

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilmainhamwood Nursing Home
Centre ID:	ORG-0000144
Centre address:	Kilmainhamwood, Kells, Meath.
Telephone number:	046 905 2070
Email address:	kilmainhamwoodnursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Limited
Provider Nominee:	Pat Shanahan
Person in charge:	Marie Helene Finegan
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	48
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: 21 November 2013 12:30 To: 21 November 2013 17:30

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 the person in charge attended an information seminar, received evidenced-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and the provider self assessment tools relating to End-of-Life Care and Food and Nutrition submitted by the person in charge pre-inspection. The person in charge had judged that the centre was compliant in relation to Food and Nutrition and non complaint-minor in relation to End-of-Life Care.

The inspector met residents, relatives and staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records. Food and nutrition outcomes and practices were found to be at a high standard. All practices/procedures in relation to food and nutrition of the older person were included in the food and nutrition policy. Food was properly prepared, cooked and served and appeared wholesome and nutritious at both meals observed. Residents spoken with confirmed this. The inspector found the centre to be in compliance with this outcome.

End-of-life Care practices and outcomes for residents and relatives were also to a high standard. Feedback from relatives of residents who had died within the centre was overall positive. Staff were highly praised for the kind, sensitive and compassionate manner which they treated each resident. The inspector identified some minor improvements required in the completion of resident end of life/death and dying assessments and updating the end-of-life policy to reflect all the good

practices/procedures. The centre was in non-compliance minor in the area of end-of-life care.

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:

All residents did not have a completed assessment reflecting their likes/preferences for end-of-life care. The topic had not been discussed with some residents on admission or during their three monthly review. This was the only aspect of this outcome reviewed on 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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents received end-of-life care which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy.

Two relatives of residents who had died in the past year returned completed questionnaires. They stated that care was provided in a kind and sensitive manner. The residents' privacy and dignity was maintained and residents who shared a bedroom were offered to be transferred to a single room. The inspector was informed that when a single room was not available, a resident occupying a single room was asked to vacate the room temporarily. Relatives of two residents receiving end-of-life care confirmed they were being facilitated to stay in the bedroom with their loved one when they were dying. The visitors' area was accessible at all times it appeared homely and contained comfortable seating. This room was open and relatives confirmed it was accessible at all times. An end of life symbol was displayed at the reception desk opposite the entrance door so all visitors and staff were alerted to the fact somebody was at this stage of their life. The same symbol was placed on the residents bed room door when they had passed away.

Relatives also expressed satisfaction with the continual support provided to them before, during and after their relative's death. The local Roman Catholic priest and a volunteer familiar with each residents' religious needs were available to attend to the residents spiritual needs when at end of life stage of their life. The inspector saw evidence of two residents' at end of life, having received the Sacrament of the Sick as requested by them or their family. A bed side altar was made up with religious and cultural items for use by the residents' bed when death occurred. The inspector saw an appropriate prayer book was provided in the chapel to facilitate staff in saying prayers. Staff informed the inspector that some of them attended the resident's wake and funeral and facilitated residents to attend if they wished.

The person in charge stated she sent a sympathy card to the relatives from staff in the centre. The person in charge had information books and leaflets, some in the process of finalisation, relating to support services in the locality for relatives and information relating to the bereavement process. Those residents who died in the past year were remembered at an annual Mass service held in the centre. The end-of-life policy stated the assistance in meeting residents' multi-denominational spiritual needs would be met. However, the policy did not outline the procedure for caring for the bodies of residents from other religious dominations or guide staff to where they could acquire this information. The procedure for verification and notification of death was outlined in the centre's policy and staff spoken to could articulate practice in this area. Relatives stated the resident's belongings were returned at a time suitable to them. The inspector saw canvas bags supplied by Mowlam Health Care for this purpose.

The centre had access to the Meath Palliative Care Team who attended the centre on receipt of a referral from the residents' general practitioner (GP). A member of the team was in the centre assessing a resident during the inspection.

Care and outcomes for residents were good. However, documentation in relation to end-of-life care required some improvement. Residents' assessment, care plan and nursing evaluation were reviewed. Residents' assessments did not reflect the residents' death and dying preferences/wishes, this was not covered in the assessment done on admission. The two residents' at the end of life had clearly outlined a preference for end-of-life care and this was outlined in their individualised end-of-life care plan. The

resident, their GP, the person in charge and the resident's family had been involved in the decision making process and this was recorded in the residents nursing and medical notes. There was an end-of- life policy in place. However, it did not reflect all the end-of-life care relatives and staff said was provided to dying residents in the centre. Staff spoken with had a good understanding of end-of-life care and best practices, which upheld the dignity and respected the autonomy of residents.

The inspector saw evidence that staff had received some training in relation to end of life care. However, the inspector found staff required further education in relation to discussing death and dying with the resident.

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:

Compliant

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 and cooked and appeared wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner, when required.

Residents had access 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 was individually offered a drink between each main meal and between supper and bedtime. Residents spoken with confirmed that staff provided them with a drink if and when they requested. Residents told the inspector they had access to a jug of drinking water in their bedroom which was refreshed daily. They were satisfied with the variety of snacks available and served throughout the day and night when requested. For example, yogurts, fruit made fresh on a daily basis was offered together with tea, coffee and biscuits at 11:00 hrs and at 15:00 hrs. The chefs and person in charge were responsible for creating the two week rolling menu which had been reviewed for nutritional balance by the dietician. On review it appeared to provide wide variety of choice for lunch and tea. The person in charge said residents feedback on the menu content was sought at the residents' monthly meetings and residents' confirmed this to the inspector.

The inspector saw lunch and tea being served to the residents by the catering staff.

Most residents choose to have their meal in one of the two dining rooms available. Residents spoken with confirmed they had a choice of food at meal time. Lunch was served between 12:30 hrs and 13:30 hrs. The choice of meals available were displayed on a board in each dining room and on a menu in place on each table. The resident was asked their preferred preference in the morning and again prior to the meal being served. Staff serving the food had a good knowledge of each resident's individual preferences, likes/dislikes, those on special diets and those who required alternation to the normal food consistency. The inspector saw the list reflecting this information was available to the catering staff in charge of serving the meals. The staff had an extremely good knowledge of those on special diets such as low fat diets, diabetic diet and high protein diet. Each dining room table and individual resident's tray was set with all the required condiments, cutlery and crockery to meet the residents' individual need. Tables appeared homely with tablecloths, flowers and napkins in place. The food was presented to residents in an appetising manner. Residents requiring pureed 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 the residents' individual dietary requirements.

Residents spoke highly of the quality of the food and the manner in which it was cooked. Staff were available to assist residents during both mealtimes and had a good knowledge of each resident's individual capabilities. They promoted independence in a number of ways. For example, several residents' were observed using specially adapted cutlery and crockery which assisted them in maintaining their independence with eating and drinking and gravy bowls were left in reach of residents' on each table. At lunchtime the inspector noted that almost every resident in one of the two dining rooms had a piece of protective clothing on. Staff discussed the purpose of their use with the inspector and at tea time they were replaced with a napkin.

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. Three assessments, care plans and nursing evaluation notes were reviewed. Residents were assessed on admission, a baseline weight and height was recorded and from these the residents' body mass index was calculated and updated three monthly thereafter or more frequently if a resident was identified as being at risk. Food and nutrition assessments were detailed and reflected the residents' individual needs/likes and dislikes in relation to food and nutrition and were reflected in the residents' care plan. The inspector saw that the clinical nurse manager had conducted an audit on all residents MUST (Malnutrition Universal Screening Tool) scores identifying those residents with a MUST score of 2 or greater, ensuring they were referred to the dietician, weighted weekly and had a higher level of supervision in place at meal times. Staff recorded residents fluid and food input, when required on the computerised recording system. Guidance for different volume measurements were posted at each input station to ensure consistency. Staff had received comprehensive training in relation to food and nutrition and they demonstrated and articulated good knowledge of how to provide optimal care for residents.

The policy in relation to food and nutrition was developed and implemented in 2013. It provided guidance to staff on how to care for residents' nutritional and hydration needs.

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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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Kilmainhamwood Nursing Home
Centre ID:	ORG-0000144
Date of inspection:	21/11/2013
Date of response:	13/12/2013

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:

Residents end-of-life care preferences/wishes were not assessed or recorded.

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:

Residents will be asked if they would like to discuss their end of life wishes on admission and this will be recorded in their care plan. If they wish to give details later this will then be recorded.

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

Proposed Timescale: 13/01/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

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

The end-of-life policy did not reflect all the good practices of end-of-life care provided.

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 end of life policy will now reflect all the good practices which are provided by Kilmainhamwood Nursing Home.

Proposed Timescale: 31/01/2014

Theme: Person-centred care and support

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

There was a lack of written information on services and supports available to relatives following the death of a loved one.

Action Required:

Under Regulation 14 (3) (c) you are required to: In the event of the sudden death of a resident accommodate the needs of the residents family, next-of-kin and friends.

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

Written information on services and supports will be made available to relatives following the death of a loved one.

Proposed Timescale: 31/01/2014

