

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glengara Park Nursing Home
Centre ID:	ORG-0000044
Centre address:	Lower Glenageary Road, Dun Laoghaire, Co. Dublin.
Telephone number:	01 280 6168
Email address:	rosec@glengarapark.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beechfield Nursing Homes Limited
Provider Nominee:	Ciaran Larmer
Person in charge:	Rose Cleland
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	66
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: 14 May 2014 07:15 To: 14 May 2014 16:30

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 one day 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 the self assessments 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 minor non compliant in relation to both outcomes.

While an area of non compliance was identified under the end-of-life care and health and social care needs outcomes, overall the inspector found a good 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. The centre was seen to support positive outcomes for the residents, which was confirmed by residents and relatives, and evidenced through the inspection.

Residents requiring end-of-life care received a person-centred service at this stage of life. Staff were provided with appropriate training and supported by prompt access to palliative care services. Relatives gave positive feedback about the care given to their family members. However, some improvements were required regarding the care plans for people approaching end-of-life being kept up to date with residents changing needs.

The nutritional needs of residents were met to a high standard, and were very person-centred. Residents were provided with food which was varied and nutritious and respected their preferences. There was a good standard of nutritional assessment and monitoring and residents had very good access to general practitioners (GP) when required. Audits were carried out monthly to identify any residents who needed more support to maintain good nutrition and hydration levels. All feedback given to the inspector by residents and relatives was very positive about the quality of meals and access to food and drink.

These matters are discussed further in the report and in the Action Plan at the end of the report.

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

Findings:

Care planning, as it relates to end of life care, was reviewed under this outcome. A minor non compliance as detailed under outcome 14 was identified. Other aspects relating to this outcome were not reviewed during this 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

Findings:

Residents received a high standard of end-of-life care which met their needs. It was seen to be person centred and respected dignity and autonomy, which resulted in positive outcomes for residents. However, some improvement was needed in the care planning process to ensure records reflected individual's current needs when in the end-of-life phase.

There were written and operational policies and protocols in place for end-of life care. Staff spoken with were familiar with them, and they were seen to be put in to practice throughout the centre.

Residents were seen to be receiving end-of-life care from staff who knew their individual needs, and they type of care that was needed in the end phase of their life. Staff spoken with were up to date with resident's current needs. The method of daily update included a staff handover meeting that took place at each shift change. There was also a book for staff to read when they arrived for work with any headline information they needed for their shift.

Residents had basic end-of-life care plans in place, in the event that they became seriously unwell and were unable to articulate their wishes. It covered topics such as physical and spiritual needs. Residents, relatives and staff were clear that although wishes were recorded in the care plan, any medical decisions would be made by clinical staff when necessary. A new form called 'My Personal Care Plan' was being introduced, which covered the topics in more detail, including for example whether they would want to be transferred to hospital, or where their preferred place to die would be. The form encouraged residents to give some thought to their wishes, and to have discussions with family and friends before they got to that stage of their life. This was due to be in place for all residents by June. Residents filling it in at the time of the inspection said it was a useful process to go through and had made them think about things they wanted to put in place.

The inspector reviewed a number of care plans that described the current end-of-life care needs of residents. Examples were seen of the plan covering key areas such as pain management, psychosocial (emotional) well-being, moving and handling, and nutrition. Health and care needs were identified, and updated when needs changed, or advice from other professionals was reviewed. However, not all of the people receiving end-of-life care had plans with sufficient detail to guide care, and not all sections had been updated regularly to reflect current needs that may be changing quickly due to deterioration in their health.

At the time of the inspection there were sufficient staff to meet the needs of the residents.

Inspectors saw evidence of residents receiving services from allied health professionals, such as dietician, speech and language therapy, occupational therapy. The person in charge confirmed there was access to HSE and private dentists, and examples were given of the treatment received. There was also evidence of regular review from the general practitioner (GP), this also included review of medication. Palliative care services were in place for those who needed it, and staff spoken with said the service was very supportive of residents in the centre.

Staff had received training that included assessment and care planning for end-of-life care. More was booked for the month of May to ensure all staff had attended. Staff feedback was positive about the training; it was described as interesting and informative. The training included the new documentation that was being introduced in the centre, and staff felt it would improve their knowledge of the residents and their preferred wishes in relation to their health and social care needs.

All religious and cultural practice was facilitated. Residents confirmed they were able to attend religious services in the centre, including Mass and Church of Ireland Services,

and could access priests or other clergy when they wanted to see them.

Family and friends were seen to be visiting relatives throughout the inspection. Those spoke with confirmed they were able to spend time with their relatives and receive food and drink as required during their visits and were always made to feel welcome. Feedback in the questionnaires completed by relatives of those who had previously lived in the centre was positive about the support they and their relative received at end-of-life from the staff and the person in charge. All were satisfied with all areas including the care provided after their relative had passed away.

The person in charge confirmed a single room would be made available for those receiving end-of-life care. Relatives confirmed they were able to stay through the night if they wished. Staff confirmed this could be with their relative, or in a spare room, or in the quiet room. Arrangements were in place to return residents personal belongings at a time that suited the relatives. If they did not wish to take items they were asked what their preference was about dealing with them. Items would be handed over in a canvas bag with the nursing home logo.

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

Findings:

Residents received food and drink at times and in quantities adequate to their needs, and in line with their personal preferences.

There was a detailed Nutrition and Hydration Policy in place that gave clear guidance to staff. The inspector observed that it was being implemented in practice. For example, protected meal times, and nutritional and hydration care planning for all residents were in place. Staff spoken with were very clear in their role of monitoring residents for any sign of reduced intake of food or drink, and were able to explain what action they would take. The person in charge had identified, through the self assessment document that improvement was needed in the implementation of care plans around nutrition. On the day of the inspection these plans were seen to be clear and put in to practice for individuals.

The inspector reviewed a number of care plans and supporting documents, such as daily fluid balance charts and speech and language assessments. Food preferences had been recorded, and had been reviewed as needed. For example when residents needed to change to a modified consistency diet, the food preferences were detailed in line with

the changed diet. Special diets for residents were clearly recorded, and the detail of the plan that needed to be followed was explained. The care plans showed good evidence of monitoring residents, for example weight, body mass index and malnutrition screening. There was also clear evidence of action being taken where residents had a change that may show they were at risk of malnutrition. For example the general practitioner (GP) was called to review residents health care needs and medication, and referrals to dietician, speech and language therapy and occupational therapist were made, and care plans identified the need for staff to encourage individuals to eat and drink at regular intervals. Dental services were available if assessments identified issues with the residents teeth, dentures or mouth.

Staff handovers at the beginning of the shift identified those who needed to be monitored, and staff spoken with were very clear of the needs of the individuals they were supporting. Some residents were seen to take nutritional supplements. These had been agreed with the general practitioner (GP) who had prescribed them, and then kept them under review.

Monthly audits were being carried out for all residents' nutrition and hydration needs reviewing data over a 6 month period for any trends or long term changes. The audits identified people at high and medium risk of malnutrition and ensured that referrals had been made to allied health professionals as required, including occupational therapy. The audits provided a lot of information for the management team to check the practice in the centre against the policy and it also directed the practice of staff to ensure all individuals' needs were being met.

The inspector observed the service of breakfast and the main meal to residents. Residents were seen to have good access to food and drink through the day including fresh drinking water. One person said "you just ring your call bell day or night and someone will get something for you". Staff confirmed that they were able to access food for people when the kitchen staff were not there in the evenings and through the night. This included sandwiches and hot food if required. An audit of meals and drinks had been completed monthly, and comments made by residents had been implemented, for example keeping the noise down in the dining room, and serving a wider range of biscuits.

All residents had their breakfast in their room, but the person in charge said people could eat in the dining room if they preferred. Residents confirmed that they knew this. Residents were able to choose the time they wanted their breakfast. On the day of the inspection, breakfast was served between 7.15 and 10.00. The inspector saw that people were being supported to eat and drink in their rooms by staff who were offering assistance in a discreet and respectful way. Staffing levels reflected the needs of those who required assistance. Residents were eating a range of breakfast options, and individual preferences were met, including the brand of bread that they preferred.

At lunch time people ate either in their room or in the dining room over two sittings. Support was seen to be appropriate to residents needs, encouraging independence where possible. The kitchen staff served the meal that residents had chosen and checked it was hot enough and to their taste. Staff were very responsive and one meal was replaced when it was found to be too large a portion. The food attractively

presented and residents were heard to say it tasted very nice. The chef confirmed they were working hard to ensure liquidised meals were as well presented, by considering different options including separate bowls. The meal was unhurried and provided opportunity for socialisation.

Residents and relatives spoken to were very positive about the quality of the food, stating it was well prepared and varied and always sufficient in quantity. People who were receiving end-of-life care were seen to be receiving food, that staff knew they liked at regular intervals, with records showing how much they were being offered and taking.

The dining room was light and well presented. There were a range of table arrangements, some for small groups of people, some for larger groups. Tables were laid out with cutlery, condiments and napkins. There were also flowers on each table. Trays for people in their rooms were also well presented.

Staff had received training, with a final session set to take place in May. The training plan covered enteral feeding, food hygiene, treatment of choking and nutrition and dysphagia training. Staff confirmed they had learned new information on the courses and were putting it in to practice, for example the importance of a good seating position to prevent choking.

There was no access for residents or relatives to make their own drinks, but there was a policy in place that people would get drinks and snacks if they asked. Both residents and relatives confirmed this happened in practice.

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:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Glengara Park Nursing Home
Centre ID:	ORG-0000044
Date of inspection:	14/05/2014
Date of response:	09/06/2014

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:

The end-of-life care plans did not all reflect residents changing needs.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

A care plan audit was conducted on residents receiving End of Life care following our inspection. Immediate action taken - care plans were updated with sufficient details to guide practice. Our ADON and CNM's will continue to support our nurses with maintaining and updating their care plans to reflect our residents changing needs. Regular audit will continue to ensure best practice.

Regular audit will continue to ensure best practice.

Completed

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

Proposed Timescale: 09/06/2014

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:

Care planning documentation for nutrition and hydration intake was not up to date for all residents.

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:

Identified care plans were updated immediately. Staff training on End of Life and Nutrition & Hydration has been completed. Our ADON & CNM's will make sure all sections of the care plans are updated regularly to reflect current needs that may be changing quickly due to deterioration in their health.

Completed

Proposed Timescale: 09/06/2014