Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	New Houghton Hospital
Centre ID:	OSV-0000603
Centre address:	Hospital Road, New Ross, Wexford.
Telephone number:	051 420 553
Email address:	beryl.mckee@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Stephanie Lynch-Meany
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	42
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:	To:
30 October 2014 08:00	30 October 2014 16:00

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

Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 09: Medication Management
Outcome 12: Safe and Suitable Premises
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 inspection which focused on two specific outcomes, End of Life care and Food and Nutrition. In advance of this inspection the provider had the opportunity to attend an information seminar and was issued with evidence based guidance. The provider also completed a self-assessment to determine their level of compliance.

New Houghton was one of a group of three centres under the management of a single provider nominee of the Health Services Executive. The inspection was unannounced. On the day of inspection there were 42 residents in the centre. The inspector met with the nominated provider and the person in charge as well as other members of staff and residents. Documents reviewed by the inspector on-site included staff rosters and training records, residents' care plans and minutes of residents' meetings. A number of questionnaires, completed by relatives of recently deceased residents, were received prior to the inspection and overall returned a significant level of satisfaction with their experience of care delivered at the centre.

The inspector observed the experience for the residents, and the practices of the staff, and found evidence that the needs of residents around end of life care and nutrition were appropriately assessed and substantially met. The inspector was present at both breakfast and lunch and observed the residents in their experience of dining and the staff in their delivery of service. Residents spoken with stated they were very satisfied with the service they experienced at the centre.

During the inspection there was evidence of good practice in relation to both outcomes. Documentation required further development as both the food and nutrition policy and the end of life policy referenced general guidelines but did not describe site-specific practices and procedures at the centre. The person in charge explained that work was in progress on both these issues. In relation to food and nutrition the inspector recorded a moderate non-compliance against the outcome on documentation as the policies around food and nutrition required development and a training schedule was in progress but incomplete. In relation to end of life and the inspector also recorded a moderate non-compliance against the outcome on documentation as the policy required development and there were gaps in documentation around care plans and records.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review other outcomes in so far as they related to end of life care and food and nutrition. To this end findings are recorded against outcome 4 in relation to the new appointment of a person in charge, on outcome 5 in relation to documentation and outcome 9 on medication management. Other issues included the design and layout of the premises as at outcome 12 though a schedule of works was in progress to address these on the day. All outcomes were assessed against the Regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was suitably qualified and demonstrated a satisfactory knowledge of the Regulations and the Authority's Standards but did not have the necessary experience to meet the regulatory requirements.

Judgment:
Non Compliant - Major

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:
Documentation required further development as both the food and nutrition policy and the end of life policy referenced general guidelines but did not describe site-specific practices and procedures at the centre. The person in charge explained that work was in progress on both these issues.

Consistent systems to capture information around end-of-life on an on-going basis were not in place and a number of care plans reviewed did not contain adequate records of discussion, review or assessment around end-of-life preferences or wishes of residents. Some, but not all, files contained an after death audit checklist and where these were completed they confirmed that appropriate protocols were observed such as the verification of death, return of personal belongings and communication with relevant interested parties including the coroner and pharmacy.

Further detail on these findings are summarised at outcome 14 and 15.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Records of prescribed dietary supplements were seen to be referenced by staff when administering to residents though on one record checked it was noted that an entry in the prescription sheet had not been signed off by the prescriber; in this instance PRN medications had also not been appropriately signed off.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Person-centred care and support

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

Findings:
On the day of inspection a series of refurbishment works were in progress at the centre to reconfigure parts of the premises and in particular to provide a single, private room for use specifically by residents who were approaching end of life.

The inspector noted that facilities on the premises to support the delivery of service in relation to food and nutrition were adequate to the design and layout of the centre and fit to meet the assessed needs of the resident profile.

Assessment of premises on this inspection in relation to the requirements against themes around end of life and food and nutrition were compliant.

Judgment:
Compliant

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):

Findings:
The self-assessment return indicated that a site-specific policy was being developed in relation to end-of-life care. On the day of inspection the documentation around this was incomplete. Generic national guidelines were in place which referenced practices around physical, psychological and emotional needs and also the facilitation of religious and cultural practices. However, without site-specific policies and procedures to implement these guidelines, there was inadequate direction for staff on the specific practices to deliver service in respect of such needs. There was an oratory on site where residents could attend services and prayer gatherings as available. The person in charge explained that rituals were observed to support and acknowledge spirituality in which both residents and relatives could participate and on the occasion of inspection arrangements were in place for a memorial service scheduled for 18th November 2014.

The person in charge explained that the centre had initiated engagement with the Gold Standards Framework in Care Homes Accreditation Programme, which had a time frame of nine months, and that delivery of training had commenced in this regard on 16 October 2014. The person in charge also stated that this initiative included the development of an Advanced Care Plan system and the scheduled roll-out of training and education to staff. As a result processes and procedures around implementing end-

of-life care plans, reviews and audits were a work in progress and while records for individual residents were incomplete, they were being updated on an on-going basis.

Staff spoken with demonstrated an understanding of the principles that underpinned the centre's approach to end-of-life care and also an individual commitment to those principles of dignity and respect for the wishes and preferences of residents at the end of their lives. Staff spoken with understood their duty of care in communicating their observations, and the changes in care needs, of residents to other staff. However, consistent systems to capture this information on an on-going basis were not in place and a number of care plans reviewed did not contain adequate records of discussion, review or assessment around end-of-life preferences or wishes of residents. A review of several care plans indicated that residents were assessed on a regular basis with intervention by specialist care providers as appropriate including a palliative care team. Some files did contain an after death audit checklist and where these were completed they confirmed that appropriate protocols were observed such as the verification of death, return of personal belongings and communication with relevant interested parties including the coroner and pharmacy. Action on these findings is recorded at outcome 5 on documentation.

The person in charge explained that training had been delivered around the use of 'circle of life' symbolism and staff spoken with understood the protocols to observe when a resident had passed away and to be respectful in their approach. A number of questionnaires returned by the families of recently deceased residents reported a high level of satisfaction with the care received and commented favourably on the provision of service and attention by staff. The inspector noted that several of these returns also indicated that residents had been given a choice as to whether or not they wished to stay at the centre with decisions recorded that reflected the assessed needs of residents at the time.

On the day of inspection refurbishment works were in progress to provide a dedicated private room for residents at end of life. The person in charge stated that, at present, there was no other accommodation available for relatives of residents but that proposals were in place for an extensive refurbishment of the centre which would include arrangements for these facilities. In the meantime relatives were supported with the provision of refreshments and hospitality including a 'comfort basket'.

Judgment:
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(s):

Findings:
A number of specific guidelines and policies were available in relation to nutrition and hydration including the use of the malnutrition universal screening tool (MUST) assessment, the use of oral nutrition supplements and therapeutic diets. However, there was no overarching, site-specific policy on the monitoring and documentation of nutritional intake that provided clear and specific directions to staff in relation to standard procedures. Action against this finding is at outcome 5 of documentation.

Several care plans were reviewed which indicated appropriate evidence-based assessments were conducted on admission for each resident including the recording of weight and body mass index. Records reviewed indicated assessments were regularly updated and where appropriate referrals were made in a timely manner to allied healthcare professionals such as a dietician and speech and language therapist. In these cases the files recorded the care directions provided with communication logs available in the dining area and kitchen for reference by all staff. Individual charts were in use for residents with specific dietary or cognitive needs and staff used communication strategies effectively; the inspector noted one instance where a resident was encouraged to sign their chart after dining in order to support their comprehension of the routine. Prepared meal trays were also seen to be individualised and reflected the requirements and preferences of residents. Records of prescribed dietary supplements were referenced by staff on administration though in one instance it was noted that an entry on the prescription sheet had not been appropriately signed off by the prescriber. Action against this finding is recorded at outcome 9 on medication management.

Breakfast was available from 8.30am which offered a wide range of choice including juice, porridge, cereals, toast or bread with extras such as eggs, beans, fruit and yoghurt. Residents could choose to either get up and have breakfast or have it in bed. The inspector was present for breakfast, mid-morning snack and lunch service on the day. The inspector observed staff providing assistance to residents during mealtime and noted that assistive cutlery was available and used appropriately. Staff interaction with residents was helpful and courteous throughout. Staff had a good understanding of residents' likes and dislikes and were appropriately attentive, checking meal temperatures and individual preferences.

Drinks were available during the meal and were seen to be offered regularly. The inspector observed lunch service and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious in content and appetising in presentation. Meals were prepared in the main kitchen in another centre and transported via hot trolleys in a van from the main kitchen to the kitchenette on the unit. Portion sizes were also appropriate. Meals which were required to be pureed were presented in an appealing manner with identifiable ingredients and a choice of main courses also on offer. The lunch menu was rotated on a three weekly basis and a menu audit had been completed by the dietician on 14 October 2014. Light snacks were available throughout the day and tea trolleys were seen in regular circulation. Afternoon tea was available from 3.30pm with supper served at 5pm. Water was readily available

and seen to be regularly on offer by staff. The inspector spoke with a catering assistant who was a long-standing member of staff and had completed appropriate training in food management and hygiene. The kitchen facilities were in keeping with the requirements of the size and occupancy of the centre and an environmental health report was made available to the inspector on the day.

The inspector spoke with residents who attended regular resident meetings and said that they were satisfied with the food quality and choice. Residents spoken with were complimentary about their experience of the centre and several resident questionnaires completed provided positive returns on satisfaction levels. The provider's self-assessment identified a minor non-compliance which referred to the maintenance of training records. On the day of inspection documentation reviewed by the inspector was complete and the centre was compliant in this outcome.

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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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	New Houghton Hospital
Centre ID:	OSV-0000603
Date of inspection:	30/10/2014
Date of response:	08/01/2015

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 04: Suitable Person in Charge

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge had less than 3 years' experience of nursing older persons within the previous 6 years.

Action Required:
Under Regulation 14(3) you are required to: Ensure the person in charge is a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years, where residents are assessed as requiring full time nursing care.

[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:
The Person in Charge NF30 application has been sent to the Authority as it is our position that the experience of the Assistant Director of Nursing as ADON in University Hospital Waterford is appropriate for her current application.

Proposed Timescale: 08/01/2015

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:
Site-specific policies were not available in relation to items 7 and 10, on end of life and documentation and monitoring of nutritional intake, as at schedule 5 of the Regulations.

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.

Please state the actions you have taken or are planning to take:
The End of Life Policy is in draft format currently and will be adopted once the training is completed. The training that we have contracted is via The Gold Standard Model UK and this training will be completed in April 2015. Following the completion of this training the existing draft policy will be implemented in full

A room specifically set up for visitors to stay is planned for 2015 and will include bedroom facilities and kitchenette.

A bereavement pack to be given to all relatives post the death of their relative to be completed in 2015. This pack will include a list and telephone number of all local undertakers and clergy of all religious denominations. Information also on registering a death of a relative and finally details of bereavement counselling services available in the area.

Nutritional Intake – there is a site specific suite of policies adapted to New Houghton for Food and Nutrition. Presently these are being review in conjunction with the Dietician to refine them in the context of the residents care plans. There is a Food and Nutrition Working Group in New Houghton reviewing these policies

Proposed Timescale:
End of Life Policy to be enacted 01/05/2015
Relatives Room to be completed 31/03/2015
Bereavement Pack for relatives 28/02/2014
Food and Nutrition Policy review 31/03/2015

Proposed Timescale:

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care plan records for residents were not always complete.

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:
The capacity of resident dictates the timeframe for the completion of the Care Plan (Accepting that under Standard 11 the Care Plan is to be completed no later than 48 hours after the residents admission). Where a resident has full capacity the care plan is completed on admission by the nurse who does the admission. The care plan is reviewed in full at the end of one week. In other circumstances some residents choose the bed in St Johns without capacity to advise and in those circumstances in the first instance their next of kin are invited to meet with the CNM1 or CNM2 of the ward where the resident is admitted to. The initial care plan is done on admission and is reviewed in the context of the information from the next of kin within one week. In some circumstances there may be no next of kin available to assist with information regarding the Care Plan. Where there is a resident with diminished capacity and or a relative or next kin that's named on documentation but is not present during the first four weeks following the admissions care plans have been devised without end of life care wishes completed. All attempts are made and recorded by the CNM2/1 and nursing staff on the ward to contact any known of kin. In circumstances where it is not possible to elicit the wishes of the individual the local census is used to try to trace relatives or contact with the Parish Register. In addition we advise the Elder Abuse Social Worker to request assistance. Where there is no possibility of identifying an advocate a Multi Disciplinary Team meeting is convened including the Geriatrician, The Elder Abuse Case Worker, the Director of Nursing, the ADON, the CNM2 of the ward and a care plan would be devised. The Policy on End of Life Care will include the above steps to fulfil the requirement to have a care plan.
An Audit will be done weekly of a random Care Plan per ward by the Director of Nursing which would be seven care plans on a weekly basis. This audit will be recorded on the individual care plan and in addition in a record book which will open for inspection. As part of this audit focus will be put on the end of life care. Training regarding identification of next of kin will be rolled out by the Elder Abuse Care Worker Karsten Kohl in February 2015

Proposed Timescale:
Training Elder Abuse Case Worker 28/02/2015
End of Life Policy 01/05/2015
DON Audit 08/01/2015

Proposed Timescale:

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Prescription records did not consistently contain the signature of the prescriber.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Training on the Medication Management Policy at New Houghton will be rolled out in January 2015 to be completed by end Jan 2015

Proposed Timescale: 31/01/2015

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:
There were no overnight facilities to accommodate relatives to stay with a resident at end of life.

Action Required:
Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

Please state the actions you have taken or are planning to take:
A room is being created as part of our End of Policy under Gold Standard Training and the room will be completed by 31/03/2015

Proposed Timescale: 31/03/2015