

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oughterard Manor
<b>Centre ID:</b>	ORG-0000745
<b>Centre address:</b>	Camp Street, Oughterard, Galway.
<b>Telephone number:</b>	091 866946
<b>Email address:</b>	ouughterardmanor@brindleyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	The Brindley Manor Federation of Nursing Homes
<b>Provider Nominee:</b>	Amanda Torrens
<b>Person in charge:</b>	Ashling Newman
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	16

## **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: 25 June 2014 12:00 To: 25 June 2014 18:30

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

Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

**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 and reference is also made to one aspect of Outcome 11.

In preparation for this thematic inspection the provider and person in charge attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. During the course of the inspection the inspector met residents, staff and a relative, observed practice in the centre and reviewed documents such as menus, care plans and medical records. The inspector also read survey questionnaires completed by relatives and received by the Authority prior to the inspection.

The person in charge and provider , who completed the provider self-assessment tools, had judged the centre to be in compliance with food and nutrition requirements and in minor non-compliance with end of life care, although deficits they had identified had been addressed by the time of inspection.

The inspector found that residents' end-of-life care was well managed and there was good access to medical and specialist palliative care. Records indicated that residents received a good standard of care in their final days and relatives indicated in feedback questionnaires that they were very satisfied with the end of life care that their loved ones had received.

Residents' nutritional needs were well met and residents were complimentary of the food provided. The menu was varied and suited to residents' specific needs. Food

appeared wholesome and nutritious and residents requiring assistance were supported in a respectful and appropriate manner, although some improvement was required in the communication of food choices. Residents had regular nutritional assessment and monitoring and were reviewed by dietitians and speech and language therapists as required.

Improvement, however, was required in care planning for nutritional care and this is discussed in Outcome 11 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 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective Care and Support

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

**Findings:**

During this inspection, the inspector viewed the processes in place for the assessment and management of nutritional care. Other aspects of health care were not reviewed at this inspection.

Although there was a good standard of nutritional assessment and review noted which is discussed in outcome 15 of this report, the inspector found that some of the nutritional care plans viewed had not been suitably updated to provide guidance to staff. For example, a food likes assessment had not been fully completed on one resident's file, a diabetic care plan had not been completed in sufficient detail and another care plan did not provide sufficient detail on the administration of supplements.

**Judgement:**

Non Compliant - Moderate

**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:**

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an important part of the care service provided. The inspector found that residents' end of life care wishes had been assessed and that care provided to residents approaching end of life was to a good standard.

There was an up to date end of life care policy, with provided guidance to staff on many aspects of end of life care including palliative care, spirituality, dignity and care after death.

The provider and person in charge submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 14 and Standard 16, which address end-of-life care. These non-compliances related to care planning and staff training and had been addressed by the time of the inspection.

Seven questionnaires had been sent to relatives of deceased residents, by the person in charge, prior to the inspection and two completed questionnaires were returned to the Authority. These relatives stated that they were very satisfied with the care which had been provided before, both during and after the death of their loved one. They stated they were made feel welcome and were facilitated to stay overnight and be with the resident during his/her last days. Relatives reported that residents' wishes, with regard to their place of death were respected and confirmed that their relative had received care in a single room. A relative commented on having received 'peace, quiet and support' and stated that there was 'nothing to improve on.' The person in charge had stated during the inspection and in the pre-inspection self-assessment questionnaire that residents in shared rooms nearing end of life would be transferred to single rooms. She confirmed, however, that as most of the rooms in the centre were single rooms, that this had not ever been required.

There was an open visiting policy and family and friends were facilitated to be with the resident approaching end of life. There was ample communal and private space and an unoccupied room could be made available for relatives who wanted to stay overnight. Alternatively, if there was no room available, a portable bed was offered. It was the practice in the centre to offer families the full range of meals on the centre's menu.

The person in charge stated that the centre maintained strong links with the local palliative care team, who guided staff in areas such as care of symptoms and pain management and provided support to families. The inspector saw that there was good access to this service when required and that recommendations from the palliative team had been recorded in detail in residents' care plans and had been implemented by the staff. All nursing staff had received palliative care training and Brindley Health Care provided additional training to other staff. Some nursing staff had recently attended external training in end of life care and pain management.

Residents' spiritual needs were well met at all times, including at end of life. The sacrament of the sick was administered monthly or as required. Religious ministers were freely available to support residents at end of life and their families. Arrangements could be made for residents to repose in the centre, where residents and members of

the local community could come to pay their respects.

The provider and person in charge had taken measures to respect residents' dignity at end of life. Bereavement support information was placed in rooms of residents who were nearing end of life. Staff supplied families with discreet eco-bags for the removal of deceased residents' belongings. The Brindley Health Care group had recently agreed on the use of a discreet symbol in centre's where had resident in house had passed away. It was planned that a picture of a lily would be displayed in the reception area of the centre when a resident had died and this would be displayed until the remains had been removed from the centre.

The inspector viewed a sample of end of life care records. Records indicated that residents were comprehensively assessed on admission and at regular intervals thereafter. The person in charge and staff had been focusing on assessing residents' end of life care wishes, by discussing this with residents or if this was not possible, with their next of kin. The inspector saw that issues such as end of life care preferences and treatment options for future events were recorded in residents' files and residents and relatives confirmed that residents had been offered the opportunity to discuss these matters. While the wishes of most residents had been established, some had declined to comment and this had been recorded.

No deficits were identified in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life.

**Judgement:**

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:**

**Findings:**

The inspector was satisfied that residents were provided with food and drinks adequate for their needs, although some improvement to the documentation of nutritional records was required and this discussed in outcome 11 of this report. Food was suitably prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and which was served in a way that met their needs. The inspector noted that staff provided assistance to residents in an appropriate and discreet, although some improvement around communicating choice was required. Residents who spoke with the inspector were very satisfied with the standard of catering and confirmed that they were

offered choices at mealtimes.

There was an up to date nutrition policy that provided comprehensive guidance to staff on nutritional issues such as assessment, therapeutic diets, meals and mealtimes, fortification and management of dysphagia.

The inspector visited the kitchen and noticed that it was well organised and there was a plentiful supply of fresh and frozen food. The chef showed the inspector the daily menu plan which provided suitable regular, modified and weight reducing options. There were two meal choices each day, although alternatives would be arranged for residents who wanted something else to eat. The chef visited each resident every morning and individually discussed meal choices with them and ascertained their preferences. Residents confirmed this to be the case. The chef told the inspector of residents' likes, dislikes and dietary needs. Up-to-date dietary information which had been supplied by nursing staff was also documented in the kitchen. Some residents required special diets or a modified consistency diet and this was provided for them. The chef adjusted meals with regard to health issues such as diabetes and weight control. Staff were aware of residents' special dietary requirements and were knowledgeable of how these meals would be served to residents. The inspector noted that they had the same choices as other residents and the food was suitably presented. For example, the chef made confectionery and desserts with sugar substitutes for residents on diabetic or low calorie diets. The chef prepared a weekly buffet-style evening meal including a wide range of finger food and which was being served on the day of inspection. The meal included chicken goujons, stuffed tomatoes, croquette potatoes, cocktail sausages, salad bites and an interesting selection of canapes. The inspector noted that residents were offered a variety of snacks throughout the day, including drinks, soup, fruit and baked products. In addition, snacks were available to residents if they wanted something to eat in the evenings or during the night.

The inspector joined residents in the dining room for lunch and evening tea and observed the dining experience, which was found to be pleasant and relaxed. Most residents opted to take their meals in the dining room, which was well furnished and comfortable. There were sufficient staff present in the dining room at mealtimes to support and encourage residents with dining and staff chatted with residents throughout the meals. Staff were attentive to residents, offering drinks and asking if they had enough to eat or wanted more. The inspector noted, however, that an improvement was required in communicating choices to residents. After the main course staff offered 'dessert' to residents. Although there were several dessert options available in the kitchen, residents were generally not asked which dessert they would like and were not reminded of the choices available to them.

Although most residents dined in the dining room, a small number preferred to take their meals in their bedrooms. A resident who takes lunch in his room told the inspector that he ate there by choice, was satisfied with the quality of the food and was offered meal choices every day.

The inspector reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were



routinely monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files.

**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:***

Jackie Warren  
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 report<sup>1</sup>

<b>Centre name:</b>	Oughterard Manor
<b>Centre ID:</b>	ORG-0000745
<b>Date of inspection:</b>	25/06/2014
<b>Date of response:</b>	22/08/2014

### 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 11: Health and Social Care Needs

**Theme:**

Effective Care and Support

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

Some nutritional care plans had not been suitably updated to provide guidance to staff.

**Action Required:**

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

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

Following inspection, nutritional care plans have been updated and simplified in order that staff guidance is provided within.

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

**Proposed Timescale:** 19/08/2014

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

Some improvement was required in communicating choices to residents. Although there were several dessert options available in the kitchen, residents were generally not asked which dessert they would like and were not reminded of the choices available to them.

**Action Required:**

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

Staff have been advised of the need to remind residents of dessert choices available to them.

**Proposed Timescale:** 27/06/2014