

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Craddock House
Centre ID:	ORG-0000027
Centre address:	Craddockstown Road, Naas, Co. Kildare, Kildare.
Telephone number:	045 898 600
Email address:	craddockhouse@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Werlay Limited
Provider Nominee:	Karl Gallagher
Person in charge:	Brid Gallagher
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	75
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 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: 17 September 2013 10:00 To: 17 September 2013 18:30

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 reviewed policies and analysed surveys 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 found minor non compliances 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. This was reflected in the positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

The inspector found that residents' end of life needs were well managed and a high standard of nursing care was provided at this stage of life. The inspector noted many examples of good practice in this area and staff were knowledgeable and sensitive to the needs of residents and families. Relatives of deceased residents were very satisfied with the care given to their loved ones. Some improvement was required to ensure the policy on end of life was fully implemented with regard to care planning.

The nutritional needs of residents were met to a high standard although some improvement was required to ensure sufficient provision of choice to all residents.

There was good access to the general practitioner (GP) and other allied health professionals including the dietician and the speech and language therapist (SALT) for residents at risk of poor nutrition. Residents and relatives were very satisfied with the service provided.

These matters are discussed further in the report and in the Action Plan at the end of the 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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Care planning, as it relates to end-of-life care, was reviewed under this outcome. The details of the findings are discussed below under Outcome 14. Other aspects relevant to this outcome were not reviewed during this inspection.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual. However, some ongoing improvement in the care planning process was required.

There was a comprehensive policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy and it had been discussed with them and they signed a record indicating they had read and understood the document.

The centre's policy required an end-of-life care plan to be put in place for all residents. However, the inspector found that this did not take place in practice and care plans were usually drawn up when there was a significant deterioration in the condition of the resident. The inspector found that as result, residents' preferences regarding end-of-life arrangements and future health care options were not consistently discussed and recorded in a timely way for a large number of residents.

The inspector reviewed the records for a number of residents who had end-of-life care plans in place, including the records of a resident who was deceased. The inspector found that these care plans were of good quality, recorded the expressed preferences of the resident and were drawn up in consultation with the resident and/or their family members. Regular family meetings were held as appropriate and were attended by the GP and nursing staff. The inspector visited some of the residents who had care plans for end of life in place and spoke to their family members. The inspector found that practices and facilities were in place to ensure that resident's needs were met and the residents' dignity and autonomy was respected. The relatives spoken to by the inspector expressed a high level of satisfaction with the care provided and the emotional, spiritual and social support given. The majority of residents resided in single rooms and the person in charge stated that a single room was always facilitated for end-of-life care.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. This information showed that relatives were very satisfied with the care which had been provided at the time of death. Relatives were made feel welcome and were facilitated to stay overnight and be with the resident when they were dying. Relatives reported that residents' wishes, with regard to their place of death, was respected and residents had access to a single room at this time. Residents also reported a high level of satisfaction with the care and respect shown by staff members following the death.

The person in charge stated that the centre maintained strong links with the local palliative care team. The inspector saw that there was good access to this service when required and that recommendations from the palliative team had been recorded in detail in residents' care plans and had been implemented by the staff.

The records showed that a number of staff had received training in end-of-life care and the provider had organised for further training to take place in the weeks following inspection. Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported. There was a daily mass in the centre and religious representatives from other faiths also regularly visited.

Residents and visitors were informed sensitively when there was a death in the centre. An oratory was provided and residents were facilitated to pay their respects. An annual remembrance service was held in the centre to which residents, family and friends were

invited.

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 was satisfied that residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. However, some improvement was required for residents requiring altered consistency meals.

There was a food and nutrition policy in place which was centre-specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy.

The inspector observed the main meal and the teatime meal in all three dining areas. The food provided was varied and was fortified where appropriate to meet particular nutritional needs. Meals served were hot and attractively presented. A menu was displayed on each table showing the choices available and individual preferences were readily accommodated. The person in charge together with the nursing staff monitored the meal times closely. Second helpings were offered. Residents who required assistance received this in a sensitive and appropriate manner. Mealtimes were social and unhurried.

Most residents requiring modified consistency meals, such as pureed, had the same choice as other residents. The meals were attractively presented in individual portions using moulds. However, the inspector noted during the evening meal that some residents, who required altered consistency meals, did not have the same choice of foods as other residents and their food had not been presented in an appetising way. The inspector observed that one of the choices available on the evening meal menu was suitable for residents who required modified consistency diets. However, this had not been facilitated. This matter was brought to the attention of the person in charge who undertook to address it.

Residents had good quality care plans for nutrition and hydration in place based on regular nutritional assessments which were up to date. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. The care plans were implemented in practice and the

inspector saw that advice from the dietician and SALT was implemented for individual residents. There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs. The inspector spoke to the head chef who was very knowledgeable about special diets and food fortification options for individual residents. The head chef met all residents individually at the time of admission in order to discuss their preferences.

There was good ongoing monitoring of residents nutritional and hydration needs. Regular weight monitoring was carried out for all residents using appropriate calibrated equipment. Dietary monitoring records and fluid balance charts were implemented for those residents at risk of poor intake and the inspector saw that these records were accurately maintained. Drinks and snacks were readily available and residents and their visitors were free to access these. There was a documented system in place to ensure that residents, who had poor food and fluid intake, were offered additional drinks and snacks throughout the day.

The inspector completed a number of questionnaires with residents and relatives regarding food and nutrition. The response to these questionnaires was uniformly positive with residents and relatives expressing a high level of satisfaction with the choice of food, the meal times and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents.

The provider and person in charge had identified dental assessment and oral cavity care as an area for improvement as part of the self assessment process which was completed prior to the inspection. The inspector found that this matter had been addressed. All residents had been provided with access to a dentist since the self assessment and an audit system had been put in place to monitor and improve daily dental and oral cavity care. The inspector read these audits and noted that there had been an improvement in practice since their implementation.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

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:

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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:	Craddock House
Centre ID:	ORG-0000027
Date of inspection:	17/09/2013
Date of response:	09/10/2013

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 11: Health and Social Care Needs

Theme: Effective Care and Support

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

End of life care plans were not developed for all residents who required them.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

We have already commenced the implementation of the End of Life Care Plan on residents who are well and have not had any significant deterioration in their condition. We will continue to carry this out with all residents.

We are also presently working on introducing a new "Advanced End of Life Care Directive" care plan which will focus on residents wishes and requests for their End of

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

Life Care. This will be done at a stage where the residents can make the decisions for themselves at a suitable time when they are well and not at a vulnerable stage when they are unwell or their condition is deteriorating.

We aim to introduce this at the residents admission stage and it will be on-going throughout the residents stay in Craddock House Nursing Home.

Families will also be encouraged to participate in the above as desired by the resident or as required.

Proposed Timescale: 31/03/2014

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:

Residents who required modified consistency diets were not provided with the same choice as other residents.

Action Required:

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

Residents who require modified consistency diets are also provided with a choice for their evening meal. However, their choice may be different/varied from the choice of meal available to other residents.

The Head Cook is presently reviewing this and is trying to organise menus that will facilitate all residents having the same choices on a daily basis.

Proposed Timescale: 31/12/2013