

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Blair's Hill Nursing Home
Centre ID:	ORG-0000201
Centre address:	Blair's Hill, Sunday's Well, Cork.
Telephone number:	021 430 4229
Email address:	patobrien09@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blair's Hill Nursing Home Limited
Provider Nominee:	Patrick O'Brien
Person in charge:	Marie Tracey
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	37
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: 30 April 2014 12:30 To: 30 April 2014 20:00

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
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection in Blair's Hill Nursing Home which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection providers and persons in charge attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The person in charge told the inspector that while she had not personally attended the information seminar a member of her staff had attended. The inspector reviewed policies and relevant documentation prior to the inspection. The inspector met residents, relatives and staff and observed practice on inspection. Documents in the centre were also reviewed such as, training records, residents' care plans, medication management charts, menus and records pertaining to deceased residents.

The inspector spoke with residents and relatives and they all expressed satisfaction with the food, the times of meals and the overall care in the centre. The inspector was present at dinner time and teatime and assessed the food and the dining experience with the residents. The care offered at the end of life was assessed through interviews, information in the care plans of residents in the centre at present as well as information in the care plans of residents who had died in recent months.

The person in charge, who had completed and submitted the self-assessment questionnaires to the Authority, came to the conclusion that the centre had a minor non-compliance with regard to end-of-life care and full compliance with regard to food and nutrition. Overall, the inspector's findings correlated with the self-assessment questionnaire results on end of life care but found minor non compliance in food and nutrition as regards the Regulations set out by the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009

(as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

Of the ten next of kin questionnaires sent out by the person in charge on behalf of the Authority, four had been returned prior to inspection.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were written operational policies and protocols in place for end-of-life care in the centre. Staff, with whom the inspector spoke, were familiar with these policies and were aware of how to support residents and families at the end-of-life stage. The policy however, did not have sufficient detail as regards the protocol for the return of personal property and possessions at the end-of-life. The policy lacked guidelines for staff in caring for the physical needs of the resident at end-of-life as regards oral care, pain control and skin care.

The inspector spoke with the person in charge, the senior nurse, care staff, maintenance personnel, administration staff, laundry and kitchen staff. They told the inspector how they would support the residents and relatives at the end-of-life stage. They said that while they had not all undertaken training at the time of inspection there was a schedule in place for upcoming training in all aspects of end-of-life care. The inspector viewed the training records and saw that some of the staff had not attended training in end of life care while other staff did not have updated training. The person in charge showed the inspector the schedule of planned training events. Training would be availed of both in the centre and externally.

Religious and cultural practices were facilitated. The centre's policy included guidance in facilitating and engaging in different cultural practices at end-of-life, where required. Residents spoke with the inspector about their attendance at service and the arrangements in place for special religious occasions.

A comfortable sitting room was available for family and friends to use as an overnight facility or they had the option of staying in the room with their relative. The person in charge explained how she was considering the option of purchasing a folding bed for use at these times. Facilities were provided for relatives to have refreshments and snacks from the kitchen as well as from the staff in the centre. Open visiting was facilitated at the end-of-life stage and there was the option of a single room available if

necessary, according to the person in charge.

The inspector reviewed a sample of care plans of deceased residents and noted that the residents were regularly reviewed by the general practitioner (GP) and that appropriate attention and care was given. The inspector saw evidence that the nursing and care staff had attending to the holistic needs of the residents. There was evidence that medication and pain control were regularly reviewed and closely monitored by the GP. There were also indications that the relatives or staff were present with the residents and had provided emotional and psychological care to the person at the end-of-life. Spiritual needs were attended to where required. The person in charge confirmed to the inspector that the relatives had given positive feedback to the staff about the care the residents and relatives received during this time.

The inspector also viewed the care plans of residents who were receiving palliative care on the day of inspection. The inspector observed that there was evidence that the GP and the person in charge had discussed their end of life wishes with them and these were documented. The care plans revealed that assessments were in place to ensure good oral care, skin assessments and pain control as well as fluid and nutritional intake where appropriate. Staff, with whom the inspector spoke, explained the importance of good oral care and pain control at end-of-life and how they would assess these needs in the event that the resident was unable to communicate verbally.

The inspector saw documentation which indicated that 33% of residents, who died in the previous two years, were facilitated to die in the centre. The inspector had a discussion with the person in charge about the option for a resident to die at home if this wish was expressed. The person in charge said that this had not occurred to date but that all options to facilitate residents' wishes would be explored on an individual basis.

There were processes in place to ensure involvement of staff and families in end-of-life matters, when this was required. The person in charge described to the inspector how the staff ascertain the residents' wishes for their future care. She explained how the families are consulted in the process, if the resident consents to this. The inspector noted that on most occasions these wishes were recorded in the residents' care plans. The person in charge outlined her plans to ensure that all residents have their wishes recorded in the future. She explained to the inspector that the process of these thematic inspections had been supportive for her plans to update the policy and to engage in continuous improvement. Residents told the inspector that they felt that any wishes they had made would be respected by staff throughout their life in the nursing home. This included wishes they might have as regards a change in their medical condition in the future.

The wishes of the residents in regard to CPR (Cardio-Pulmonary Resuscitation) were recorded on each resident's file and the inspector saw evidence of the involvement of the residents and their families when these plans were drawn up. There was a three monthly review of the residents' care plans by the GP and the nursing staff.

The specialist palliative care service was available and had been accessed for advice and intervention if required.

A remembrance service was held yearly in the centre and staff, residents and families attended this. Families could request an individual service for their resident and this would be facilitated also.

The person in charge stated that when a resident died in the centre the family or representatives were given advice on what to do following the death. Information leaflets on how to access bereavement and counselling services were not yet available but these were among the items which were on order from the Irish Hospice Foundation at the time of inspection. Staff and residents were supported following the death of a resident according to the self assessment questionnaire and this was confirmed to the inspector in discussion with the staff and residents.

There was a protocol for the return of personal possessions. However, property inventories were not maintained for the residents and updated regularly as required under Regulation 7 (2). An updated list would support the return of all relevant items in the event of the death of a resident. The centre did not have a specific protocol or property bag for the return of residents' clothing to the family. However, the person in charge explained to the inspector that this was always done in a sensitive and dignified manner. The inspector spoke to the laundry staff member who explained how the resident's clothes are laundered and packed following death. The system had a clothes marking system in place which could be easily removed before the clothes are taken by the family of the deceased.

The inspector reviewed the next of kin questionnaires returned to the Authority. These had been sent out by the provider to relatives of people who had died in the centre in the previous two years, excluding those who had died within the previous three months. The questionnaires returned to the Authority indicated that there was a good level of satisfaction with the care and support given to the residents and their relatives at this time.

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 self-assessment questionnaire for the centre and the policies

on nutrition, mealtimes and hydration. These were found to be relevant and comprehensive and were seen to be implemented in the centre. However, as a response to the preparations for the thematic inspection, the person in charge said that the policies are now being revised and updated, in line with best practice guidelines.

On arrival in the centre the inspector noted that there were jugs of water and orange juice readily available and that some residents were being assisted to drink where required.

The inspector viewed training records which indicated that staff had attended training in aspects of nutrition, food consistencies and food hygiene. The person in charge told the inspector that these education sessions were continuing, with the dietician from a nutrition company as well as an external provider. The inspector noted that not all the staff had updated training and staff members confirmed to the inspector that they would like to attend further training in dysphagia and nutrition. Some staff members told the inspector that they had recently completed HACCP (Hazard Analysis Critical Control Points) training in food hygiene, as well as training on nutrition last year. The chef said that she had attended a nutritional training course in 2011 but that this course was not centre specific. She told the inspector that she would like to attend more training in aspects of nutrition for the residents in Blair's Hill nursing home.

The inspector observed mealtimes including dinner, afternoon tea and the evening meal. The inspector sat at the dining table, at the invitation of a group of residents, for dinner which was served at 13.00. The residents told the inspector that they were very happy with the meals on offer. However, they were not able to tell the inspector if there was a choice on offer as they were unable to read the notice board. It was placed at a high level on the wall and was not clearly written. On the day of inspection the previous day's menu was still written on the notice board in one of the dining rooms. The inspector heard staff verbally offer a choice of meals to the residents as they were being served.

The residents spoke with the inspector about the time at which meals were served as well as the fact that their choice of dining venue was respected. They said that breakfast was served daily from 08.30 onwards with individual choices taken into account. The person in charge also highlighted to the inspector that meal times are flexible throughout the day. The inspector spoke with residents who confirmed that this was the case and the inspector saw one resident eating her dinner at 15.30, as she had requested a late meal.

On the day of inspection the inspector noticed that there were two choices of meals on offer and the inspector sampled the food. It was served hot and was well presented. Residents on diabetic and coeliac diets were accommodated. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes. Residents, requiring assistance, were appropriately assisted and received their meal in a timely manner. The modified consistency diets were presented in an appetising manner. The inspector observed that the staff members were assisting the residents with care and in a respectful manner.

The dining rooms were bright and spacious. The bigger room was used for those requiring assistance. The residents were able to dine with dignity and there was a

conservatory area also where some residents chose to have their meals. The tables were nicely decorated and the crockery and cutlery were of good quality.

Snacks and fresh drinking water were readily available throughout the day. A new water dispenser had been installed in the dining room and there was a supply of glasses for use by relatives and residents. The inspector reviewed records of resident meetings chaired by the centre's advocate. It was evident that issues raised by residents, as regards to food, were addressed. The complaints log was also reviewed and there was evidence that any complaints concerning food were dealt with adequately.

The inspector spoke with the chef who said that she regularly met with the person in charge and the dietician to discuss the residents' dietary needs. The chef showed the inspector her files, which contained relevant information and a record of residents' food preferences. The chef and the kitchen staff indicated that they received training in food safety and food hygiene. The kitchen was seen to contain adequate supplies of fresh and frozen foods. Hand washing facilities were not available in the raw meat area however, necessitating the chef to go from one room to another in order to access the hand washing sink.

There was no weekly menu rotation in place and the chef said that she will discuss this with the dietician and the person in charge. The chef stated that if a resident did not like what was on the menu, an alternative was always available, if possible. However, residents who were on a modified diet did not have a choice available to them. The chef explained that the residents' likes and dislikes are also taken into account when preparing the modified diet. Residents confirmed that if they requested something different than the menu choice this would be facilitated. Staff were seen to be attentive and knowledgeable about the residents and were able to tell the inspector how they would cope with a resident who had swallowing difficulties or a resident who appear to be choking. Some residents were seen to have individual positional and seating arrangements depending on their assessed needs.

The inspector noted during at dinner time that gravy was already poured on the food when it was served to the residents and the residents confirmed that this was the usual practice. The chef undertook to provide gravy bowls for the residents.

Documentation submitted to the Authority indicated that:

- 3 residents were on a puréed/mashed diet.
- 28 residents were on nutritional supplements.
- 14 residents were on a diabetic diet.
- 1 resident was on a coeliac diet.
- 7 residents were on fortified diet.

This was confirmed by the person in charge on the day of inspection. A sample of medication administration charts reviewed by the inspector indicated that nutritional supplements were prescribed by the GP and that they had been administered by staff. Subcutaneous fluids could also be administered to residents who did not have an adequate fluid intake. However, a policy to support this practice was not available for inspection.

The inspector also joined the residents for tea and observed that each mealtime was seen by the residents as a social occasion. Residents engaged in conversation with the staff and amongst themselves. The evening meal was served from 17.00hrs onwards and the inspector observed that there was a choice of menu on offer as well as a selection of home baking. The residents told the inspector that they would have hot or cold drinks and a snack at 20.00hrs and that if they were hungry during the night they would be brought some food. Other residents said that they slept all night and this had not been an issue for them.

All residents had access to dietary, dental, as well as speech and language services and there was evidence of this in the sample of care plans reviewed. An OT service was not readily available. The inspector noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated three-monthly or when required. The residents' weights were checked and recorded monthly. A food chart was also completed for new admissions. If a dietary need or weight loss was identified the GP was informed and the appropriate service contacted to review the resident. The dietician would then review the quality of the food and advise supplements where appropriate.

Residents with diabetes had a comprehensive care plan in place to support their care and the inspector noted that each resident with diabetes had an individual glucometer for measuring their blood sugar.

On the day of inspection none of the residents had their dinner or tea in their bedroom. The residents said that they could choose to have their meals in their bedroom if they wished and that most of them would be served breakfast there. The person in charge told the inspector that relatives can dine with their family member by prior arrangement. There is a protected meal time policy in place to protect the privacy and dignity of all residents.

There were no facilities for residents to prepare their own food but the person in charge advised the inspector that there was access to a kitchenette for family members to make a cup of tea.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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 centre did not have an updated, signed property inventory in the residents' care plans.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

All staff did not have access to up to date education and training in end of life care and nutrition and hydration, necessary to enable them to provide care in accordance with contemporary evidence based 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:

Mary O'Mahony
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 report¹

Centre name:	Blair's Hill Nursing Home
Centre ID:	ORG-0000201
Date of inspection:	30/04/2014
Date of response:	26/05/2014

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 14: End of Life Care

Theme: Person-centred care and support

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

The policy on end-of-life care did not contain guidance and details to support staff in caring for the physical needs of the resident approaching the end of life and did not outline the rationale for the use of subcutaneous fluids if required.

Action Required:

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

We have reviewed our policy on End of Life Care and ensured that it now contains more comprehensive and specific information for staff members. The policy on End of Life

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

Care now contains guidance and details to support staff in caring for the physical needs of the resident approaching the end of life.

We have also included an outline of the rational for the use of subcutaneous fluids if required.

Proposed Timescale: 26/05/2014

Theme: Person-centred care and support

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

Not all residents had their end-of-life wishes recorded as to their preference of preferred place of death to include the option of returning home, if this was possible.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

The End of Life Questionnaire now includes a question recording the resident's preferred place of death.

Proposed Timescale: 26/05/2014

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 there is a policy in place on nutrition and hydration it did not offer guidance on the administration, the rational for and the monitoring of subcutaneous fluids, where these may be indicated.

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:

The nutrition and hydration policy has now been reviewed and includes guidance on the administration, the rational for and the monitoring of subcutaneous fluids.

Proposed Timescale: 26/05/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

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

The centre did not maintain an updated and signed inventory of the residents' property and possessions.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each resident's personal property that is signed by the resident.

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

An inventory is now in place and we have begun the process of recording the property and possessions of each resident. Each resident and/ or a resident representative signs these inventories and they are updated as and when necessary. Will be fully completed by June 20th 2014.

Proposed Timescale: 20/06/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Staff in the centre were not provided with up to date training in nutrition and hydration.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Nutrition and Hydration training will be provided in June for staff members.

Proposed Timescale: 30/06/2014