

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Sullivan Centre
<b>Centre ID:</b>	ORG-0000494
<b>Centre address:</b>	Cathedral Road, Cavan.
<b>Telephone number:</b>	049 432 6000
<b>Email address:</b>	pauline.townsend@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Rose Mooney
<b>Person in charge:</b>	Pauline Townsend
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	16
<b>Number of vacancies on the date of inspection:</b>	5

## **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: 13 May 2014 09:15 To: 13 May 2014 14:45

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 thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection the person in charge undertook a self assessment in relation to both outcomes. The inspector reviewed policies and the provider self-assessment tools relating to End of Life Care and Food and Nutrition submitted by the person in charge pre-inspection. The person in charge had judged that the centre was and non-compliant: minor in relation to Food and Nutrition and End of Life Care.

The inspector met residents, relatives and staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records.

While end of life care did not form an integral part of the care service provided, a good standard of care in this area was evidenced when a death occurs in the centre. Relatives who returned information to the Authority prior to the inspection confirmed that the care provided at this time was appropriate and they were welcomed and facilitated to remain with their relative for as long as they wished. However, not all staff had relevant training in end-of-life care.

The food and nutritional needs of residents were met to a high standard. There was good access to medical, dental care and a dietician. The food provided to residents was appetising and nourishing. Residents were facilitated to maintain their independence. Nursing and clinical documentation was of a good standard. Residents and relatives were very satisfied with the service. However, the evening time menu at the weekend while being revised did not offer residents an option of hot course on all occasions within the three week rotating cycle. Further training on completing nutritional assessments was planned by the person in charge for staff.

Overall the inspector judged the centre to be in minor non-compliance in the area of End of Life Care and Food and Nutrition with 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.

**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

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the assessment and care planning for residents' nutritional and end-of-life care and found that some improvements were required as described under Outcome 14 and 15.

**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:**

While end of life care did not form an integral part of the care service provided as the centre accommodates mobile residents with dementia or cognitive impairment who are transferred to another centre if they become immobile, a good standard of care in this

area was evidenced. Four deaths had occurred in the past two years. Two residents had died in the centre, one in hospital and one in the hospice.

There was an end-of-life policy, care of the deceased resident policy and basic life support policy in place which reflected the good care relatives said was provided to their dying relative in the centre. The policies were revised and updated in April 2014. A document by the Health Service Executive titled intercultural guide to death was also available for staff as a reference. Staff spoken with had an understanding of the policy and implemented care accordingly which upheld the dignity and respected the autonomy of residents. However, not all staff had received end-of-life training to date. The person in charge had identified dates for training of staff.

All care needs are identified on admission and documented accordingly. The inspector read the records of a recently deceased resident and found evidence of good practice, including regular review by the (GP) and the palliative care team to monitor and ensure appropriate comfort measures. The inspector found that the resident's end-of-life care wishes were respected and facilitated. Family discussions were held and the GP and nursing staff were consulted as appropriate. Following a multi disciplinary meeting a resuscitation status was documented in the medical file.

As outlined in the centre's Statement of Purpose 'the Sullivan Centres' sole purpose is the care of older people primarily over the age of 65 years, who are mobile and have a diagnosis of dementia'. Therefore all residents accommodated have a condition which will progressively impair their capacity and are facing a situation in which loss or impairment of capacity is foreseeable. Documentation evidenced that when a resident's condition deteriorated an end-of-life care plan was put in place. The care plans recorded were drawn up in consultation with the resident's next of kin and/or their family members. However, a system of advance care planning for end of life was not developed for all residents to maximise their ability to participate in the decision-making process to record their wishes and preferences at the earliest stage possible. As residents move to another centre if they become immobile, functional capacity maybe further diminished limiting the ability to elicit residents' preferences for end of life care at this time.

Practices and facilities were in place to ensure that resident's needs were met and the resident's dignity was ensured. All residents were accommodated in single bedrooms. While specific accommodation for families to stay overnight was not available, families were supported to be with the resident and facilitated to stay overnight in the visitors' room where a couch was available and refreshments were provided.

Residents' cultural and religious needs were supported. Mass took place in the centre generally once a week for Roman Catholic residents. However, new arrangements were being explored as it was a month since the last Mass was available to residents. Other religious ministers were welcomed and visited as appropriate. Relatives spoken with also stated that staff members were caring, respectful and sensitive to the religious and cultural practices of the residents in their care.

**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:**

There was a food and nutrition policy in place which was centre specific. The policy provided detailed guidance to staff and is supported by suite of allied documents namely nutritional intake and screening, oral care, diabetes management. Staff members spoken to by the inspector were knowledgeable regarding this policy.

Residents and their relatives expressed satisfaction with the food provided and the choices available to them. The planned menu was rotated every three weeks and all food was cooked on the premises. The inspector reviewed the menu and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake particularly those for those on fortified diets to include yoghurts, milk pudding. Soup was served in the afternoon and staff had access to the kitchen to prepare snacks for residents during the night. Drinks, including water, juices and soft drinks were readily available.

Generally there was a good choice of nutritious, wholesome food provided for the lunch and the evening time meal. However, the inspector noted the evening time menu at the weekend while being revised did not offer residents an option of hot menu course. A variety of sandwiches or cold salads were the options available.

The inspector observed the main meal and found that it was hot and attractively presented with ample portions. Residents were offered a choice of food and individual preferences were readily accommodated. The menu choices were clearly displayed on a board in the dining room and menus were placed in the day sitting room. Residents food likes and dislikes were recorded and served meals in accordance with their preferences and dietary restrictions. The inspector noted that food including food that was pureed was attractively presented and in accordance with the menu of the day. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific requirements.

Sufficient dining space was available. Tables accommodated small groups of residents which supported social interaction. The inspector saw that there were adequate staff

available to assist at mealtimes. Staff sat with residents who required assistance with meals, were respectful with their interventions and promoted independence by encouraging residents to do as much as they could for themselves. There was a protected meal time arrangement in place. In consultation with nursing staff, family members were encouraged to come in and help if they wished with meals.

Clinical documentation was of a high standard. Assessments, care plans and nursing evaluation notes were reviewed. Residents had care plans for nutrition and hydration in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. There was ongoing monitoring of residents nutritional, hydration, skin integrity and oral hygiene. Nutritional screening was carried out using an evidence-based screening tool at a minimum of three-monthly intervals. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the general practitioners instructions. 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 residents who required assistance with their meals daily and detailed dietary monitoring records and fluid balance charts were implemented when appropriate.

Staff had received training in relation to food and nutrition. They demonstrated and articulated good knowledge of how to provide optimal care for residents. Further training on completing nutritional assessments was planned by the person in charge for staff.

## **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:***

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Sullivan Centre
<b>Centre ID:</b>	ORG-0000494
<b>Date of inspection:</b>	13/05/2014
<b>Date of response:</b>	10/06/2014

### 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:**

A system of advance care planning for end of life was not developed for all residents to maximise their ability to participate in the decision-making process to record their wishes and preferences at the earliest stage possible. As residents move to another centre if they become immobile, functional capacity maybe further diminished limiting the ability to elicit residents' preferences for end of life care at this time.

**Action Required:**

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

A Future Plan for End of Life Care document has been developed and this is now in the

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

process of being implemented for all clients.

**Proposed Timescale:** 30/09/2014

#### **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:**

Not all staff had received end-of-life training to date.

**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:**

Training on End of Life care that is provided by the Nursing & Midwifery Planning Unit is scheduled for 11th September, 2014. In addition, a resource pack obtained from the Hospice Friendly Hospice Foundation will be used to provide in-house training to staff in the interim period.

**Proposed Timescale:** 11/09/2014

#### **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:**

The evening time menu at the weekend while being revised did not offer residents an option of a hot course on all occasions within the three week rotating cycle.

**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:**

The weekend menu has been amended to include an option of hot food during the evening mealtime.

**Proposed Timescale:** 10/06/2014

**Theme:** Person-centred care and support

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

While further training on completing nutritional assessments was planned this had not occurred at the time of inspection.

**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:**

A process of training has commenced for all staff in relation to MUST assessments. In addition, 21 HSE staff and 7 agency staff have already availed of other training on nutrition, including Nutrition & Dementia, Nutrition & Dysphagia, SALT Dysphagia Management training.

**Proposed Timescale:** 30/09/2014