

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tralee Community Nursing Unit
Centre ID:	OSV-0000566
Centre address:	Teile Carraig, Killerisk Road, Tralee, Kerry.
Telephone number:	066 719 9250
Email address:	maire.flynn@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Eithne McAuliffe
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	0

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: 21 October 2014 08:00 To: 21 October 2014 14:30

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

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. The person in charge recently took up the post so it was her predecessor that completed the self-assessment in relation to both outcomes in preparation for the thematic inspection. The person in charge who completed the provider self-assessment tool judged that the centre was in minor non-compliance regarding food and nutrition and end-of-life care. Issues of non-compliance identified in the self-assessment were being addressed, for example, staff training and literature/information for relatives to assist them.

The inspector met residents and staff and observed practice on inspection. Documents were reviewed such as policies, training records, care plans, medical notes, medication management charts, complaints log and minutes of staff and residents' meetings. The premises was inspected and the inspector found that there was a major non-compliance in Lohar ward due to the absence of a dining room within this unit.

Overall, the inspector noted a warm and relaxed atmosphere throughout the centre. The centre was clean and furnishings and housekeeping appeared to be of a high standard. Residents were very complimentary of the food provided. There was evidence of improvements arising from the findings of the self-assessment

questionnaires and these will be discussed under the relevant outcomes in the report. Staff spoken with by the inspector exhibited knowledge about the residents and their care needs and were observed caring for residents in a respectful manner.

The person in charge and clinical nurse manager 2 (CNM 2) displayed a commitment to the delivery of person-centred care and continuous improvement. Both the person in charge and CNM 2 demonstrated knowledge of the Regulations and National Standards.

The actions necessary 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 are detailed in the action plan at the end of this report and these include:

- 1) end-of-life care policy
- 2) care planning
- 3) absence of a dining room in Lohar ward
- 4) staff training
- 5) residents' meetings.

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 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):

No actions were required from the previous inspection.

Findings:

Findings were discussed under Outcome 14, End of Life Care.

Judgment:

Non Compliant - Minor

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:

Findings were discussed under Outcome 14, End of Life care.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

Findings were discussed under Outcome 15, Food and Nutrition.

Judgment:

Non Compliant - Major

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 provider's self-assessment and overall assessment of compliance identified minor non-compliance with Outcome 14 and Standard 16 and the inspector's findings concurred with this. Other areas of non-compliance related to care planning.

Evidence was demonstrated to show that planning of care for activities of daily living was done in consultation with the resident and/or their next-of-kin as described in the Regulations. Evidence-based risk assessments were in place to inform care of residents. The inspector noted that the end-of-life care policy was up-to-date, however, it dealt primarily with the active stage of end-of-life (EOL) care and not the preceding time, when residents may possibly be better able to discuss their wishes and have those wishes documented. The CNM2 demonstrated recent audits of EOL care plans which highlighted deficiencies in care planning. This was discussed following review of a care plan of a recently deceased resident. EOL care plans appeared to concentrate on the imminent stage of death and the care pertaining to that stage. There was a dearth of information relating to the preceding time, for example, whether or not the resident wished to be transferred to hospital should they become acutely unwell or other

arrangements. The EOL care plan of the recently deceased resident was initiated four days before their death and while there was information relating to nursing care, there was no personal information or wishes to inform care.

Staff training records indicated that three staff had completed end-of-life care training in October 2014; others were scheduled to do the training in November 2014.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre, and ministers from other religious denominations visited upon request. The priest who attended the centre gave education sessions to staff regarding EOL and staff spoke of the value of these sessions in enhancing their care of residents. Sixteen staff had attended these sessions in June 2014.

Family and friends were facilitated to be with the resident at end-of-life. The centre had a majority of single bedrooms and single room occupancy was facilitated where possible during end-of-life care. Open visiting was facilitated. There was ample provision of private sitting spaces, a quiet room, sitting rooms, a sun lounge, enclosed gardens and walkways. There was a kitchenette with tea/coffee making facilities on Dinish ward for relatives. Lack of tea/coffee making facilities on Loher ward was a recurring item in the minutes of residents meetings reviewed. The incumbent person in charge remedied this and put in place a large cabinet with tea/coffee making facilities with wash basin, power points and shelves for supplies for relatives. This was discretely located on the main corridor of the ward to enable easy access.

Medical notes reviewed demonstrated that residents had timely access to general practitioner (GP) and specialist reviews including physiotherapy, occupational therapy and dietician. Residents had access to a consultant-led palliative care service in Tralee General Hospital.

There was evidence that medication management was regularly reviewed and closely monitored by the GP. Education sessions were facilitated for staff regarding different aspects of residents' medication management. Controlled drugs (CDs) were checked and maintained in line with professional guidelines. Residents' prescriptions and administration charts were examined and were seen to be maintained in line with professional guidelines.

The self-assessment indicated that upon the death of a resident, his/her family or representatives were offered practical information (verbally and in writing). These were evidenced on inspection.

There was a policy and protocol for the return of personal possessions following the death of a resident.

Judgment:
Non Compliant - Minor

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 reviewed the provider's self-assessment questionnaire of compliance with Regulation 20 and Standard 19. The person in charge had assessed that the centre was in minor non-compliant regarding food and nutrition.

The centre had an up-to-date policy on food and nutrition which included a recognised risk assessment tool to evaluate residents' nutritional risk status and this formed part of residents' overall plan of care. Residents were routinely weighed every three months or more often if their condition warranted.

Staff training in relation to food and nutrition included dysphagia, food and fluid consistency and nutritional values. However, staff training record demonstrated that this training was not up-to-date for many staff. Main meals were prepared off-site and transported to the unit. While kitchen staff on the unit were responsible for soup, snacks and refreshment, their training regarding food safety was not up-to-date.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Breakfast was previously served from 08:00hrs but this was now changed to the later time of 8:15hrs as additional staff were on duty to assist at breakfast time. Breakfast was served in residents' bedrooms and staff were observed serving breakfasts where residents were given choice. Mid-morning snacks and hot and cold drinks were served at 10:15hrs and fresh drinking water was replenished throughout the day. Afternoon tea was at 14:00hrs. Lunch was served in the dining room in Dinish ward from 12:15hrs. Five residents in Loher ward sat at the table in the day room for their meal, however, the remainder had their meal at their bedside as there was no dining room here.

The inspector noted that staff levels appeared adequate to meet the needs of the residents during mealtimes. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive manner. The inspector joined residents at lunch time in the day room where residents received their meal in a timely manner in a relaxed atmosphere. Evening tea was served from 16:15hrs. There was a tea-round at 18:30hrs. The inspector requested that the time of this tea-round be reviewed; while residents were free to ask for additional fluids there was no structured tea-round after 18:30hrs and many residents had some degree of cognitive impairment which may have impeded their ability to make such a request.

Information was relayed by the nurse to kitchen staff on admission of a new resident and following review by the dietician or speech and language therapist. There was a multi-disciplinary team convened with the first meeting on the day of inspection. Attendees included the person in charge, deputy person in charge, physiotherapist, occupational therapist, dietician, speech and language therapist and rehabilitation assistant. Each resident's care was discussed along with their assessments including repositioning assessments and personal exercise programmes to enhance care.

Menus with choice were on display in the dining room in Dinish ward, however, these were not in an easily accessible format for residents. The person in charge had identified this and had ordered menu displays for each dining room table and these were awaited.

Minutes of residents meetings were reviewed by the inspector. There were just two meetings to date for 2014. The facilitator for residents' meetings had retired and the new facilitator had just taken over the role, nonetheless, there was uncertainty to the frequency of these meetings. The minutes reviewed demonstrated that issues raised were dealt with in a timely fashion and that residents were consulted about how the centre was planned and run and their feedback sought which informed practice.

Documentation submitted to the Authority indicated that the following specialist diets were catered for:

- 1 resident was on a low salt diet
- 1 diabetic diet
- 23 residents were on a modified consistency diet
- 26 residents were on nutritional supplement
- 12 residents were on fortification
- 1 resident was receiving tube feed.

There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when the resident's condition warranted.

As food was prepared off-site the inspector was unable to review kitchen practices regarding food preparation, storage and workflows.

The complaints log was reviewed and there was one complaint recorded regarding food and nutrition. This was dealt with comprehensively to the satisfaction of the complainant.

Judgment:
Non Compliant - Minor

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Findings were discussed under Outcome 15, Food and Nutrition.</p>
<p>Judgment: Non Compliant - Minor</p>

<p><i>Outcome 18: Suitable Staffing</i> <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.</i></p>
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Findings were discussed under Outcome 15, Food and Nutrition.</p>
<p>Judgment: Non Compliant - Minor</p>

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:

Breeda Desmond
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 report¹

Centre name:	Tralee Community Nursing Unit
Centre ID:	OSV-0000566
Date of inspection:	21/10/2014
Date of response:	28/11/2014

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.

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 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:

The inspector noted that the End of Life (EOL) care policy was up-to-date, however, it dealt primarily with the active/imminent stage EOL care and not the preceding time, when residents may possibly be better able to discuss their wishes and have those wishes documented.

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

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:

We will liaise with our colleagues in Killarney Community hospitals to implement the advanced life directive that they have piloted

Proposed Timescale: 01/06/2015

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:

EOL care plans appeared to concentrate on the imminent stage of death and the care pertaining to that stage. There was a dearth of information relating to the preceding time, for example, whether or not the resident wished to be transferred to hospital should they become acutely unwell or other arrangements.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We will liaise with our colleagues in Killarney Community hospitals to implement the advanced life directive that they have piloted

Proposed Timescale: 01/06/2015

Outcome 12: Safe and Suitable Premises**Theme:**

Person-centred care and support

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

There was no designated dining room on Loher ward.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Arrangements will to be made to relocate the Physiotherapy out-patients department to another premises and refurbish this accommodation into a dining area . We are including this work into our service plan for 2015

Proposed Timescale: 30/11/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There were just two meetings to date for 2014. The facilitator for residents' meetings had retired and the new facilitator had just taken over the role, nonetheless, there was uncertainty to the frequency of these meetings.

Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

I have consulted with the new facilitator and she is willing to hold meetings every 6- 8 weeks.

Proposed Timescale: 09/12/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Training regarding food safety was not up-to-date for kitchen staff working in the unit.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training will be accessed.

Proposed Timescale: 01/03/2015

Theme:
Workforce

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

While some staff had up-to-date training relating to food, nutrition, swallowing difficulties, food consistencies, specialist dietary requirements, all staff had not completed this training.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training will be provided.

Proposed Timescale: 01/05/2015