

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maryborough Nursing Home
Centre ID:	ORG-0000248
Centre address:	Maryborough Hill, Douglas, Cork.
Telephone number:	021 4891586
Email address:	office@maryboroughnh.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	D & V O'Gorman Partnership
Provider Nominee:	Vivienne O'Gorman
Person in charge:	Vivienne O'Gorman
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
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: 21 November 2013 11:00 To: 21 November 2013 16:30

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

Outcome 08: Medication Management
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 and staff and observed practice on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, minutes of residents' meetings, satisfaction surveys and documentation pertinent to deceased residents. The person in charge who completed the provider self-assessment tool judged that the centre had a minor non compliance with regard end-of-life care and was compliant with regard to food and nutrition.

The inspector, on foot of the completion of actions identified by the person in charge in the self assessment, found a minor non compliance in the area of food and nutrition and 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.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review other outcomes in so far as they related to end-of-life care and food and nutrition. Some minor non-compliances were identified under another outcome and these are discussed in the body of the report.

Overall, the inspector noted that a warm atmosphere prevailed in the centre. Planned refurbishments were in progress and there was evidence that building works

did not have a negative impact on the residents, who voiced that they enjoyed observing the progress of the new build. Residents expressed how happy they were in the centre and some stated that they could come and go as they pleased.

Staff exhibited an in-depth knowledge of the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. There was constant activity with numerous residents' relatives/visitors coming and going. The inspector spoke with a number of residents' relatives and all voiced their satisfaction with the care their loved one received. There was evidence of improvements arising from the findings of the self-assessment questionnaires.

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 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The maximum dose of medications prescribed as required (PRN) were not documented in a sample of medication charts reviewed.

There was no evidence to indicate that the recording of a clinical observation, prior to administration of a particular medication, was carried out.

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 provider's self-assessment of compliance identified a minor non-compliance in relation to the status of the residents' care plans. However, in the interim action had been taken to address this and on the day of inspection, the inspector deemed the centre compliant.

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date, signed as read by staff.

Questionnaires, asking relatives' opinions regarding end-of-life care, were sent to the relatives of deceased residents. The response rate was 92%. All responses reflected a high level of satisfaction with the care received and the communication between families and staff. The inspector reviewed a sample residents care plans with regard to end-of-life care and noted that they comprehensively captured residents' preferences at this time. All information was accessible to staff and staff were aware of this information.

There was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Residents who spoke to the inspector spoke in a positive manner with regard to their care. Some residents expressed that they would like to go to the acute services if they became unwell, while other residents stated that they would prefer to be cared for in the centre. This information was captured in the residents' care plans.

Staff training records indicated that staff had attended or were due to attend the training on palliative care facilitated in the local hospice. Staff had received training on the use of a syringe driver (a mechanical pump used to administer medications) in symptom management.

Staff were knowledgeable in how to physically care for a resident at end of life and voiced how important it was to be there for the resident and their families at this time. Staff articulated that they would be confident in conversing with a resident should the resident raise this topic.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre, and they had access to ministers from a range of religious denominations. The centre's policy included guidance to staff with regard to facilitating and engaging in cultural practices at end of life.

Family and friends were facilitated to be with the resident at approaching and at end of life. The centre had a mix of single bedrooms with twin bedded rooms. Staff voiced how an inclusive approach was adopted in ensuring the provision of a single room for a resident at this time. Facilities were provided for relatives to have refreshments and snacks. Open visiting was facilitated and there was a private sitting space and sitting rooms provided. The provider stated that the refurbishment would provide six single en suite bedrooms and increase the availability of other rooms. This would result in all residents having access to single room accommodation. Overnight facilities for families were made available by the conversion of a multi-purpose room.

There was evidence in residents' care plans that residents had choice as to the place of death. The inspector reviewed a sample of care plans of deceased residents and noted that the residents had timely access to the general practitioner (GP) and the out-of-hours service and specialist services. There was evidence that medication management was regularly reviewed and closely monitored by the GP. This was discussed under outcome 8.

The person in charge confirmed that residents had access to the local specialist palliative care service, when required, and records reviewed evidenced this. It was evident that

advice arising from the specialist palliative care team were documented.

Relatives were appropriately involved and there was evidence that family meetings were convened.

Documentation indicated that, within the last two years, 89% of deceased residents had their end-of-life care needs addressed without the need for transfer to an acute hospital.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally) and on what to do following the death of their relative. An information leaflet on how to access bereavement and counselling services was planned.

There was a protocol for the return of personal possessions. The person in charge stated that the centre now used a specially designed canvas bag to return personal possessions. A sample of residents' inventories of personal property were reviewed and all were up-to-date.

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 reviewed the person in charge's self-assessment questionnaire and the overall self-assessment of compliance with Regulation 20 and Standard 19. The person in charge had assessed the centre as being compliant. However, on the day of inspection, the inspector did not concur with this as residents were not aware of, or informed that a choice was available for lunch.

The centre had up-to-date policies on food and nutrition.

A record of staff training submitted to the Authority indicated that staff had attended a broad range of training and that education sessions were ongoing.

The inspector observed mealtimes including late breakfast, mid morning refreshments, lunch and afternoon tea. Residents had the option of having their breakfast served in bed, in the dining rooms or at their bedside and at a time of their choosing. Snacks and

hot and cold drinks including juices and fresh drinking water were readily available throughout the day. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals were appropriately assisted and received their meal in a timely manner.

Assistive cutlery or crockery required for a resident with reduced dexterity was available. There was evidence that residents were reviewed by an occupational therapist.

The inspector reviewed records of residents' meetings. It was evident that issues raised by residents pertinent to menus and food were addressed. The complaints log was also reviewed and there was evidence that complaints concerning food were addressed in a timely manner and that there was a satisfactory outcome for the complainant.

The inspector met with the chef who confirmed that she met with the person in charge daily to receive an update of the current status of the residents pertinent to their nutrition. Up-to-date information with regard to residents' dietary requirements was available in the kitchen. Staff had in-depth knowledge of residents' likes and dislikes and particular dietary requirements. A weekly menu was in operation, and pictorial menus were available. The chef stated that if a resident did not like what was on the menu, an alternative was available. However, residents spoken to by the inspector were not aware of this and voiced how they had whatever was on offer on the day. The provider and the person in charge were asked to review this to ensure that residents had a choice with regard to their main meal. There was evidence that ample choice was available to residents for breakfast and tea. The breakfast choice included a hot breakfast, a variety of hot and cold cereals, breads, juices and fruits. Residents confirmed that there were not informed as to what was on the menu. Some residents stated that staff knew what they liked. On further discussion, it arose that residents were previously informed about the menu on offer but it was apparent that this practice had now ceased.

Documentation submitted to the Authority indicated that:

6 residents (17%) were on a diabetic diet

6 residents (17%) were on a modified diet

19 residents (54%) were on nutritional supplements.

14 residents (40%) were on a fortified diet

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the GP for residents were administered as prescribed.

Lunch was served from 12.45pm. The dining tables were dressed with oilcloths, delph, table mats, glassware and serviettes.

The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Gravies/sauces were served separately to residents who expressed this preference. Staff informed the inspector that residents could choose to have their meal in the dining rooms or in their room. On the day of the inspection, most residents dined in the dining rooms. Residents voiced how the lunch was tasty and hot. Choices of desserts were available. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal times were unhurried social occasions and staff were observed using the mealtimes as an

opportunity to communicate and engage with residents. The inspector noted staff describing the meal to residents.

Residents could dine in three dining areas. However, residents in two of the rooms did not have the opportunity to dine at a dining table. The person in charge acknowledged this and stated that this would be addressed in the new extension. All rooms were bright and spacious and the inspector noted that the residents' dining experience was a relaxed social occasion.

Evening tea was served from 16:30 hrs onwards and residents had a choice of menu to choose from.

All residents had access to dietetic services, dental, speech and language therapy services and occupational therapy. There was evidence of this in residents' care plans. Advices from allied services were incorporated into residents' care plans. There was evidence that residents had a MUST assessment on admission, three monthly or when required and there was evidence that resident who were on modified diets were now able to enjoy a normal diet. Staff, spoken to by the inspector, were familiar with how to assess and use the tool. Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of food and fluid charts, a review by the GP and a referral to allied services.

Care planning, with regard to residents who experienced a weight loss/gain was comprehensive. There was evidence that residents' clinical risk assessments informed residents' care planning.

Residents with diabetes were provided with the appropriate diet and had comprehensive care plans guiding their care. The inspector noted information in residents' care plans regarding the recording of blood sugars and corresponding documentation of this information in residents' progress nursing notes and there was evidence of referral to specialist services.

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

Action Plan

Provider's response to inspection report¹

Centre name:	Maryborough Nursing Home
Centre ID:	ORG-0000248
Date of inspection:	21/11/2013
Date of response:	06/12/2013

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 08: Medication Management

Theme: Safe Care and Support

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

The maximum dose of medications prescribed as required (PRN) were not documented in a sample of medication charts reviewed.

There was no evidence to indicate that the recording of a clinical observation, prior to administration of a particular medication, was carried out.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

All medications prescribed as required (PRN) now have a maximum dosage

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

documented.

A pulse check is now carried out and documented before administration of Digoxin. All staff nurses have been updated on this and policy amended to include this.

Proposed Timescale: 10/12/2013

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 did not have, or were not informed that there was a choice for lunch. Not all residents had access to a dining table.

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:

Each table now has menu on display and a choice is available for all meals. Residents are informed at meal times of the choices available.

On completion of extension of building additional space will be available for dining tables for residents who need assistance at mealtimes.

Proposed Timescale: 31/03/2014