

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Caherass Nursing Home
<b>Centre ID:</b>	ORG-0000411
<b>Centre address:</b>	Caherass Cross, Croom, Co. Limerick, Limerick.
<b>Telephone number:</b>	061 600 930
<b>Email address:</b>	caherassnursinghome@mowlamhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mowlam Healthcare Limited
<b>Provider Nominee:</b>	Pat Shanahan
<b>Person in charge:</b>	Mary Carey
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	42
<b>Number of vacancies on the date of inspection:</b>	8

## 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 11:30 To: 17 September 2013 16:00

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
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. 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 Director of Care who completed the provider self-assessment tool had judged that the centre was compliant in relation to Food and Nutrition and had a minor non-compliance in relation to end-of-life Care. While overall outcomes for residents were good, the inspector found moderate non-compliance in the area of food and nutrition and a minor non-compliance in the area of 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.

Inspectors found that while staff were attentive to residents, some current practices relating to food and nutrition did not concur with the centre's policy statements. Improvements were required to meet regulatory requirements and these include:

- review of staffing levels at mealtimes
- medication management practices pertinent to residents' bowel care required review
- residents' oral care management required review

- there was no audit or evaluation of practices in the centre in relation to food/nutrition or on 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 - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Residents did not have a care plan for oral care in place.

One resident, who was prescribed five laxatives, did not have a care plan for bowel care.

Recommendations from allied health professionals were not incorporated into the residents' care plans.

**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:**

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

**Findings:**

There was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. The provider's self assessment acknowledged that minor non compliances existed and outlined five further areas for improvement to further enhance outcomes in this area.

A comprehensive policy on end-of-life care was in place and was last reviewed in June 2012.

The inspector reviewed the centre's updated policy on end-of-life care and noted that the policy addressed:

- assessing the residents wishes for end-of-life care
- care of the resident approaching end-of-life
- guidance of providing information to families about the signs and symptoms of dying
- guidance to staff following the death of a resident
- staff training
- records and audit and evaluation.

While the provider's self assessment questionnaire stated that information pertaining to the following was available to staff, documentation reviewed by the inspector indicated that the policy did not include information on:

- a procedure for staff to follow in attending to the physical care of a deceased resident
- removal of the deceased resident from his/her room
- laying out of the deceased resident
- staff attendance at funeral/sending of sympathy card
- notification of the acute hospital to ensure that no further correspondence is sent to the home of family.

The inspector also noted that there was no guidance in the policy to inform staff as to when the final bill was issued to the deceased resident's relatives.

The policy included reference that compliance with the policy and procedure would be determined via review and audit. However, no audit and evaluation had been carried out to date.

The policy did include where residents would like to have a remembrance event, that this would be facilitated. Support provided to residents' families at this time was set out in a clear manner. Questionnaires, asking relatives' opinions regarding end-of-life care, were sent to relatives of deceased residents and 64% responded. Most responses reflected satisfaction with the care received. However, other responses included references to how busy staff were resulting in staff not being able to spend more time with the resident at end of life, how staff communicated and medication management.

Staff training in end-of-life care was satisfactorily implemented. Training records indicated that in 2013 four staff had attended training in care of the dying resident, last offices and care of bereaved relative and friends. Twenty four staff attended in-house sessions on pain management, care of the resident in their final hours and dealing with difficult conversations. Staff spoken to by the inspector were knowledgeable in how to

physically care for a resident at end of life. However, on discussing the issue with the inspector, staff conceded that when a resident or a relative asked a question around this issue, they found it difficult to answer or would not know what to say. Staff also stated that as most residents had lived in the centre for a long time and that it was a privilege to care for residents at this time.

Religious and cultural practices were facilitated to a good standard. Residents had the opportunity to attend weekly religious services held in the centre, and ministers from a range of religious denominations visited the centre.

Family and friends were facilitated to be with the resident at end of life. The centre had 48 single bedrooms and one double room. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated. There was provision of private sitting spaces for relatives to avail of located throughout the centre.

No resident was currently receiving end-of-life care. There was evidence in residents' care plans that residents had choice as to the place of death. Inspectors reviewed documentation of deceased residents and noted that the residents had timely access to the general practitioner (GP) and the out-of-hours service. The person in charge confirmed that residents had access to specialist palliative care, when required. Documentation indicated that, within the last two years, 75% of deceased residents had their end-of-life care needs addressed without the need for transfer to an acute hospital.

There was evidence of ongoing review and assessment of the resident and evidence of family/next of kin involvement. Care plans of current residents evidenced that advance care planning included the process of discussion between the resident and his/her care provider about future medical, social emotional and spiritual preferences, in the event that the person could not speak for him/herself due to serious illness or emergency. The person in charge stated that as soon as was appropriate initial discussions with regard to care at end of life were held with the resident.

The centre's policy stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally and in writing) on what to do following the death and on understanding loss and bereavement and that this included information on how to access bereavement and counselling services and how to register a death. Whilst staff training, advance planning and relative feedback indicated good verbal and emotional support for relatives, there was very little information available in a written format. The provider had acknowledged this fact prior in their self assessment prior to inspection and intended to improve support in this area.

There was a protocol for the return of personal possessions. The inspector saw that following the death of a resident staff used a well appointed and designed canvas bag to return personal possessions.

### **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 - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The centre had comprehensive up-to-date policies on food and nutrition, signed and read by staff. The policies outlined requirements in relation to:

- nutritional status and management
- the provision of therapeutic and modified consistency diets
- resident oral and mouth care - including dentures and dental care
- communication of information regarding resident's diet and nutrition
- meals and mealtimes
- planning and facilitating resident choice
- enteral feeding.

Training records indicated that:

- 8 staff had attended training in dysphagia (difficulty in swallowing)
- 14 staff had attended training in an overview of dietary care in older people
- 9 staff had attended training in the malnutrition universal screening tool (MUST)
- 1 chef had attended training in catering in nursing homes.

Dietetic and speech and language therapy (SALT) services were provided, as required, by an external company. An occupational therapy service, provided by an external company, attended the centre once a month. There was evidence of regular medical review of residents and the person in charge stated that a mobile dental unit assess the residents regularly.

The centre had two dining rooms; one located on the ground floor and one located on the first floor. The dining rooms were bright and spacious and tables were set in an attractive manner. Menus were displayed and choice was available to residents.

On the day of inspection, inspectors had an opportunity to observe refreshments/soup served mid morning and the two lunch sittings on both floors.

Snacks/drinks were readily available to residents at any time. Fresh drinking water was available. A four week rolling menu was in operation and this was devised in consultation with the dietician. The person in charge stated that regular residents' meetings were convened, that food was always on the agenda and that resident's views were taken into account in formulating menus. An inspector spoke with the chef who was very knowledgeable in regard to residents' dietary requirements.

Information forwarded to the Authority indicated that:

- 6 (14%) residents were on a diabetic diet
- 8 (19%) residents were on fortified diets
- 17 (40%) residents were on a liquidised diet.

On both floors, first lunch was served to residents who required assistance at 12.30pm and second lunch was served at 1pm. The purpose of this approach was to ensure that residents who required assistance, had lunch served at 12.30pm so that they were not rushed and have sufficient time with staff. An inspector observed the dining experience for residents on the ground floor and noted that meals, in sufficient portions, were served in an appetising manner. Residents who dined at the early sitting remained at their leisure for the second lunch sitting. Staffing levels met the needs of the residents dining on the ground floor.

The majority of residents accommodated on the first floor had a dependency level of high or maximum and a diagnosis of co existing medical conditions. Staff assisted residents to eat and drink in a sensitive and appropriate manner. Staff engaged with the residents during the first lunch and were noted describing to the residents, the lunch served on the day. However, the inspector observed that staffing levels at lunch time did not meet the needs of the residents as staff had to leave the room on a regular basis to attend to needs of other residents or liaise with colleagues on the ground floor with the outcome that lunchtime was not an unhurried social occasion for some residents.

The inspector observed that a resident at first lunch did not eat or drink. Staff stated that the resident would get a nutritional supplement later at about 2pm when there would be more time. Seventeen (40%) residents were on a prescribed nutritional supplement. Where a resident had low intake of food and fluids, a record of fluid intake was documented. However, in one case no fluid output or food intake was recorded. The inspector noted that the resident's weight was monitored on a monthly basis and that the resident's weight remained constant.

The sample of care plans reviewed by the inspector indicated that most residents had access to dental, speech and language therapy (SALT) and dietetic services. There was evidence that a malnutrition universal screening tool (MUST) was carried out.

The inspector noted that one resident had a dental review in July 2013, with a particular recommendation in regard to the resident's dentures. However, the resident's care plan had not been updated to reflect this information. Another resident had a dental review in May 2013 with particular reference to the resident's poor status of oral care. The resident did not have a specific care plan for oral care and there was no evidence of an oral assessment carried out by staff, as directed by the centre's policy.

Practice around use of laxatives required some attention. Medication prescription charts evidenced that one resident had been prescribed five laxatives. The resident's care plan did not include guidance to staff on the resident's bowel care or any information with regard to the first line laxative to use. The staff on duty agreed with this observation.

### **Outcome 18: Suitable Staffing**

*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.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The staffing levels at lunchtime on the first floor were not adequate to meet the assessed needs of the residents.

### **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:***

Geraldine Ryan  
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 report<sup>1</sup>

<b>Centre name:</b>	Caherass Nursing Home
<b>Centre ID:</b>	ORG-0000411
<b>Date of inspection:</b>	17/09/2013
<b>Date of response:</b>	08/11/2013

#### 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 did not have a care plan in place for oral care or bowel care.

Recommendations from allied health professionals were not incorporated into the residents' care plans.

**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:**

The care plans related to oral and bowel care are in place for all residents; the named nurses will consult with residents and relatives where appropriate regarding the plan of care and this process will be completed by the next regular care plan review in

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

December 2013. Recommendations from allied health professionals are incorporated into the residents care plan.

Commenced and will be completed by Dec 31 2013

**Proposed Timescale:** 31/12/2013

#### **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:**

Not all residents' care plans contained information with regard to advance care planning inclusive of the of discussion between the resident and his/her care provider about future medical, social emotional and spiritual preferences, in the event that the person could not speak for him/herself due to serious illness or emergency.

There was evidence of a deficit in staff training with regard to communicating with residents and families in difficult circumstances, particularly at end of life.

The centre's policy on end-of-life care did not include a procedure to guide staff in attending to the physical care of a deceased resident.

There was no evidence of audit and evaluation of current practices with regard to end-of-life care in the centre.

**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:**

- Consultation with all our residents and families continues with regard to advance care planning regarding medical, social, emotional and spiritual preferences . The views and wishes of residents and/or relatives are documented following discussion.
- Some staff members find it difficult to broach the subject of end of life care and to engage in discussions with residents and their families. Support and education will continue to be provided (and this will continue to be recorded in the training matrix as is the standard practice in Caherass Nursing Home) on end of life care for staff.
- The procedure to be followed for attending to the physical care of a deceased resident in Caherass Nursing Home will be clearly referenced in the End of Life Care Policy (HS-033), and this information is available in the Marsden Manual which outlines all clinical procedures.
- A process for auditing and evaluating current practices regarding end of life care will be developed and introduced in Caherass Nursing Home by February 2014. This process will be developed and implemented in line with Irish Hospice Foundation End of Life Care recommendations/standards.

**Proposed Timescale:** 28/02/2014

## 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:**

While the centre had comprehensive policies on food and nutrition, monitoring and documentation of nutritional intake, staff were not sufficiently knowledgeable of the policies.

While processes were in place to ensure residents did not experience poor nutrition and hydration, they were not always adhered to by staff.

Residents accommodated on the first floor were not provided with appropriate assistance at meal time.

**Action Required:**

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

- Education sessions will continue to be provided for all staff involved in food preparation and service, and nursing and care staff regarding the provision of nutrition to residents in the home. The education will focus on the policies in the home related to food and nutrition, and ensuring that the policies are implemented in practice. Education will be supported and guided by the dietician.
- Residents who require assistance are facilitated to have their meals served earlier in order that they have ample time to receive the necessary help and also enjoy their meals.
- Staff have been allocated to provide assistance to the first floor dining area at mealtimes.

Commenced and will be completed by December 31 2013

**Proposed Timescale:** 31/12/2013

## Outcome 18: Suitable Staffing

**Theme:** Workforce

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

Staffing levels on the first floor were not adequate to meet the assessed needs of the residents accommodated on the first floor.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

- Staff allocations have been revised and staff are allocated to assist at mealtimes in the dining area on the first floor.

**Proposed Timescale:** 08/11/2013