

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Baltinglass District Hospital
Centre ID:	OSV-0000485
Centre address:	Baltinglass, Wicklow.
Telephone number:	059 648 1255
Email address:	carol.gannon@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michael Knowles
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	57
Number of vacancies on the date of inspection:	3

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: 07 August 2014 12:00 To: 07 August 2014 18:30

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 providers attended an information seminar, received evidenced based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

The inspector concurred with this and found that in the area of food and nutrition and end-of-life care, the centre was in compliance with the requirements of 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 was reflected in positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

The inspector was satisfied that each resident received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs and respected his/her dignity and autonomy. Specific training had been provided to staff and ongoing improvements were noted in care practices and documentation.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious and assistance was offered to

residents in a discreet and sensitive manner. Improvements were also noted in this outcome including increased choice and presentation of modified consistency meals.

No actions were required from this inspection

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 inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

As part of the self assessment process the person in charge had identified the need for further staff training in end of life care. The training records showed that training had been provided for a range of different grades of staff. The inspector spoke to staff members concerning this training and all stated that they found it helpful and beneficial. The inspector found that practices and procedures described in the self assessment document were in place and were adhered to.

The inspector saw that extensive development work had recently been undertaken as regards the use of appropriate care plan documentation. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The inspector saw that in some cases very specific information was documented including choice of undertaker, wishes regarding transfer to the acute services and details of who was to take care of money matters.

The inspector also saw that additional end of life care planning documentation had been introduced. This was comprehensive and dealt with the physical, emotional, psychological and spiritual needs of the residents. The inspector spoke with staff and the person in charge who outlined plans to improve this even further as they felt it did not provide adequate information regarding the residents' needs.

The end-of-life policy, reviewed in April 2014, was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The policy had been revised and updated in response to the training provided by the Authority on thematic inspections. There was a system in place to ensure that staff read and understood the policy. Staff

members spoken with were knowledgeable and confirmed this.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. Relatives stated that they were very satisfied with the care which had been provided before, during and after the death of their loved one. They stated they were always made feel welcome and were facilitated to stay overnight and be with the resident during their last days. Relatives reported that residents' wishes, with regard to their place of death, were respected as far as was possible. Some relatives acknowledged that there was no single room available at that time. This was discussed with the person in charge who stated that this was being addressed as part of the extensive renovations underway in the centre.

Relatives also described how important it was to keep the family informed of any changes in the condition of the resident. Staff spoken with agreed with this. Meeting residents' religious needs was frequently mentioned in the questionnaires reviewed and the inspector was satisfied that this was the usual practice in the centre.

The person in charge stated that the centre received support from the local palliative care team. Staff members were knowledgeable about how to initiate contact with the service when required which was by general practitioner (GP) referral. Staff said that the service was always available for advice and support when required.

Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. This was on display in the front hall with an explanation of its meaning and stating that this symbol would be on the door to the resident's room if the resident had passed away.

Additional equipment had been purchased to improve the level of respect shown to the deceased. This included a purple drape for the bed and for the trolley used to bring the remains to the mortuary. The mortuary was available in the grounds of the centre and staff confirmed that this facility was frequently used. Staff also told the inspector that residents would often visit the remains either in the room or the mortuary to pay their last respects.

There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep. A policy was in place to guide the return of personal belongings.

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 was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

There was a food and nutrition policy in place dated March 2014 which was centre specific and provided detailed guidance to staff. The policy had been reviewed in response to the training provided by the Authority on thematic inspections. Staff members spoken to by the inspector were knowledgeable regarding this policy.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist if required. The inspector read the treatment notes and observed practices and saw that staff were using appropriate feeding techniques as recommended. The inspector noted that protected mealtime notices were on display outside the dining areas reminding staff and visitors that all distractions including visits were minimised at this time. This also ensured that adequate staff were available to provide assistance if needed. The inspector visited both dining rooms at lunch time and saw that there was adequate staff there and they were providing assistance in a discreet and sensitive manner if required. The inspector saw that adapted delph and cutlery was in use for some residents as this promoted their independence.

The inspector saw that other specialist services were available to the residents if required including occupational therapy and dental services which were available in house or in the local community. Improvements were on going as regards residents' oral health. Oral health assessments were completed on all residents and the inspector saw that oral hygiene care plans were in place if needed.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The staff on duty discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this

information from the nursing staff and from speaking directly to residents. The catering staff went to each resident in the morning and enquired about their preferences for the day. Staff told the inspector that they often rechecked this as residents might want to change their mind. The inspector noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory. The inspector also noted that serving dishes of second helpings were brought around to each table to ensure that residents were satisfied.

Although most residents went to one of the two dining rooms, they had a choice as to where to have their meals. The inspector saw that some residents choose to have their evening meal in their room and trays were nicely set up for this.

The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. Savoury choices were now available at each meal. The inspector saw that in the main residents who required their meal in an altered consistency had the same choices as other residents.

The inspector saw that snacks and refreshments were available at all times. The inspector saw residents frequently offered a choice of drinks and noted that on arriving unannounced choices of drinks were available on the tables in the dining rooms including milk, water and juices.

An extensive range of choices were available at each meal time but the chef told the inspector that she would get any resident anything they wanted if it were at all possible. The inspector saw residents enjoying a large choice of menu at both lunch and tea time. These included homemade scones, a selection of sandwiches, two choices of meat, salad, eggs and much more. All residents spoken with commented on the availability of homemade cakes and the brown bread which was very popular. The catering staff told the inspector that menu plans had recently been reviewed by a dietician to ensure that they were wholesome and nutritious.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority