

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Beneavin House
<b>Centre ID:</b>	ORG-0000694
<b>Centre address:</b>	Beneavin Rd, Glasnevin, Dublin 11.
<b>Telephone number:</b>	01 8648516
<b>Email address:</b>	finolabell@firstcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Beneavin House Limited
<b>Provider Nominee:</b>	Mervyn Smith
<b>Person in charge:</b>	Mary Lloyd
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	127
<b>Number of vacancies on the date of inspection:</b>	127

## **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: 15 May 2014 08:00 To: 15 May 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 inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection the person in charge and key senior managers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed the provider self assessment tools relating to end-of-life care and food and nutrition submitted by the person in charge before the inspection. The person in charge had judged that the centre was in moderate non-compliance in relation to food and nutrition and in minor non-compliance in relation to end-of-life care.

The inspector met residents and staff and observed practice on inspection. Documents reviewed included policies, assessments, care plans and training records. The inspector found the centre to be in minor non-compliance in relation to food and nutrition and in moderate non compliance in relation to end-of-life care under 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.

The Food and Nutrition particularly the preparation, cooking and serving of food was of a good standard. Residents and relatives spoken with confirmed this. However, the inspector found the recording of residents' food and fluid intake was not accurate. The centre was found to be in minor non compliance with this outcome.

End-of-life care practices and outcomes for residents and relatives were also of a good standard. Feedback from relatives of residents who had died within the centre was positive. Staff were highly praised for the kind, sensitive and friendly manner which they treated each resident. The inspector identified some moderate

improvements required in the completion of resident end-of-life assessments, the provision of information to relatives of the deceased resident.

**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 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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The end-of-life care provided to residents was to a good standard. The inspector saw that residents received end-of-life care which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy. However, the residents' likes/preferences at the time of death were not recorded on admission or thereafter at their three monthly assessment review. Written information on services and supports was not consistently given to relatives at the time of their loved ones death.

There was a comprehensive end-of-life policy in place which reflected the care relatives said was provided to their dying relative in the centre. It was reviewed in May 2014. Staff spoken with were not fully aware of revised practices as the revised policy had not yet been implemented.

No resident was receiving end-of-life care at the time of inspection. Staff said residents were given the choice of where they would like to die and relatives who completed questionnaires confirmed this. A number of residents spoken with discussed their end of life wishes with the inspector and confirmed they had never been asked about their preferences regarding end of life care. The inspector noted that 37 out of the 56 residents who had died in the past two years had died in the centre the remaining 17 had been transferred and died in an acute hospital. The majority of residents had their own bedroom. The visitor's room contained a sofa bed for relatives to sleep on. Those relatives who completed questionnaires confirmed they were facilitated to stay with their loved one when they were dying and refreshments were supplied by staff. Feedback from relatives stated that the end-of-life care provided was good and ensured the resident was comfortable and pain free. The centre had access to the local palliative care team, there was a referral system in place and review by the team was provided without delay. The inspector saw evidence that they had been involved in the care of a

deceased resident.

Nursing documentation was reviewed and confirmed that nurses did not record residents' death and dying wishes/ preferences at the time of their initial assessment or during their three monthly assessment review. The inspector reviewed the medical and nursing documents of two residents who had died recently in the centre both residents had an end of life care plan in place at the time of their death. The inspector was informed that some residents, their families together with the resident's General Practitioner (GP) had decided that the resident was not for cardio pulmonary resuscitation (CPR). Records to reflect these decisions were in place and were reviewed on a regular basis. There were clear and concise records kept of when and how the resident was assessed and certified dead by the visiting medical practitioner.

Residents' religious needs were facilitated. The Sacrament of the sick was provided and the priest sought at the residents' request. Relatives stated that there were enough staff on duty at the time of their relatives death. The end of life policy included details about caring for the remains of a deceased resident and the return of personal possessions to loved ones. There was specific freshly pressed white linen and An Irish Hospice Foundation quilt for use on the deceased residents' bed. An end of life symbol was displayed at the nurses' station of the unit where the resident had died another was also placed on the deceased residents' bedroom door. The deceased remains were transferred by the undertakers. The person in charge and staff described how they formed a guard of honour at the front door of the centre at this time and the pastoral carer read some prayers and said a few words about the resident.

The inspector was informed that residents' personal possessions were packed in boxes and kept in a secure store room until the family were ready to collect them. Some information was available to relatives on the death of a loved one. However, the provision of written information was not consistently provided to relatives of the deceased. The inspector noted that the information available was not centre specific and there was no written information about bereavement counselling available to relatives.

The pastoral carer and staff informed residents' about the funeral arrangements and those who wished to attend the funeral were facilitated. The unit's manager sent a sympathy card to relatives when a resident died. Education records showed some staff had received training in relation to the provision of end of life care and that more was planned.

### **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

#### **Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that each resident was provided with food and drink at times and in quantities adequate for his/her needs. Food was properly prepared, cooked, served and was wholesome and nutritious. Residents had a choice at each meal time. Assistance was offered to residents in a discreet and sensitive manner, when required. However, records reflecting residents' fluid and food input were not recorded accurately.

The policy on food and nutrition had been reviewed on several occasions, most recently in May 2014. It was robust and provided clear guidance to staff on how to care for residents' nutritional and hydration needs. The updated policy had not been implemented to staff. There was also a policy on guidelines for care of residents with Percutaneous Endoscopic Gastrostomy (PEG).

Residents had access to fresh drinking water and a variety of hot and cold drinks throughout the course of the day. Staff were observed offering residents a choice of hot and cold drinks with their meal and each resident stated they were individually offered a drink between each main meal and between supper and bedtime. Residents spoken with confirmed that staff provided them with a drink when they requested it and staff renewed the jug of fresh drinking water in their bedroom daily. Snacks were available and served throughout the day. Residents stated these included milk shakes, variety of chopped up fruit, mousses, soup, cakes, scones and/or biscuits. The inspector observed breakfast and lunch being served to the residents. Residents confirmed they could choose where they wanted to eat. Most choose to have their breakfast served in bed or by their bed. Residents in each unit had access to a communal dining room. Catering staff, prepared trays in each unit's pantry with the residents' chosen preference. The care staff assisted serving the trays to residents'. The inspector saw that there was a choice of cereals, scrambled/fried or boiled eggs together with a variety of breads and/or toast, different juices, tea or coffee being served to each resident. Residents spoken with told the inspector that they liked the breakfast served to them and if they didn't there was never any trouble getting it changed.

At lunch time the residents were given a choice, they completed a meal choice form. The lunch was prepared and cooked in the main kitchen of the centre and sent within a heated trolley to each unit to be served. Lunch was then served by catering staff from a trolley in the dining room. Residents could view the food prior to making a choice.

The dining room tables were set with all required condiments and cutlery to meet the residents' individual needs. The inspector observed that a variety of crockery and utensils was available to meet the needs of all residents. The food was presented to residents in an appetising manner. Residents requiring smooth pureed or minced moist food could clearly identify what they were eating as each food group was presented separately on their plate. The quality of the food was good and the quantities reflected each resident's individual dietary requirements, which were also reflected in their care plan. Staff were available to assist residents at mealtimes. They were observed encouraging and promoting residents to be independent in a sensitive manner.

Catering and care staff spoken with had a good knowledge of each resident's individual preferences, likes/dislikes, those on special diets such as weight reducing, diabetic, healthy heart, high protein and high calorie diets and those who required alternation to the normal food consistency. They consulted a list within the main kitchen and each pantry displaying all this information for each resident in a discreet manner.

The catering manager stated that there was a four week rolling menu which was changed on a regular basis. However, meals were trialled by residents and feedback sought prior to going on the menu for a period of time. All menus had been reviewed for nutritional content and details of this evaluation was available for review. Residents' chatted amongst themselves and to staff while enjoying their lunch. Residents spoke highly of the quality of the food and the manner in which it was cooked and served and confirmed that feedback was sought from them at resident meetings, asking them to completed questionnaires and verbally by the catering manager.

Clinical documentation was reviewed. Assessments, care plans were in place for all residents'. Residents were assessed on admission and reviewed three-monthly with a validated assessment tool for food and nutrition and skin integrity. A baseline weight and height was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk. Assessments were detailed and reflected the resident's individual needs. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the GP instructions. However, records did not show that the care described in individual care plans was not provided according to the food and nutrition policy. For example, residents who's care plan stated they required an intake of one litre of fluid per day, did not have a completed fluid balance chart in place to reflect the residents fluid intake in a 24 hour period. There was no evidence that the fluid intake of residents who had been identified as being at risk of dehydration was being evaluated by a staff nurse at the end of each day to determine the residents' total fluid intake in 24 hours. The inspector observed that a number of residents' were potentially at risk of becoming dehydrated due to low volumes of fluid intake recorded. In addition, a number of residents' on food charts did not have their food intake recorded accurately.

The provider's self-assessment indicated that access to medical and peripatetic services was good and the inspector found there was no delay in any resident being referred or reviewed as required.

## 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 the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Sheila McKeivitt  
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>	Beneavin House
<b>Centre ID:</b>	ORG-0000694
<b>Date of inspection:</b>	15/05/2014
<b>Date of response:</b>	10/06/2014

### 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 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 are no arrangements in place for eliciting residents' end-of-life preferences.

**Action Required:**

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

Our revised comprehensive End of Life Policy will be implemented. All residents will have an advanced end of life plan initiated no later than within three months of admission or sooner if their condition requires. Existing residents will have this plan initiated within a three month time period. To assist the initiation and facilitate the gathering of this information an end of life discussion document has been developed. The document and plan will be available for review and discussion at every three

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

monthly assessment and quarterly care summary report. It may be also necessary to review more often depending on the needs of the individual resident.

**Proposed Timescale:** 01/09/2014

**Theme:** Person-centred care and support

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

The reviewed end of life policy needs to be implemented.

**Action Required:**

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

The revised End Of Life Policies will be disseminated to all qualified staff for immediate implementation. All staff involved in caring for residents will be made aware of the changes to the policy by means of updates at the midday staff meetings and at staff training sessions. The revised policy will be shared with all new staff at induction. The Home Manager will oversee the training and mentoring of nursing personnel particularly in relation to the discussion document.

**Proposed Timescale:** 31/07/2014

**Theme:** Person-centred care and support

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

The provision of written information to the relatives of the deceased resident needs to be included in the policy, available in the centre and consistently offered to relatives of the deceased.

**Action Required:**

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

Relatives will be offered and have available to them information in relation to services and supports available to them during the end of life period and after the death of their relative. Information in relation to support will also be available to relatives in the family room.

**Proposed Timescale:** 31/07/2014

## **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:**

The practice in relation to recording of fluid and food input was not in line with the centres' policy.

**Action Required:**

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

The Home Manager will ensure that all staff are aware of the contents of the policy and monitor the implementation of the actions by reviewing and auditing the electronic documentation inputted by staff regarding the input and output recording and meeting with individual staff who are not practising according to our policy. Emphasis will also be placed on education for all staff on recognising dehydration and malnutrition with associated weight loss, accurate documentation, recording of fluid balances and the importance of accurate records. Nursing staff have been reminded that they are responsible for ensuring the adequate intake/output of their residence during each shift by totalling the recorded intake/output amount within every 24 hours and intervening where adequate intake/output has not been reached.

**Proposed Timescale:** 31/07/2014