

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kinvara House Nursing Home
<b>Centre ID:</b>	ORG-0000054
<b>Centre address:</b>	3 - 4 Esplanade, Strand Road, Bray, Wicklow.
<b>Telephone number:</b>	01 286 6153
<b>Email address:</b>	kinvarahousebray@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Kinvara House Limited
<b>Provider Nominee:</b>	Mary Mangan
<b>Person in charge:</b>	Mary Mangan
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	34
<b>Number of vacancies on the date of inspection:</b>	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: 05 June 2014 12:30 To: 05 June 2014 18:30

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 evidenced 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 and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The learning and development manager who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

The inspector found compliance 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. This was reflected in positive outcomes for residents, which were confirmed by residents and evidenced throughout the inspection.

Questionnaires were received from a number of relatives of deceased residents which showed that families were very satisfied with the care given to their loved ones at the end of their lives. Care plans were reviewed and found to discuss and record residents' preferences in this area.

The nutritional needs of residents were met to a good standard. Food was nutritious, varied and in ample quantities. Residents' nutritional needs were assessed and their preferences were recorded and facilitated. There was a good standard of nutritional assessment, monitoring and care planning and residents had very good access to the general practitioner (GP) and allied health professional such as the dietician and

speech and language therapy when required. Residents provided feedback to the inspector, regarding food and nutrition, which was very positive. The mealtime experience was observed to be an unhurried, social occasion.

Findings 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 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

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents received care at the end of his/her life which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy.

There was an operational policy in place for the delivery of End of Life care dated March 2014, which was found to be sufficiently detailed to guide staff in the delivery of holistic care at the end of a resident's life. The inspector reviewed the nursing notes of a recently deceased resident and found that appropriate care had been given at the end of their life to meet their needs. On review of a palliative care plan, the inspector noted daily review and update of the care plan to include adequately assessing and managing pain. The nursing notes and care plans evidenced good access to the General Practitioner (GP) and a palliative care team where necessary. On review of a number of care plans, the inspector found that residents preferences in relation to their end of life wishes were, for the majority of residents, noted and discussed, and included their preferred place of death, their psychological, religious and spiritual preferences and any other wishes or requests. Some care plans were more detailed than others in this regard, but overall the inspector was satisfied that a culture of discussion and recording of end of life preferences had been established in the designated centre.

The inspector found that the operational policy provided guidance to staff on the practical care of a resident's body following death, and also included the arrangements for the return of personal belongings to their next of kin.

Staff informed the inspector that both the person in charge, the provider and the training manager were a positive presence in the nursing home at the end of a residents life to support both the staff and the family members. They made themselves available at any time of the day or night should a resident be approaching end of life, or pass away. The inspector reviewed a folder of correspondence from relative and friends of residents who had deceased offering their thanks and appreciation to the management and staff of Kinvara House.

Kinvara House is made up of all single rooms, promoting residents' privacy at the end of their lives. Relatives and friends are facilitated to stay overnight if a resident is end of life, either by using a vacant single room, or by using the large living space. Refreshment facilities are available for relatives and friends also. The inspector reviewed the relative and friends questionnaires which also noted this access to over night facilities and refreshments.

Of the 24 deaths that had occurred over the past two years, 20 of these had been facilitated within the designated centre, with four deaths occurring in acute hospitals, and no resident dying at home in the community. The person in charge said that this was always considered if it was the wishes of the resident, however it was not always feasible.

Two of the staff nurses had attended a palliative care conference in May 2013, and eight nurses and attended Medication management training in May 2013 which included crushing of medication and using enteral feeding tubes. The person in charge told the inspector that two nurses were attending palliative care training this August. A large number of nursing and care staff had attended in house sessions on end of life with the use of a DVD.

**Judgement:**  
Compliant

***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

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found that residents were provided with food and drink at times and in quantities adequate for his/her needs. There was an operational nutrition and hydration policy in place dated October 2013, which offered clear guidance in this area. On review of residents files and observation of two meal times, the inspector was satisfied that this policy was evident in practice. Residents had access to drinking water at all times, with an ample supply of bottled water available and accessible throughout the day. The inspector saw residents being offered tea, coffee and snacks at regular intervals throughout the inspection process, and residents verified that they had choice around the times of meals if they wished.

The inspector found that food was properly prepared, cooked and served, and was wholesome and nutritious. The most recent Environment Health officer report of the

kitchen had generated no actions for improvement. Food was stored appropriately, and there appeared to be a sufficient supply of a variety of fruit and fresh and frozen vegetables. The chef had a four week menu plan in place, which had been reviewed by the dietician, and residents had a choice at lunch time of meat or fish. The inspector reviewed the breakfast menu choice cards on file, and found residents had the opportunity to chose and change their breakfast menus when required. Breakfast was served in residents rooms each morning, with lunch and tea available for serving in the main dining room or residents room depending on their wishes.

The chef had been provided with the most up to date information on residents dietary needs, likes and dislikes and consistency of foods from the nursing team. The inspector checked this information against residents care plans and was satisfied that the information was current and correct. Residents expressed satisfaction with the menu options and the quality and quantity of the food available. The inspector was present for two meals, lunch and tea, and found a pleasant atmosphere in the dining room, residents tended to sit with friends in their chosen seats and enjoyed the social aspect of the dining experience. The inspector found that residents who required assistance with eating and drinking were provided this in a dignified and appropriate way. Sixteen staff members had received training in caring for people with eating, drinking and swallowing problems in November 2012.

On review of the residents' care plans, the inspector was satisfied that there was a strong system in place to capture any risks of malnutrition for residents with the use of an appropriate assessment tool. Depending on the results of this assessment, referrals were made to the appropriate health care professional if required, and evidence of this was noted in the medical notes. The designated centre had good access to speech and language therapy (SALT) and dietician services. Care plans for residents at risk of malnutrition were practical in nature, and guided staff on how to support residents. Records of food and fluid intake were kept for residents where the policy indicated this was required.

There were no facilities for residents to prepare their own food in the designated centre. The inspector spoke with residents who expressed satisfaction with this, as they enjoyed the service on offer, and could ask for drinks and refreshments at any time throughout the day and their requests were facilitated by staff.

Some improvements noted during this inspection were further exploration of fortifying diets for residents at risk of malnutrition or who are losing weight, and more specific descriptions of quantities of food eaten on the recording charts for residents.

**Judgement:**  
Compliant

## 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 all the people who participated in the inspection.

### ***Report Compiled by:***

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority