Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Killure Bridge Nursing Home
Centre ID:	ORG-0000242
Centre address:	Airport Road, Waterford, Waterford.
Telephone number:	051 870 055
Email address:	info@killurebridge.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Killure Bridge Nursing Home Limited
Provider Nominee:	Kenneth Walsh & David Hyland Walsh & Hyland
Person in charge:	Mary Burke
Lead inspector:	John Farrelly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	79
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 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:	To:
05 December 2013 07:30	05 December 2013 12:30

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 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 Director of Nursing who completed the provider self-assessment tool had judged that the centre had a minor non compliance in relation to both outcomes.

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

The food and nutrition needs of residents were met to a high standard. Clinical documentation was specific and comprehensive and the dining experience for all residents was very good and tailored to their individual needs.

The end-of-life needs for residents were well met. A robust process was in place for ensuring the wishes of residents were accounted for and the care given at end of life was respectful, holistic and person centred. Staff were compassionate and caring in their approach.

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 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:
End-of-life care was person centred and respected the values and preferences of each individual resident. There was a policy on end-of-life care in place which was reviewed in September 2013. Staff were able to articulate this policy and practice observed by the inspector evidenced that care was provided as per policy.

Of the 39 residents who had passed away in the previous two years the majority had received end-of-life care within the centre with 10 residents being transferred to an acute hospital.

There was an array of policies in place, aligned to the hospice friendly approach. Staff spoke to could articulate the policies. The policy was reviewed and updated on a regular basis.

There were no residents in the centre currently receiving end-of-life care. An examination of files of deceased residents indicated that care was provided to a high standard with the wishes of residents or where appropriate their relative used to ensure a person-centred care plan was devised and implemented. All care needs are identified on admission and documented accordingly and an end-of-life care plan was put in place following a meeting between the resident, relatives and nursing staff. The care plans recorded the expressed preferences of the resident and were drawn up in consultation with the resident and/or their family members. Residents had good access to the local palliative care team as and when required.

The majority of residents resided in spacious single rooms. Relatives were facilitated to stay overnight and be with the resident when they were dying. Questionnaires from relatives of deceased residents indicated a high level of satisfaction with the care afforded and all relatives who spoke with the inspector indicated that they were very satisfied with the care provided. They were made feel welcome and were facilitated to be with their loved one.

The provision of spiritual care was to a very high standard. A small well designed oratory was situated on site. Mass was facilitated on a quarterly basis and also via television on a weekly basis. A number of residents were facilitated to leave the centre to attend local masses. A Church of Ireland minister also visited residents on a regular basis. Residents who spoke with the inspector stated that their religious and spiritual needs were respected and supported. When a resident died, they were remembered and prayed for and a candle-light procession took place when the remains were leaving the centre. An annual commemoration takes place to pray for and honour residents who had passed away over the previous year. There was a protocol for the care of the remains of a deceased resident and the return of personal possessions to loved ones. The inspector saw that following the death of a resident staff used a well crafted canvas bag to return personal possessions.

Relatives were supported following the death of any resident and also received written information on services available to them.

There was a protocol in place to ensure all staff were aware of a resident was approaching end of life. Staff had received appropriate training and displayed a compassionate caring approach to addressing the needs of residents.

The end-of-life care process had been audited and any learning was used to improve outcomes for residents and relatives.

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:

Findings:
Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken with were knowledgeable regarding this policy and it had been reviewed in September 2013.

Clinical care assessment planning, implementation and evaluation was of a high standard. Residents were assessed on admission and reviewed on a monthly basis with numerous validated assessment tools including one specific to food and nutrition. There was prompt access to medical and allied health professionals for residents who were

identified as being at risk of poor nutrition or hydration.

Assessments were detailed and reflected residents' individual needs. Any needs identified had a corresponding care plan which detailed the nursing care based on recommendations from visiting inter disciplinary team members and the general practitioners (GPs) instructions. Assessments and care plans were reviewed by staff nurses every month and amendments made intermittently as the residents' needs changed.

The inspector observed and joined residents for breakfast and lunch. Meals served were hot and attractively presented. Nursing and care staff monitored the meal times closely in an unobtrusive manner. There were two main dining rooms.

Breakfast was a relaxed affair with all residents receiving breakfast from 8am to 9.30am. Some residents received breakfast on trays, more dependent residents were assisted by staff and many independent residents had breakfast in the dining room. Residents who required assistance received this in a sensitive and appropriate manner. There was an emphasis on residents maintaining their own independence Residents were offered choices of tea, coffee, juices, toast, cereals and porridge or a cooked hot meal was also available. Drinks were also served mid morning and afternoon.

The inspector joined residents for lunch which commenced at 12.30pm. It was social and unhurried with a menu outside the dining room and sitting room clearly indicating the choice available. The dining room tables were set in an attractive fashion with all required condiments, cutlery, crockery and menu to meet residents' individual needs. Residents requiring modified consistency meals, such as pureed, had the same choice as other residents. All meals were attractively presented in individual portions. 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 very good and the quantities reflected residents' individual dietary requirements which were also reflected in their care plan. All residents spoken with were complimentary of the food provided.

The main evening meal was served at 5pm with a further supper later in the evening. Drinks and snacks were readily available throughout the day. All residents spoken with were happy with the amount and variety of food and drinks available to them throughout the day and night. Residents stated that they could request additional snacks or drinks if they were feeling hungry. There was a small kitchenette which relatives could use to make tea, coffee or snacks. All relatives spoken to were highly complementary of the food in the centre.

There was a clearly documented system of communication between nursing and catering staff regarding residents' nutritional needs. The inspector spoke to the Chef and catering staff who detailed the system for ensuring special diets were made available to individual residents where required and that the personal preferences of residents were known to kitchen staff. All meals were home cooked using fresh herbs and products. A dietician reviewed the menu on a regular basis to ensure food was healthy and met residents' needs. Eighteen of the 79 residents were prescribed food supplements. The preferred approach was fortification of food where required and also identifying residents' like and dislikes. There was evidence that catering was audited on a regular

basis. Changes requested by residents were acted upon where possible.

The kitchen was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. Staff had received training and demonstrated and articulated good knowledge of how to provide optimal care for residents.

Food and fluid record charts were maintained as required and recorded in a timely manner. Residents were weighed on a monthly basis and findings were analysed to ensure care addressed any weight loss. There was a programme of review and audit in place to ensure continuous quality improvement.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted good practice.

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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