated that staff had completed end-of-life care training in October 2013. Staff had received training on the use of a syringe driver (a mechanical pump used to administer medications) in symptom management as well as insertion and management of subcutaneous and intravenous fluids.

The centre had not received questionnaires prior to the inspection to enable them to ask relatives' opinions regarding end-of-life care their next-of-kin had received. Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre, and ministers from a range of religious denominations visited. There was a little oratory for quiet reflection available for residents. Family and friends were facilitated to be with the resident at end of life. All bedrooms were single occupancy and had ample space. Open visiting was facilitated. There was ample provision of private sitting spaces, sitting rooms and conservatories, an enclosed courtyard to the rear and walkways at the main entrance.

Residents spoke highly of the care and attention they received. They were complimentary regarding information updates, GP and specialist reviews. The inspector reviewed care plans of a deceased resident and current residents and noted that residents had timely access to the GP, specialist services, and palliative care with pain management. Following the death of a resident, a framed photograph was placed on the

dresser by main reception with flowers, the resident's name, a little narrative and funeral arrangements to inform relatives, residents and visitors. The staff stated that they have received positive feedback from next-of-kin, who often request the framed photograph for the religious service.

Residents were provided with the services of the GP of their choice and the ability to maintain their own GP wherever possible. A large number of residents in the centre were under the care of one GP practice that provided a comprehensive service to the residents where the GP attended the centre on a weekly basis and visited as required in between times. Residents received a full review of all their medical care, bloods were taken frequently and their medication was reviewed on a three-monthly basis or sooner if required. Out-of-hour's medical service was available. The inspector was satisfied that residents other healthcare needs were met. A chiropodist service was available in-house on monthly basis. A physiotherapist was available for residents if physiotherapy was required. There were two activities co-coordinators in place to facilitate an array of activities and residents gave positive feedback regarding this.

There was evidence that medication management was regularly reviewed and closely monitored by the GP. Education sessions were facilitated for staff regarding different aspects of residents' medication management with associated illnesses. The CNM2 completed medication management audits with the most recent evidenced for August 2014. Issues which were identified for remedy were auctioned by the CNM 2 with appropriate responsibility assigned, to ensure compliance with professional guidelines. Feedback of audits was relayed back to staff as part of their quality improvement strategy to enable continuous learning. Controlled drugs (CDs) were checked and maintained in line with professional guidelines. The inspector accompanied a nurse on a medication round and this was completed in line with best practice professional guidelines. Residents' prescriptions and administration charts were examined. The inspector identified that the rationale for non-administration of medication was not recorded in the sample of charts reviewed. In one chart the rationale for non-administration was recorded but the nurse's initials were not and the date was not recorded on two occasions.

The self-assessment indicated that upon the death of a resident, his/her family or representatives were offered practical information (verbally and in writing). These were evidenced on inspection.

There was a policy and protocol for the return of personal possessions following the death of a resident.

Judgment:
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(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the person in charge's self-assessment questionnaire of compliance with Outcome 15 (Regulation 18, Standard 19) Food and Nutrition. The person in charge had assessed that the centre had a minor non-compliance regarding food and nutrition and the inspector concurred with this finding.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Breakfast was served from 08:00hrs in residents' bedrooms and the dining room and staff were observed serving breakfasts where residents were given choice and meals were served in a friendly manner. Mid-morning (11:00hrs) and mid-afternoon (15:30hrs) snacks and drinks including juices were served and fresh drinking water was replenished throughout the day. Lunch was served in the dining room from 12:30hrs and those residents' who chose not to come to the dining room remained in their bedrooms or day room for their mid-day meal. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a discreet manner. Meal times were unhurried and residents received their meal in a timely manner. The inspector joined residents at lunch time in the dining room and this was a relaxed social occasion with good banter between residents and staff and residents. Evening tea was served from 16:45hrs. There was a tea-round at 18:30hrs and 19:30hrs and residents were offered home baking and biscuits.

Information was relayed by the nurse to kitchen staff on admission of a new resident as well as following review by the dietician or speech and language therapist. The chef met with the deputy person in charge on a weekly basis or more often if residents' condition changed or following specialist review. They met on a daily basis if a resident's condition warranted. The chef had in-depth knowledge of residents' likes and dislikes, portion sizes, consistencies, and particular dietary requirements for example, diabetic and coeliac diets. The inspector observed staff asking residents their choice at each meal and menus with choice were on display in the dining room.

There was evidence that residents were reviewed by a speech and language therapist, dietician and a nutritional risk assessment tool was part of documentation with current records maintained in residents' notes. This was completed on admission and three-monthly thereafter. Staff, spoken with were familiar with how to assess and use the

tool. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when the resident's condition warranted. Residents were routinely weighed every month.

Documentation submitted to the Authority indicated the following specialist dietary requirements for residents:

- diabetic and coeliac diets
- 17 were on a modified consistency diet
- 14 residents were on nutritional supplement
- 12 were on fortified supplements.

The inspector reviewed the kitchen where best practice was demonstrated regarding food preparation, storage and work-flows. Hand wash facilities were available and strategically placed in the kitchen. There were tea, coffee and toast making facilities in the dining room for staff, residents and visitors with a hand wash sink alongside, however, the waste bin did not have a hands-free mechanism and this was remedied before completion of the inspection.

Staff training regarding food, nutrition, consistencies and dysphagia (swallowing difficulties) had commenced, but all relevant staff had not completed this. Staff training was discussed with the nurse management team to determine if the current training in food and nutrition was adequate to inform staff in appropriate care of residents with dysphagia. The CNM 2 agreed to re-evaluate the course content to ensure its suitability and comprehensiveness.

Minutes of residents meetings were reviewed by the inspector. Previous minutes demonstrated that issues were reported to the relevant personnel to be actioned and discussed at subsequent meetings. However, more recent minutes did not demonstrate this detail. The minutes did not include the number of attendees or their names.

Judgment:

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. 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:

Findings were discussed under Outcome 15 Food and Nutrition.

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:

Breeda Desmond
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:	Youghal and District Nursing Home
Centre ID:	OSV-0000307
Date of inspection:	23/09/2014
Date of response:	15/10/2014

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

There was an up to date policy on end-of-life care, however, it dealt with the active stage of end-of-life care and not the preceding time.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

End of Life Care – Our End Of Life Policy is being amended and updated to include interventions preceding the active stage.

Proposed Timescale: 31/12/2014

Theme:

Governance, Leadership and Management

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

The inspector identified that the rationale for non-administration of medication was not recorded in the sample of charts reviewed. In one chart the rationale for non-administration was recorded but the nurse's initials were not and the date was not recorded on two occasions.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Rationale For Non Administration of Medication – Our Medication Management Policy is to be amended to include that 'Rationale must be documented on each MAR sheet in the event of non administration of medication'. Nurses meeting to be held to reiterate the importance of documenting non administration of medication. Policy to be updated pending outcome of meeting. Youghal & District Nursing Home continues to update all staff with continuous medication management programmes.

Proposed Timescale: 31/12/2014

Outcome 14: End of Life Care

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 residents had end-of-life care plans to inform their care relating to their spiritual, social, emotional, psychological or environmental wishes and needs.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

End of Life Care – Person centred – All residents will have a completed up-to-date care

plan relating to their spiritual, social, emotional, psychological and environmental wishes and needs.

Proposed Timescale: 31/01/2015

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 regarding food, nutrition, consistencies and dysphagia (swallowing difficulties) had commenced, but all relevant staff had not completed this.

It was difficult to determine if the current training in food and nutrition was adequate to inform staff in appropriate care of residents with dysphagia.

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:

End of Life Care – Workforce. Current training programme is under review with a view to having future training undertaken by a qualified speech and language therapist.

Proposed Timescale: 30/04/2015