Health Information and Quality Authority
Regulation Directorate

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

Centre name:	New Ross Community Hospital
Centre ID:	OSV-0000602
Centre address:	Hospital Road, New Ross, Wexford.
Telephone number:	051 421 305
Email address:	nrosscommunity@eircom.net
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	New Ross Community Hospital Limited
Provider Nominee:	Frances Ryan
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
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:	To:
09 September 2014 08:00	09 September 2014 15:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome
Outcome 05: Documentation to be kept at a designated centre
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 provider received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

New Ross Community Hospital was a voluntary organisation that provided care to people in the local community who require non-acute medical, respite, convalescent and palliative care. It was governed by a board of directors who met monthly and provided consistent oversight on the day to day running of the centre.

The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as policies, procedures, training records, care plans, menus, minutes of residents' meetings and records pertaining to deceased residents.

A number of questionnaires, completed by relatives of recently deceased residents, were received prior to and following the inspection. While most responses reflected satisfaction with the care received with one specifically saying that “care at end of life could not be improved upon”, other responses included references to the resident not being given the option of transferring to an acute general hospital when their condition deteriorated.

In relation to end of life care the centre had assessed itself as having a minor non-compliance with the with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and National

Quality Standards for Residential Care Settings for Older People in Ireland. During the inspection there was evidence of good practice, particularly in relation to advanced care planning and training for one staff member on the spiritual dimensions of end of life care. The inspector found the centre to be non-compliant with the regulations principally due the end of life policy being in draft format and not all residents having an end of life care plan.

In relation to food and nutrition the centre had assessed itself as compliant with the regulations during the national self assessment on food and nutrition undertaken by the Authority. However, due to an issue around choice regarding dining and the management of the healthcare files, the inspector found a minor non-compliance.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review other outcomes in so far as they related to end of life care and food and nutrition. Some minor and moderate non-compliance were identified and these are discussed in the body of the report.

The Action Plan at the end of this report identifies where improvements were needed.

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 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
There was an end of life care policy in draft format which was due to be approved by the board of directors. This policy was supported by a further draft policy on identifying approaching end of life. Both policies set out the arrangements for a comprehensive assessment on admission which identified residents' wishes regarding end of life care. The policies also included provision for advanced care direction, liaison with the resident's general practitioner (GP) and liaison with the palliative care team.

While there were guidelines available for staff following the death of resident, these were also still in draft format. The guidelines included verification of death recording, notification of the death to the Coroner, liaison with the undertaker and the return to pharmacy of unused medication.

The inspector found that the mechanisms in place for managing residents' healthcare records required improvement. There was a practice of maintaining a current or active healthcare file. This was to contain the most recent and up to date healthcare information to plan and deliver care to each resident. However, relevant documentation, for example current swallow care plans and nutritional reviews, were filed in an older inactive healthcare file and so were not easily accessible by staff if required. The person in charge outlined that this was an administrative error and that the centre was currently engaged in process of transferring healthcare information to an electronic/computerised format.

In addition there was inconsistency in the maintenance of records. In the healthcare files reviewed a record of notification to the Coroner was not documented on the resident's medical notes in all cases. The person in charge had prepared a specific form providing guidance for staff on the verification of death but this form also had not been

fully implemented.

Judgment:
Non Compliant - Moderate

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:
Each resident had a comprehensive assessment, called a biographical assessment, which outlined issues like personal details, family contact, general practitioner (GP) details. It also included nutritional status and spirituality/religion. This biographical assessment informed the care planning process for each resident.

In the sample healthcare files reviewed there was provision for recording a resident's spiritual wishes and religious denomination on admission, although this was not completed in all the healthcare files reviewed. The inspector found that an end of life care plan was generally only initiated when the resident's condition was identified as deteriorating. This was named a dying care plan and recorded:
• Whether the resident was aware of their condition
• wishes regarding pain management
• care after death
• resuscitation
• who to contact in the event of a deterioration in condition
• spiritual support.

A dying care plan was not in place for residents who may have died suddenly or whose condition deteriorated rapidly.

The person in charge had engaged in a project of advanced care planning with all residents who could consent to that process. This initiative had been undertaken in conjunction with the drafting of a policy on communicating cardiopulmonary resuscitation (CPR). While this process had not been fully completed it identified a resident's wishes regarding:
• Artificial nutrition and hydration
• staying in the centre or going home to die
• attempting CPR

• cultural/spiritual needs
• values
• important issues while in the centre.

Judgment:
Non Compliant - Minor

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:
There was a bright and spacious oratory/prayer room. While there was a mortuary on site, the provider outlined that this was not used regularly for prayer and removal ceremonies. However, following a resident's death prayers were held in the oratory and the person in charge had recently introduced an end of life care box which included candles and oils to be used during the prayer service. A guard of honour was formed as a mark of respect while the resident's remains were removed from the centre. appropriately decorated hold-all bags were available for the return of a resident's property to family. The inspector found this initiative to be respectful of residents and their possessions. One of the questionnaires, completed by a relative of a recently deceased resident commented that the family felt supported by staff when their loved one died.

While the centre did not have designated single rooms for residents at end of life, the person in charge outlined that if a single room was available this was offered to the resident and their family. In the advanced care planning documentation reviewed all residents were asked for their preferences for place of death. In the healthcare files reviewed each resident indicated that they wished to stay in the centre and not be transferred to an acute care hospital if possible. Documentation indicated that, within the last two years, 75% of deceased residents had their end of life care needs addressed without the need for transfer to an acute hospital. The questionnaires completed by family members confirmed that there was unrestricted access for families with showering, sleeping and dining facilities made available. There was a sitting room available to families which they were encouraged to use.

There was evidence of appropriate and timely review of residents by medical practitioners and allied health professionals including the dietician. Healthcare files reviewed showed timely referral to the palliative care team with appropriate pain management plans put in place.

The activities coordinator had recently attended a course on the spiritual dimensions of end of life care. She outlined that this course had given her the skills and knowledge to inform the care planning process for end of life care. Other staff training records indicated that:
• 13 staff attended training in the Irish Hospice Foundation (IHF) programme 'What matters to me' in 2013
• two staff nurses had attended a course on a holistic approach to palliative care in 2011
• one staff nurse had attended training on caring for patients with pain in 2012
• one staff nurses had attended training on cancer and reflexology in 2010.

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 was an up to date policy on nutritional status and management. This policy was supported by a range of specific policies on nutrition and hydration including:
• Guidelines for the use of malnutrition universal screening tool (MUST) assessment
• management of dysphagia (swallowing difficulties)
• enteral (directly to the stomach) feeding
• oral/mouth care
• oral nutrition supplements
• therapeutic diets.

On admission each resident had an initial MUST assessment. There was recording of weight and body mass index. On admission each resident's nutritional status was recorded in their biographical information including if they ate a normal diet and, if necessary, requirements for oral nutritional supplements. This biographical assessment informed the care planning process for each resident. Of the sample care plans seen, the inspector noted evidence of appropriate nutritional and hydration care planning. Documentation submitted to the Authority indicated that:
• 15 residents were on special diets
• 9 residents were on a nutritional supplement
• 16 residents were on fortified diets.

A dietician reviewed each resident monthly and recorded their MUST score. Nutritional care plans prepared by the dietician in consultation with the resident were available in

the healthcare files. If the resident had dysphagia there was evidence of appropriate referral being made for speech and language assessment. Recommendations from the speech and language therapist were available in swallow care plans in the healthcare file. The storage of care plans in the healthcare files required improvement and this is outlined in more detail in Outcome 5.

Recommendations from the dietician and/or speech and language therapist were communicated to the catering staff. Up to date copies of each resident's dietary requirements were maintained in a communication folder in the main kitchen. Separate communication folders on speech and language care plans, residents requiring assistance and dysphagia were also available in the dining room, although the speech and language folder was empty on the day of inspection. However, staff spoken with were able to articulate each resident's nutritional needs.

The inspector met with the chef in the main kitchen. A menu plan was available on a three weekly cycle and input was received from the dietician to ensure the nutritional value of residents' meals. Regular meal surveys were undertaken and suggestions were incorporated into the menu. The most recent residents committee meeting outlined that residents were happy with breakfast and dinner but felt there was not enough choice at tea time. Additions had been made to the menu so that at least three choices were available at all meals. Menus were available on the tables in the dining room and resident preferences for meals were taken by staff.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. On the day of the inspection, most residents were served breakfast at their bedside between the hours of 08:00hrs to 09:30hrs. It was not clear to the inspector if residents were given the option of having breakfast in the dining room and the provider was not aware that residents did not have breakfast in the dining room. There was a choice on the breakfast trolley of porridge and cereals, toast, tea/coffee and orange juice. Staff outlined that some residents who required assistance with meals had their breakfast earlier with help given by night staff. Again it was not clear if residents who required assistance had a choice of time for breakfast or a choice of location to eat breakfast.

Lunch was served in the dining room with two sittings, the first from 12:15hrs for residents who required assistance and the second sitting from 12.30 hrs onwards. The tables were set in an attractive manner. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. For residents requiring food in a modified format this was served in an appealing manner also. A diabetic dessert was available for one resident. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive manner.

There was access to fluids and snacks throughout the day and tea trolleys were seen in circulation during the morning.

The most recent Environmental Health Officer report was available. A record of staff training submitted to the Authority indicated that 15 staff had recently received training on dysphagia. All catering staff had completed training on the management of food hygiene.

Judgment: Non Compliant - Minor

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
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	New Ross Community Hospital
Centre ID:	OSV-0000602
Date of inspection:	09/09/2014
Date of response:	09/10/2014

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on end of life care was in draft format and awaiting formal approval from the board of management.

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Please state the actions you have taken or are planning to take:
End of life policies are being reviewed by the Board of Directors and an additional procedure/ guideline around the death of a resident in a shared bedroom underway.

Proposed Timescale: 17/10/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management of the healthcare records required improvement as relevant documentation for some residents was filed in an older inactive healthcare file and so were not easily accessible for staff as required.

Action Required:
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:
The Person- in- Charge is currently reviewing all resident's files including the inactive files to review all documentation and place together in a chronological order.
Also note the centre is in the process of installing an Electronic Nursing System (EpicCare).

Proposed Timescale: 31/10/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was inconsistency in the maintenance of records. In the healthcare files reviewed a record of notification to the Coroner was not documented on the resident's medical notes in all cases.

Action Required:
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:
As part of the Person- in- Charge reviewing all end of life policies and procedures when she commenced duties on July 1st 2014 she has developed a checklist for nursing staff following the death of a resident and part of this checklist is for e.g. notification to the coroner, copy of coroner's notification in resident's file.

Proposed Timescale: 17th October 2014 (awaiting Board of Directors' Approval)

Outcome 11: Health and Social Care Needs

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Biographical information was not fully completed for all residents. In some cases the details had been recorded but not signed and dated by a staff member.

Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:
For the past three weeks the Person in Charge has being conducting pre- admission assessments with the resident or the resident's Next of Kin by telephone contact. As the centre receives four respite care residents per week it is not possible to physically see these people in person.

The Person in Charge is sourcing a refresher course for nurses on the importance of documentation. An audit of documentation will be conducted before year end (December 2014) also.

Proposed Timescale: 31/12/2014

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents had a care plan in place for end of life.

Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Person in Charge together with the activities coordinator and resident representative where appropriate, will meet the resident to develop an end of life care plan around each individual resident's end of life wishes.

From this the resident's medical practitioner will be informed and the wishes recorded in the medical notes where necessary.

Proposed Timescale: 30/11/2014

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:
It was not clear if residents had a choice of where to eat breakfast.

Action Required:
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

Please state the actions you have taken or are planning to take:
The Person in Charge will discuss with each resident their preference of where to eat breakfast. Where a resident is not able to express their specific request the Person in Charge will discuss the matter with the family representative

Proposed Timescale: 31/10/2014

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents had breakfast at their bedside before 08:00 am with assistance from night staff. There was no documentation to show that this was the choice of the resident.

Action Required:
Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

Please state the actions you have taken or are planning to take:
The Person in Charge will discuss with each resident their preference of where to eat breakfast. Where a resident is not able to express their specific request the Person in Charge will discuss the matter with the family representative

Proposed Timescale: 31/10/2014