

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Deerpark Nursing Home
Centre ID:	OSV-0000222
Centre address:	Deerpark, Lattin, Tipperary.
Telephone number:	062 55 121
Email address:	deermairead@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Deerpark Nursing Home Limited
Provider Nominee:	Mairead Perry
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
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: 20 August 2014 11:05 To: 20 August 2014 17:25

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. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector analysed questionnaires which relatives had submitted to the Authority prior to the inspection.

As part of the inspection the inspector met with the provider, the person in charge, residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaints log, policies and procedures and records of residents' meetings. The person in charge had completed the self-assessment tool, noted some areas for improvement in respect of end of life care and devised an action plan to address these.

The inspector observed good practices in relation to planning for and care at end of life. Residents' wishes for care at end of life had been ascertained in a sensitive manner and recorded in the each resident's care plan. The inspector found that residents had received appropriate care and their physical, emotional, social, physiological and spiritual needs had been met at end of life. Family and friends were facilitated to be residents at end of life and were kept appropriately informed.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. A choice was offered to residents at each mealtime in respect to menu options and dining location. A number of new menu options had been recently introduced. The food and fluids provided met the assessed dietary needs of the individual residents. Snacks and fresh drinking water were

available at all times. Assistance was provided in a discreet and respectful manner.

The inspector found substantial 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, in the area of food and nutrition and in end of life care.

Improvements were identified in care planning practices relating to food and nutrition to enhance good practice. The required improvements are set out in detail in the action plan at the end 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Only the component in relation to care planning processes relating to food and nutrition and end of life care were considered as part of this thematic inspection.

As stated under outcome 15, the care plans for a number of residents who required fluids of modified consistency did not guide practice as the stage of the modified consistency recommended by the speech and language therapist was not included.

Judgment:

Non Compliant - Minor

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre-specific policy on end of life care was made available to the inspector and had been reviewed in February 2014. This policy was augmented by a centre-specific policy on resident resuscitation status and management, which had been reviewed in July 2014. The inspector noted that the policies were comprehensive and evidence based. Records were made available to the inspector which confirmed that staff had

read and understood the policies. The inspector noted that policies informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had identified a number of actions to ensure compliance, including the implementation of end of life care plans for all residents. The inspector noted that these actions had been completed.

Questionnaires, asking relatives' opinions regarding end of life care, were sent to the relatives of deceased residents. The response rate was 50%. The responses received reflected a high level of satisfaction with the care provided.

End of life discussion forms had been completed with residents and their representatives, if appropriate, which determined residents' wishes in relation to place of death, resuscitation status and care at end of life. Residents and relatives with whom the inspector spoke confirmed that end of life wishes had been ascertained in a sensitive manner. Some residents expressed to the inspector that in the event of becoming unwell, they would prefer to go to the acute services while other residents stated that they would choose to stay in the centre. The inspector saw that this information was recorded in the resident's care plan. The care plans were reviewed and updated on a three monthly basis or more frequently if a resident's needs changed.

The inspector noted that any decisions not to attempt resuscitation were seen to be based on clear clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate. The inspector reviewed a selection of care plans of deceased residents and noted that residents had received appropriate care and their social, physical, emotional, physiological and spiritual needs had been met.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. The inspector saw that reference materials were available to guide in the facilitating and engaging of cultural practices at end of life. Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

All residents who had died in the centre over the past two years had been provided with the choice of a single room if they were not already in one as they reached their end of life. The person in charge reported that some residents had expressed a wish to remain in a shared bedroom. The centre-specific policy stated and the person in charge confirmed that, if possible, the option to go home for end of life care was facilitated.

Family and friends were facilitated to be with the resident at end of life with a family quiet room provided. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times. The inspector saw evidence regular communication with family members and that they were kept suitably informed of the resident's condition.

The inspector noted that practices after death respected the remains of the deceased

person. The removal of remains and funeral arrangements were in accordance with resident's wishes and in consultation with the family. Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Residents were offered the opportunity to pay their respects to the deceased resident.

Family members were also given practical verbal information with regard to registering a death. The end of life policy stated that personal possessions were returned in a sensitive manner. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Records were made available to the inspector which confirmed that staff had received training in a number of aspects of end of life care in 2013.

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:

There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents which had been reviewed in 2014. The inspector noted that these policies were comprehensive and evidence based. Records were made available to the inspector which confirmed that staff had read and understood the policy. The inspector noted that policy informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had not identified any actions to ensure compliance.

The report from an environmental health inspection in April 2014 was made available to the inspector and actions were seen to have been implemented promptly. A residents' survey completed in 2013 and minutes of residents' meetings reflected satisfaction with the quality of food and beverage served. Of the complaints recorded in the electronic complaints log, none were concerned with food quality.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal

choices and preferences. Records of regular meetings between nursing and catering staff were made available to the inspector who noted that residents' dietary needs were discussed. The inspector spoke with the catering staff on duty who demonstrated comprehensive knowledge of residents' preferences and dietary needs. A two weekly menu cycle had recently been introduced with a number of new options offered for lunch and evening meal. There was evidence that choice was available to residents for all meals with regards to menu options and dining location. The menu for the day and the following day were displayed prominently in the day room.

A selection of prescription charts were reviewed by the inspector and nutritional supplements were prescribed and administered appropriately. It was observed that every effort was made to present modified diets in an attractive manner. Staff with whom the inspector spoke demonstrated adequate knowledge of residents' needs in relation to diet and fluids of modified consistency and this was evidenced in practice.

The inspector noted that, where a resident received enteral nutrition, there was evidence of regular input by the dietician. Nursing staff with whom the inspector spoke demonstrated adequate knowledge relating to the management of the tube site, enteral tube and the associated complications.

Breakfast was served to residents between the hours of 08:00 hrs to 09:30 hrs. Residents had a choice for breakfast; hot/cold cereals, breads, cooked eggs, toast and beverages. Residents with whom the inspector spoke stated that they chose to have a leisurely breakfast in bed or at their bedside.

Lunch was served at 12:30 hrs and the inspector observed the meal to be unhurried and a social occasion. Residents had the choice to dine in the dining room, sitting room or at their bedside. The space in the dining room was limited, with capacity for 14 residents, but plans for expansion include additional dining space for residents and a larger kitchen. Dining tables in the dining room were attractively and invitingly set with napkins and condiments. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required. Vegetarian options were available.

The evening meal was served at 16:30 hrs and the inspector observed that a number of options for food made available to residents including sandwiches, salad plates and sausages. A fruit bowl was set on each table in the dining room and residents were encouraged to choose their preferred piece of fruit. There was a further supper served at 20:00 hrs. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

The inspector noted that lunch and the evening meal were sociable occasions with assistance being offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspectors spoke were complimentary of the meals and snacks served.

On reviewing the staff roster and from observation on inspection, the inspector noted that there were sufficient staff to meet the needs of residents during mealtimes.

In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times from jugs in bedrooms and the water dispenser in the day room. Care staff were observed to record residents' fluid intake into the computerised system. Nursing staff reported monitoring the fluid balance of residents with specific requirements.

Based on a sample reviewed by inspectors, care plans reflected assessment of nutritional needs on admission. Residents' weights were monitored on a monthly basis and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The person in charge completed a monthly audit of residents' weight loss. The inspector saw that residents looked well, weights were stable and nursing staff understood the relevance of weight loss when computing the MUST. The advice of occupational therapist, dentist, dietician and speech and language therapist was accessed promptly, communicated and observed. However, the care plans for a number of residents who required fluids of modified consistency did not guide practice and this is covered in outcome 11.

The results of a number of audits completed by the person in charge during early 2014 relating to food and nutrition were made available to the inspector. The inspector noted that actions from these audits were implemented.

The inspector noted that staff had received training in training in the area of food and nutrition throughout 2014.

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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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Deerpark Nursing Home
Centre ID:	OSV-0000222
Date of inspection:	20/08/2014
Date of response:	19/09/2014

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.

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

The care plans for a number of residents who required fluids of modified consistency did not guide practice as the stage of the modified consistency recommended by the speech and language therapist was not included.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Following inspection feedback with inspector, changes were made immediately to care

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

plans to reflect the stage of modified consistency recommended by SALT.

Proposed Timescale: 20/08/2014