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:	Ashford House Nursing Home
Centre ID:	ORG-0000008
Centre address:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin.
Telephone number:	01 280 9877
Email address:	info@ashfordhouse.eu
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ashford House Nursing Home Limited
Provider Nominee:	Denise Morrin Byrne
Person in charge:	Ann Marie Mitchell
Lead inspector:	Linda Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
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:	To:
10 June 2014 07:30	10 June 2014 14:45

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 evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires 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 in minor non compliance in relation to both outcomes. Both of these areas were satisfactorily addressed prior to the inspection.

Overall the inspector found a high level of 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. This was reflected in positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

Residents requiring end of life care received a high quality and person-centred service at this stage of life. The inspector noted many examples of good practice in this area and staff were provided with appropriate training and supported by prompt access to palliative care services. Questionnaires were received from a number of relatives of deceased residents which showed that families were satisfied overall with the care given to their loved ones.

The nutritional needs of residents were met to a high standard. The care plans directed the care to be delivered. Residents were provided with food which was

varied and nutritious and respected their preferences. Appropriate assistance was provided. There was a good standard of nutritional assessment and monitoring and residents had very good access to the general practitioner (GP) when indicated. Residents and relatives provided feedback to the inspector, regarding food and nutrition, which was very positive.

There were no areas for improvement identified.

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:
Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents. This was found to meet resident's physical, emotional, psychological and spiritual needs.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. The person in charge had identified care planning as an area for improvement in the self assessment and this was found to be addressed. An assessment of the end of life care for residents was completed daily to ensure planned care was delivered.

The person in charge and clinical nurse manager stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the nurses and the inspectors saw that there was prompt access to the service when required, including out of hours. Staff members were knowledgeable about how to initiate contact with the service.

The inspector reviewed documentation for a number of residents in relation to end-of-life care planning. The inspector found that the majority of residents had an advanced wishes care plan in place which dealt with future healthcare needs in the event that the resident became seriously ill and was unable to articulate their wishes. There was evidence of resident and family involvement in the development of these plans. The decisions concerning future health care needs had been discussed with the GP and were documented. The advanced wishes document were of good quality and referenced the religious needs of the resident; they addressed the social and spiritual needs as well as preferences as to the place of death and funeral arrangements as appropriate. These were reviewed three monthly or more frequently if required.

There were no residents receiving active end-of-life care at the time of inspection. The inspector read the records of two residents who had passed away recently, and found evidence of good practice, including regular review by the GP. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. 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 majority of residents resided in single rooms. While there were multi occupancy bedrooms, a single room was made available for residents for end-of-life care.

The person in charge stated that she based staffing levels on the assessed needs of the residents and she always scheduled additional hours in the event of increased need such as when a resident was very sick or dying. This was evidenced. A familiar staff member was assigned during each shift for residents at their end of life. Residents are invited to sit and pray if appropriate. Residents can have their favourite music on at any time.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. Ninety percent of questionnaires issued had been returned to the Authority. This information showed that all respondents 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 or go home at this time. Residents also reported a high level of satisfaction with the support and respect shown by staff members following the death. Overnight comfort bags with toiletries were provided for visiting family members who wished to stay with their loved one, the centre also laundered relatives clothes on occasion and meals were also provided. Residents and relatives also stated that staff members were caring and respectful and they were comfortable confiding in them.

Resident's right to refuse treatment was documented and reflected in the care plan as it arose. There was a procedure in place for return of resident's personal possessions and this was being adhered too. The provider had purchased bags for the past four years which are used to handover personal possessions. All returned property was documented and signed in the property checklist.

Records showed that all staff had received training in end-of-life care in 2014 and this was ongoing. Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family. Some of the residents told the inspector that they chose not to discuss their wishes with staff and this was respected and documented. There was evidence that their wishes were respected.

Mass services took place monthly. Communion was offered weekly. A prayer group was held daily and the residents said they enjoyed this. Access to other religious representatives from other faiths was available if requested. Some of the residents requested access to their own priest and this was facilitated. Last rites were provided and documented. Respect for the remains of the deceased was noted and documented and family were consulted throughout the whole process.

A post death review was completed by staff following a death to review the areas of good practice and any areas for improvement. This included feedback from family. A post death care checklist is in place to ensure that the relevant information is documented and care delivered, for example, residents wishes regarding last offices followed.

Residents and visitors were informed sensitively when there was a death in the centre. The person in charge and the activity coordinator informed the residents and it was announced at the prayer group. A butterfly symbol was placed at the nurses' station and on the resident's door to alert all staff, residents and visitors that a death has occurred. An end of life box was available for staff which include essential items to perform post death care. The centre has always implemented a "butterflies are free" programme; this includes the development of the care plan and development of a butterfly journal so that staff can write messages to the resident. This process will be implemented when a resident is identified as end of life by the GP or palliative care team. A healing Circle was facilitated for residents to discuss the recent death of a resident and offer support to residents. The inspector noted in residents records that staff would attend the funeral mass. An annual memorial service took place to celebrate the lives of those who had died in the previous year.

The inspector read the information available for distributing to families following the death of a loved one and found that it provided a lot of useful information including details of how to register a death and details of professional support services.

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:
Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements.

There was a hydration 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 person in charge had identified the care plans as an area for improvement in the self assessment document that was submitted to the

Authority. This was found to be addressed.

The inspector observed the service of breakfast and the main meal to residents. Residents had a choice of being served breakfast in their rooms or in the dining room. Residents, spoken to by the inspector stated that they enjoyed the breakfast provided and they were offered choice. Breakfast was only provided at a time of the residents choosing and when the resident was ready for the meal to ensure the meal did not go cold.

The inspector found that there were adequate numbers of staff on duty, based on the assessed needs of the residents. The service of all meals had been sufficiently supervised and coordinated to meet the needs of residents.

The inspector also observed the main meal and found that it was hot and attractively presented. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Portion sizes were appropriate and second helpings were offered. Residents who required assistance at this meal received this in a sensitive and appropriate manner and independence was promoted. The meal time was unhurried and provided opportunity for social interaction. Residents hands were cleaned before the meal and residents were asked if they wanted a clothes protector. Relatives assisted residents with meals in a discrete way and said they enjoyed being part of the experience.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. There was emphasis on fortifying meals for those residents who had impaired intake. Residents who required dietary restrictions due to medical grounds were facilitated, such as diabetic diets. The chef had introduced a colour coded system to identify the needs of residents, a coloured plate was provided and it was found to be visual and this encouraged residents with a cognitive impairment to eat more.

Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal. Residents were assessed and provided with assistive cutlery, non slip mats and plate guards to facilitate independence.

There was good ongoing monitoring of residents nutritional and hydration needs and this was documented and discussed at the staff handover and the clinical governance meetings, which continued to meet. Regular weight monitoring and nutritional screening was carried out for all residents using an evidence-based screening tool. Nursing staff highlighted any significant changes to the person in charge and the centre's policy was implemented as appropriate. Staff monitored the food and fluid intake of all new residents, the inspector found that this was comprehensively completed. A jug of water was provided in each resident's bedroom.

Overall residents had satisfactory care plans for nutrition and hydration in place based on regular nutritional assessments which were up to date. Care plans for residents who had lost weight recently directed the care to be delivered and were person centred, they included residents likes and dislikes also.

There was prompt access to the general practitioner (GP) and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. Residents had good access to the dentist.

Inspectors saw that advice from the speech and language therapist (SALT) and dietician was implemented for individual residents. There were only three residents receiving supplements, other residents had meals fortified only.

The person in charge had implemented a system of audit to ensure that residents nutritional care plans were accurate and implemented. The inspector found that issues identified though these audits were being addressed. Other audits to improve the quality of the service included hydration and hand hygiene. The provider and person in charge also complete an observational audit in the dining room and the inspector found actions identified were addressed.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The inspector spoke to the chef who was very passionate and knowledgeable about the service delivered, the special diets and a detailed nutritional plan including the type of diet was maintained for each resident in the kitchen and nurses station. There was a four weekly menu plan in place and the menu had been audited by the dietician in order to ensure that it was nutritionally balanced. The chef had addressed the areas identified and this was subsequently reviewed and was satisfactory. Additional fish was added to the menu. The menu was on display in the dining room and the chef met the residents daily to ask them their choice for the meals. The menu included six options for the main meal. The modified diets were also included on the menus. Eight residents were on weight reduction diets and the plans for these residents were also documented in the kitchen. A healthy eating session was provided to residents in 2012 and the person in charge is awaiting a date for a repeat of this session
Picture menus were available in the dining room to assist the residents in choosing the diet and drinks they wanted.

The inspector spoke to many residents regarding food and nutrition. Overall the response 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. There were records to show that residents who could not ask for snacks were provided with these on a regular basis, this included residents who required a modified consistency diet.

Residents were actively encouraged to provide feedback on the catering services; this was ascertained through the residents committee meeting and directly to the chef following the meal. A food committee met where the residents discussed the food provided. The chef had planned the upcoming Blooms day celebrations with a champagne breakfast and the residents were looking forward to it. The chef bakes daily and also provides the birthday cakes for residents. There were some vegetables and herbs in the garden which were planted by residents and they were used in the food. The person in charge met the chef monthly to discuss resident's needs and the menu,

this was documented.

Staff had received training in the area of nutrition; this included the nutrition, Dysphagia, hydration training and MUST (malnutrition, universal, screening, tool) and was knowledgeable in these areas. Staff were also provided with primary food hygiene training.
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. An environmental health officer report from November 2013 was viewed and was satisfactory.
The inspector reviewed the complaints log and found that there were no complaints in 2014 in relation to 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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