

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	TLC City West
Centre ID:	OSV-0000692
Centre address:	Cooldown Commons, Fortunestown Lane, Citywest, Co. Dublin.
Telephone number:	01 468 9300
Email address:	citywest@tlccentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	TLC Health Services Limited
Provider Nominee:	Noel Mulvihill
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	139
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: 10 December 2014 08:30 To: 10 December 2014 15:30

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

Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This report sets out the findings of a thematic monitoring inspection, which took place over one day, and monitored two specific outcomes namely, end of life care and food and nutrition. In preparation for the thematic inspection, the provider completed a self-assessment in relation to both outcomes, and surveys were issued to a number of relatives. In addition to these documents, the inspector the previous inspection report and notifications forwarded to the authority prior to undertaking this inspection. A sample of eight care plans and residents records were reviewed, along with staff rosters, audits, medication charts, complaints logs and residents meetings minutes. The inspector spoke with residents, staff a small number of relatives.

On the day of inspection, the centre accommodated 136 residents,with two residents in hospital and one vacancy.

The inspector was satisfied that the provider demonstrated a commitment to the continued improvement of care, eliciting residents preferences in relation to their end of life care and their nutritional needs and delivery of a service which incorporated these elements. Staff were knowledgeable and informed about the care needs of residents and the care plans reviewed reflected this fact. Residents expressed their satisfaction with the care provided and said that staff were attentive and responsive to them and that the food was not only very good but they had plenty of choice and their personal preferences were catered for.

The inspector found compliance in the area of end-of-life care and food and nutrition with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for

Residential Care Settings for Older People in Ireland.
No actions were identified in respect of these outcomes.

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 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 providers self assessment in relation to compliance with Regulation 13 and Standard 16 indicated substantial compliance. Having undertaken the inspection, the inspector concurs with this finding. The provider had a policy on end of life care, which was comprehensive and was found to be implemented in practice by staff that were familiar with it. The policy detailed the provider's ethos in relation to meeting the social, emotional, psychological and spiritual needs of residents. It also offered guidance in terms of advance planning and the care required for residents at different stages of illness and following death. It defined arrangements for residents of different denominations and gave clear instructions to staff in relation to all legal requirements and respect for resident's remains.

The inspector reviewed questionnaires from relatives prior to the inspection. These indicated a very high level of satisfaction with the care provided including information and consultation, and support of their relatives prior to and following the residents death. Records and interviews with staff indicated that there was a good level of consultation with relatives and that they were kept informed of changes in residents health care promptly.

Residents indicated to the inspector that their views were elicited in an appropriate manner, via a relative or themselves and they had opportunities to reflect on their wishes including where they would like to remain.

Examination of a sample of records including nursing records in relation to residents who had passed away indicated that the care was carefully planned and resident's comfort and symptom management and personal wishes was prioritised by staff. These included pain management, symptom control and close observation, which was particularly pertinent for residents who could not communicate for themselves. Records and communication with staff indicated an awareness of the importance of this and recognition of the need for monitoring, support and respect for residents. Records also demonstrated that appropriate procedures were followed following an event. These

included reporting to the relevant statutory authorities and adherence to any legal requirements. Nursing records viewed by the inspector were written respectfully.

A pro-forma document had been introduced to support decision-making and ensure decisions made were documented. The document included the views of residents, relatives, the rationale for the decisions and the general practitioner (GP) signatures were evident. The documents were indicative of the resident's circumstances, likely progression and were specific in the care interventions which were discussed. In this way, treatment procedures necessary for residents' comfort were identified and agreed.

There was evidence on current and past records of involvement with the acute care services and close connections with the palliative care services for advice and direct care review. There was also evidence of good access to general practitioner and out-of-hours services available. Care plans viewed were reflective of the decisions, gave clear guidelines for staff as to the care to be provided, and were implemented in a timely manner. They were duly altered as residents' circumstances changed and regular reviews of the care plans were undertaken. There was also evidence that medication was monitored and reviewed regularly to ensure comfort and symptom management. In order to ensure that residents' wishes and the plans made were adhered to there was a concise communication tool detailing the plans for each resident. Documents indicated that in the last two years a significant number of residents had their end of life care needs addressed without recourse to acute care services.

Training for staff in relation to this included pain management, palliative care and end of life decision making and for nursing staff. Care assistant staff have also completed training in dignity for end of life in 2014.

There was an oratory in the centre and this could be used for prayer services. If it was the residents or families' wishes it was also made available for funeral services. Other residents were supported to attend the funeral if they so wished. There were personal belongings inventories maintained and the inspector saw that appropriate containers for the return of these belongings were available as and when families wished this to occur. Valuable belongings were returned promptly and this was documented.

Families were accommodated to remain with their relative and showers, food and all other needs were provided for. While there are 83 single rooms in the centre it is not always possible to have a single room available. Where it is possible a single room will be provided. There were ample facilities in the premises for families to remain overnight and containers with necessary provisions for their comfort.

Residents' religious affiliations were respected and facilitated. There was a religious service fortnightly. Pastoral support was provided by a member of a religious order twice weekly or on a daily basis if this was required. An annual commemorative mass was held at which relatives of residents who have passed away can attend. There was evidence that supportive advice and information was given to relatives following a death.

The provider had commenced a system of review of deaths and end of life care attended by senior staff to support and guide the development of practice.

From an examination of rosters, the inspector was satisfied that there was a satisfactory number of staff available to offer appropriate care and support to residents during this time.

There was evidence of a commitment by the provider to ongoing training for staff, which included end of life and symptoms of pain or distress for care assistant staff, palliative care ,venapuncture and management of subcutaneous fluids for nursing staff to prevent unnecessary admission to acute care services.

Judgment:

Compliant

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 and the overall self assessment of compliance with Regulation 18 and Standard 19. The person in charge had assessed the centre as being compliant. The inspector concurred with this assessment.

The centre had up-to-date policies on food, nutrition and hydration. The environmental health officer (EHO) had visited the centre and the most recent report was available. The person in charge indicated that all actions were complied with.

A record of staff training submitted to the Authority indicated that staff had attended a broad range of pertinent training and that education sessions were ongoing. This training included the use of the Malnutrition Universal Screening Tool (MUST), hydration of older persons, enteral feeding systems and the management of subcutaneous fluids. Catering staff had the relevant training and there was a food safety management plan in place. There was a catering manager who over aw all aspects of food management and liaised closely with nursing staff and the residents.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Residents had the option of having their breakfast served in bed, in the various dining rooms or at their bedside and at a time of their choosing. A number of spacious areas were available at each nursing station and some residents choose to have their meals there supported by staff. Snacks and hot and cold drinks including juices and fresh drinking water were readily available throughout the day. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals were appropriately assisted and received their meal in a timely manner. Light snacks were available, daily from 8am to late evening.

Assistive cutlery or crockery required for a resident with reduced dexterity was available. There was evidence that residents were reviewed by an occupational therapist.

The inspector reviewed records of residents meetings (food group meetings) attended by the chef and the residents were very complementary of the food on offer in the centre. There was significant choice available on the menu and additionally, if residents had another preference at the meal time this was facilitated. The choice for breakfast included a hot breakfast as well as cereals. This meal was staged according to the resident's preferences.

An up to date communication tool detailing the resident's dietary requirements was available in each ward and in the dining rooms. Staff were allocated to oversee the serving of meals to ensure they were correct for each resident. The inspector found staff to be very knowledgeable on the resident likes, dislikes, dietary requirements and the use of fluids thickeners for the residents. The information correlated with the directions of the speech and language therapist or the dietician.

There was evidence that menus, food choices and preferences, residents experiencing weight loss/gain were discussed and that this information informed residents' care plans. Records demonstrated regular weight monitoring and adherence to the policy in terms of referral to dieticians and GPs for prescribed supplements. The MUST tool was completed within 72hrs of admission. Any interventions directed were documented in the residents care plans. The assistant director of nursing had commenced an audit of weight monitoring on each floor which monitored practice in referral and also monitored the resident's condition. Fluid intake was also monitored.

Staff were knowledgeable with regard to the care of residents with a percutaneous endoscopic gastrostomy (PEG) tube and care plans reflected this. Residents with diabetes had a care plan guiding their care. The inspector noted information in residents' care plans regarding the recording of blood sugars.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

The dining tables or tray tables if used were attractively set with good quality delph and cutlery table cloths and glass wear. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. This included residents who were and had their meal in the bedroom. Meal times were unhurried social occasions and staff were observed using the mealtimes as an opportunity to communicate, engage and interact with residents. The inspector noted staff described the meal to residents when required.

Judgment:
Compliant

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:

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