

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Kenmare Community Nursing Unit (Ground Floor) |
| Centre ID: | OSV-0000753 |
| Centre address: | Hospital Road, Kenmare, Kerry. |
| Telephone number: | 064 6641088 |
| Email address: | eithne.mcauliffe@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Eithne McAuliffe |
| Lead inspector: | Breeda Desmond |
| 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: | 2 |

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: 16 September 2014 07:30 To: 16 September 2014 15:30

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

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| Outcome 05: Documentation to be kept at a designated centre |
| Outcome 08: Health and Safety and Risk 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 |

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 attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The person in charge who completed the provider self-assessment tool judged that the centre was compliant regarding food and nutrition and end-of-life care, even though staff had not completed up-to-date training for end-of-life care at the time.

The inspector met residents, relatives 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. The inspector found compliance with food and nutrition and minor non-compliance with end-of-life care policy. Staff had either completed or were scheduled to complete their training on end-of-life care or palliative care at the time of inspection.

Overall, the inspector noted a warm and calm 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.

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 and these include:

- 1) end-of-life care policy
- 2) aspect of medication management
- 3) infection prevention and control in the kitchen
- 4) 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):

Findings:

Findings were discussed under Outcome 14 End of Life Care.

Judgment:

Non Compliant - Minor

Outcome 08: 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(s):

Findings:

Findings were discussed under Outcome 15 Food and Nutrition.

Judgment:

Non Compliant - Minor

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to

meet each resident's 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:

Person-centred care and support

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

Findings:

Findings were discussed under Outcome 15 Food and Nutrition.

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:

Person-centred care and support

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 compliance with Outcome 14 and Standard 16. However, on the day of inspection, following review of the policy, the inspector deemed the centre minor non-complaint. The inspector noted that the policy was up to date, however, it dealt primarily 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.

The CNM2 demonstrated audits of EOL care plans which were completed in April 2014. This resulted in new end-of-life care plans introduced to capture residents' wishes and these were in place for one resident receiving EOL care at the time of inspection. 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, however, the 'summary of active care plans' sheet was not updated to reflect the care plans or their status.

Staff training records indicated that some staff had completed end-of-life care and palliative care training in March and June 2014; others were scheduled to do the training in October 2014. Palliative care training had commenced for health-care assistants and five staff had completed this training and the remainder were scheduled to complete it

in September 2014. 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.

Questionnaires, asking relatives' opinions regarding end-of-life care, were not sent to the relatives of deceased residents.

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 an oratory for quiet reflection available for residents, however, while this was in the building it was not within the designated centre so residents did not have free access to it.

Family and friends were facilitated to be with the resident at end of life. The centre had a majority of single bedrooms and single room occupancy was facilitated where possible during end-of-life care. There was a designated single room with overnight facilities for families were available, which included a kitchenette, toilet and shower, and comfortable seating attached to the resident's room. Open visiting was facilitated. There was ample provision of private sitting spaces, sitting rooms and a sunroom, enclosed garden and walkways.

The inspector spoke with the next-of-kin of the resident receiving end-of-life care. They spoke very highly of the care and attention their relative was receiving; they stated that staff involved the resident in 'conversation' and staff explained what was happening when interventions were necessary; the resident's niece relayed that the 'staff go the extra mile' and that she was 'blown away by the kindness'. They were complimentary regarding information updates, GP and specialist reviews. The inspector reviewed the care plan of this resident and noted that the resident had timely access to the GP, specialist services, palliative care with pain management.

A physician from Kerry General Hospital attended the centre once a month; a surgeon attended once a month and residents have access to this service for minor surgery; the physiotherapist attended the centre daily for one hour and residents had access to the physiotherapy department on site; the dietician attended once a month; residents had access to a consultant-led palliative care service from Tralee; access to the speech and language therapist was available upon referral. Documentation indicated that, within the last two years, one resident died and had their end-of-life care needs addressed without the need for transfer to an acute hospital.

There was evidence that medication management was regularly reviewed and closely monitored by the GP. The inspector spoke with the GP who attended the centre on a daily basis and was available for out-of-hours also. The GP demonstrated a huge commitment to the care and welfare of residents and the importance of community support to enable people to return home. There was a designated pharmacist who attended the centre on a weekly basis. She was responsible for ordering and stock of medications and prescription reviews. A robust management system was demonstrated regarding stock control. Education sessions were facilitated for staff regarding different aspects of residents' medication management.

Controlled drugs (CDs) were checked and maintained in line with professional guidelines. Residents' prescriptions and administration charts were examined. The inspector identified that the rationale for non-administration of medication was frequently not recorded in the sample of five charts reviewed. In one chart the rationale for non-administration was recorded but the nurse's initials was not. One prescription did not have the date of commencement or discontinuation of the medication or the signature of the GP; it was reported to the inspector that this prescription was written by an on-call GP. One resident's medication was discontinued, however, this was not signed or dated by the GP in line with best practice professional guidelines.

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 Regulation 20 and Standard 19. The person in charge had assessed that the centre was compliant regarding food and nutrition training for staff and the inspector concurred with this finding.

The centre had a comprehensive up-to-date policy on food and nutrition.

Staff training in relation to food and nutrition was up-to-date and included:

- 1) nutrition and swallowing difficulties
- 2) consistency, variety and choice
- 3) food fortification
- 4) specialist diets.

The inspector observed mealtimes including breakfast, mid morning refreshments and

lunch. Breakfast was served from 08:00hrs in residents' bedrooms and staff were observed serving breakfasts where residents were given choice and meals were served in a friendly manner. Mid-morning and mid-afternoon snacks and hot and cold drinks including yogurts and juices were served and fresh drinking water was replenished throughout the day. Lunch was served in the dining room from 12:00hrs 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 sensitive and 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 16:30hrs. There was a tea-round at 18:30hrs and 20:30hrs and residents were offered home baking, biscuits or yogurt.

Information was relayed by the nurse to kitchen staff on admission of a new resident and following review by the dietician or speech and language therapist with an update of the current status of the residents pertinent to their nutrition. There was a nutritional committee in place to enhance their quality improvement strategy. This committee convened monthly and discussed items such as dietary requirements and fortification of diets. The chef had in-depth knowledge of residents' likes and dislikes, portion sizes, consistencies, and particular dietary requirements for example, vegan, diabetic, coeliac and renal diets. The inspector observed staff asking residents their choice at each meal including portion size and menus with choice were on display.

There was evidence that residents were reviewed by a speech and language therapist, dietician and a nutritional assessment tool was part of documentation with current records maintained in residents' notes. Residents were routinely weighed every three months and care plans reviewed demonstrated that some were weighed monthly and one resident was weighed daily to monitor the clinical condition and response to medications.

An audit was completed in October 2013 which reviewed the dining room and dining experience. The outcome from this audit showed a 'vast improvement' in the dining experience. Staff asked residents at morning snacks time (approx 10:00am) their choice for their main meal and after dinner residents were asked their choice for their evening meal. Their feedback was also sought regarding the times they were asked for their choice and residents were happy with the times as well as the choice of meals.

Minutes of residents meetings were reviewed by the inspector. There was just one facilitated to date for 2014. Attendees were not recorded and minutes did not demonstrate that residents were consulted about how the centre was planned and run or their feedback sought which informed practice. This was discussed with the CNM2 as an in-house residents' representative group was not established, as described in best practice guidelines.

Documentation submitted to the Authority indicated that 1 resident was prescribed a nutritional supplement on a PRN (as required) basis. Fortification of food was discussed with the GP and the chef who outlined that if residents required fortification, it was done

in a natural way, for example, adding cream to dishes for calorific value, linseed to cereals and prunes or juice to the diet for constipation. They identified that nutritional supplements often 'filled up' the resident which resulted in them not eating their meals, regardless of portion sizes. They demonstrated that this worked well as invariably, residents had put on weight since admission. Specialist diets catered for at the time of inspection included:

- 1 resident was on a renal diet
- 2 were on a diabetic diet
- 1 was on a coeliac diet
- 7 were on a modified consistency diet
- 1 resident was on nutritional supplement (PRN).

There was evidence that residents had a nutritional assessment 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.

The inspector reviewed the kitchen where best practice was demonstrated regarding food preparation, storage and workflows. While there was protective clothing available at the entrance to the kitchen for staff and visitors, hand hygiene facilities were not available. There were three hand hygiene sinks available at strategic locations in the kitchen, however, access to one hand hygiene sink and paper disposal bin was significantly curtailed due to the placement of a freezer and equipment sink; there were no paper disposal bins available by the other two hand wash sinks. There was a water waste disposal unit at the entrance to the kitchen and on the day of inspection there was a mal-odour emanating from this. This was highlighted to the chef.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Findings were discussed under Outcome 15 Food and Nutrition.

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| Judgment: Non Compliant - Minor |
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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

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| Centre name: | Kenmare Community Nursing Unit (Ground Floor) |
| Centre ID: | OSV-0000753 |
| Date of inspection: | 16/09/2014 |
| Date of response: | 03/10/2014 |

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:

The end-of-life policy was up to date, however, it dealt primarily 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.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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

policies and procedures on the matters set out in Schedule 5.

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

Person in charge intends to make all staff aware of End of Life Care Policy and the importance of discussing end of life care wishes with resident and to document same. Continuous education sessions will be arranged with Breda Delves, Clinical Placement coordinator.

Proposed Timescale: 16/12/2014

Outcome 08: 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:

While there was protective clothing available at the entrance to the kitchen for staff and visitors, hand hygiene facilities were not available.

There were three hand hygiene sinks available at strategic locations in the kitchen, however, access to one hand hygiene sink and paper disposal bin was significantly curtailed due to the placement of a freezer and equipment sink. There were no paper disposal bins available by the other two hand wash sinks.

There was a water waste disposal unit at the entrance to the kitchen and on the day of inspection there was a mal-odour emanating from this.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Paper disposal bins put in area immediately; re mal odour - maintenance department are reviewing this issue at present to find a solution.

Proposed Timescale: 16/12/2014

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

Risk assessments were in place to inform care of the resident, however, the 'summary of active care plans' sheet was not updated to reflect the care plans or their status.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Staff were made aware of the importance of updating the summary sheet.

Proposed Timescale: 03/10/2014

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:

Minutes of residents meetings were reviewed by the inspector. There was just one facilitated to date for 2014. Attendees were not recorded and minutes did not demonstrate that residents were consulted about how the centre was planned and run or their feedback sought which informed practice; it did not appear that an in-house residents' representative group was established, as described in best practice guidelines.

Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

A more comprehensive meeting for residents to be arranged.

Proposed Timescale: 16/12/2014