

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Greenhill Nursing Home
Centre ID:	OSV-0000234
Centre address:	Waterford Road, Carrick-on-Suir, Tipperary.
Telephone number:	051 642 700
Email address:	greenhillshome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dr. Dilip & Dr. Vasudha Jondhale Partnership
Provider Nominee:	Vasudha Jondhale
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	55
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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 July 2014 07:30 To: 30 July 2014 15:30

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 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 questionnaires which relatives had submitted to the Authority prior to the inspection.

As part of the inspection the inspector met with the providers, the person in charge, residents, relatives, and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaints log, policies and procedures and records of residents' meetings. The person in charge had completed the self-assessment tool and had noted some areas for improvement in respect of both food and nutrition and end of life care, and had devised an action plan to address these.

The inspector observed good practices in relation to planning for and care at end of life. Residents' wishes for care at end of life had been ascertained in a sensitive manner and recorded in the each resident's care plan. The inspector found that residents had received appropriate care and their physical, emotional, social, physiological and spiritual needs had been met at end of life. Family and friends were facilitated to be residents at end of life with sleeping facilities and a comfort basket with toiletries and pillows provided.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. A choice was offered to residents at each mealtime in respect to menu options and dining location. The physical environment of one of the dining rooms had been modified by the provider to enhance the quality

of their dining experience for more dependent residents. The food and fluids provided met the assessed dietary needs of the individual residents. Snacks and fresh drinking water were available at all times. Assistance was provided in a discreet and respectful manner. Residents with whom the inspector spoke stated that they enjoyed the wide range of food options available on the menu particularly chicken curry and chow mein.

The inspector found substantial 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, in the area of food and nutrition, and in end of life care. Improvements were identified to enhance good practice in relation to ensuring that care plans in relation to food and nutrition reflect practice.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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:
Person-centred care and support

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

Findings:
Only the component in relation to care planning processes around food and nutrition and end of life care were considered as part of this thematic inspection. As stated under outcome 15, the inspector noted that the care outlined in a number of care plans was not evidenced in practice. The inspector saw that some care plans stated that a resident's weight was to be measured and recorded every two weeks. However, the records made available to the inspector showed that these residents' weights had been measured and recorded every month.

Judgment:
Non Compliant - Moderate

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(s):

No actions were required from the previous inspection.

Findings:

The centre-specific policy on end of life care was made available to the inspector and had been reviewed in January 2014. The inspector noted that the policy was comprehensive and evidence based. Records were made available to the inspector which confirmed that staff had read and understood the policy. The inspector noted that policy informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had identified a number of actions to ensure compliance, including improvement in documentation in relation to end of life wishes, audit and the provision of additional training for all staff. The inspector noted that these actions had been completed.

Questionnaires, asking relatives' opinions regarding end of life care, were sent to the relatives of deceased residents. The response rate was 80%. All responses received reflected a high level of satisfaction with the care provided.

The inspector reviewed a selection of care plans of deceased residents and noted that residents had received appropriate care and their physical, emotional, social, physiological and spiritual needs had been met.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis and the local priest facilitates discussion with residents on spirituality. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. The inspector saw that reference materials were available in the nurses' station to guide in the facilitating and engaging of cultural practices at end of life. A quiet room was available to residents for prayer and reflection.

Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

Of the sample of files reviewed by the inspectors, the wishes of the resident with regard to end of life had been identified and documented, including place of death. The accommodation was exclusively private rooms. The person in charge confirmed that the option to go home for end of life care would be facilitated if the required supports were in place in the community. Residents and relatives with whom the inspector spoke confirmed that end of life wishes had been ascertained in a sensitive manner. Some residents expressed to the inspector that in the event of becoming unwell, they would

prefer to go to the acute services while other residents stated that they would choose to stay in the centre. The inspector saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a three monthly basis or more frequently if a resident's needs changed.

The inspector noted that any decisions not to attempt resuscitation were seen to be based on clear clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate.

Family and friends were suitably informed and facilitated to be with the resident at end of life. The person in charge confirmed that sleep over facilities were made available for families within the centre and that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times. A basket containing toiletries and pillows was provided to family and friends.

The inspector noted that practices after death respected the remains of the deceased person and family members were consulted for the removal and funeral arrangements. Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Residents reported that they were offered the opportunity to pay their respects to the deceased resident and were facilitated to attend the funeral. A remembrance service was held annually.

Family members were also given written practical information with regard to registering a death. The end of life policy stated that personal possessions were returned in a sensitive manner and the inspector was shown the handover bag used for this purpose. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

An audit in relation to end of life care was completed by the person in charge in March 2014. The inspector noted that the actions identified were seen to have been implemented.

Records were made available to the inspector which confirmed that staff had received training in a number of aspects of end of life care throughout 2014. The inspector saw evidence that care at end of life was discussed at staff meetings.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents which had been reviewed in 2014. Records were made available to the inspector that confirmed that staff had read and understood these policies. The inspector noted that policies informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had identified actions to ensure compliance including audit and provision of additional training. The inspector saw that these actions had been implemented.

The report from an environmental health inspection in November 2013 was made available to the inspector. A residents' satisfaction survey with meals was completed in January 2014. The minutes of residents' meetings were made available to the inspector and reflected satisfaction with the quality of food and beverage. The inspector noted that suggestions made by residents in relation to food choices were acted upon promptly such as increased number of snacks and the introduction of fresh fruit salad.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The kitchen facilities were adequate, visibly clean and organised. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal choices and preferences. Records of regular meetings between nursing and catering staff were made available to the inspector who noted that residents' dietary needs were discussed in detail. The inspector spoke with the catering staff on duty who demonstrated comprehensive knowledge of residents' preferences and dietary needs. The menu cycle had been reviewed by a dietician in March 2014 to ensure that the meals provided were nutritionally balanced and met the needs of residents.

There was evidence that choice was available to residents for breakfast, lunch and evening tea with respect to menu options and dining location. The menu for the day was displayed in both dining rooms and also presented in pictorial format for residents with communication or comprehension difficulties. The inspector observed staff explaining the options for each meal in detail to the residents.

A selection of prescription charts were reviewed by the inspector and nutritional supplements were prescribed and administered appropriately. It was observed that every effort was made to present modified diets in an attractive manner. Staff with whom the inspector spoke demonstrated good knowledge in relation to the provision of fluids and diets of a modified consistency. The inspector observed that each residents' swallow care plan was readily available to all staff and the plan was seen to be followed.

Breakfast was served to residents between the hours of 07:30 hrs to 09:45 hrs. Residents had a choice for breakfast; hot/cold cereals, cooked eggs, breads, toast and beverages. The inspector observed residents having the option of having their breakfast served in bed, in the dining rooms or at their bedside and at a time of their choosing.

Lunch was served at 12:30 hrs and the inspector observed the meal in both dining rooms to be unhurried and a social occasion. Residents had the choice to dine in the dining rooms or at their bedside. The majority of the residents utilised the main dining room which was bright and spacious and readily accommodated residents with specific mobility requirements such as those that were wheelchair dependent. More dependent residents remained in the "C" wing for their meals and the inspector saw that the physical environment had been modified by the provider to enhance the quality of their dining experience. Dining tables in the dining rooms were attractively and invitingly set with condiments and napkins. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required.

The evening meal was served at 17:00 hrs with a further light bedtime snack served at 19:45 hrs. In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

The inspector observed that assistance was offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Residents were provided with adequate dining space with the majority of residents choosing to attend the dining rooms for lunch and evening meal.

Residents with whom the inspector spoke were complimentary of the meals and snacks served, especially the home baked breads, desserts, birthday cakes and confectionery. Residents stated that they enjoyed the wide range of food options available on the menu particularly chicken curry and chow mein.

On reviewing the staff roster and from observation on inspection, the inspector noted that there were sufficient staff to meet the needs of residents during mealtimes.

Based on a sample reviewed by inspectors, care plans reflected assessment of nutritional needs on admission. Residents' weights were monitored on a monthly basis and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspectors saw that residents looked well, weights were monitored monthly and nursing staff understood the relevance of weight loss when computing the MUST. Inspectors saw that the advice of occupational therapist, dentist, dietician and speech and language therapist was accessed promptly, documented, communicated and observed. However, the inspector noted that the care outlined in a number of care plans in relation to nutritional needs was not evidenced in practice and this is covered in outcome 11.

The person in charge monitored a number of key performance indicators, including residents' weight loss, on a monthly basis and completed a comprehensive analysis on the possible reasons for the weight loss. The results of a number of audits completed by the person in charge during early 2014 relating to food and nutrition were made available to the inspector. The inspector noted that actions from these audits were implemented.

The training matrix made available to the inspector confirmed that staff had received training throughout 2014 in the area of food and nutrition, including food hygiene, dysphagia and nutrition in dementia.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
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Health Information and Quality Authority Regulation Directorate



Action Plan

Provider's response to inspection report¹

Centre name:	Greenhill Nursing Home
Centre ID:	OSV-0000234
Date of inspection:	30/07/2014
Date of response:	08/09/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspector observed that the care outlined in a number of care plans was not evidenced in practice.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The Care plans that were not updated according to the necessary practice have been reviewed.

Proposed Timescale: 08/09/2014

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