

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Castle Gardens Nursing Home
Centre ID:	OSV-0000696
Centre address:	Drumgoold, Enniscorthy, Wexford.
Telephone number:	053 923 5566
Email address:	manager@castlegardens.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Breezeglen Limited
Provider Nominee:	Pat Shanahan
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	12

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: 18 November 2014 08:30 To: 18 November 2014 14:30

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

Outcome 05: Documentation to be kept at a designated centre

Outcome 14: End of Life Care

Outcome 15: Food and Nutrition

Summary of findings from this inspection

This report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life care and Food and Nutrition. In advance of this inspection providers attended an information seminar, received evidence based guidance and completed a self-assessment questionnaire in both outcomes to determine their level of compliance.

The inspection was unannounced. On the day the inspector undertook a documentation review which included the centre's policies on both outcomes, training records, staff rosters, residents' care plans and minutes of residents' meetings. The review included a number of questionnaires completed by relatives of deceased residents on their experience of care delivered by staff at the centre during this time. Several questionnaires completed by residents on their level of satisfaction with the quality, service and choice of both food and refreshments available at the centre were also reviewed. A high level of satisfaction was recorded across all returns.

On the day of inspection there were 52 residents in the centre. The inspector met with the person in charge and other members of staff, including the regional operations manager, and also a number of residents and their relatives. The inspector was present at both breakfast and lunch and observed the residents in their experience of dining and the staff in their delivery of service.

The provider's return on food and nutrition was compliant and the inspector identified no actions for this outcome on the day. The end-of-life outcome was also found to be compliant and where there were issues in relation to compliance with policy, policy review and completed care plans these were recorded against outcome 5 on documentation.

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

Findings:

This outcome was not fully inspected other than for the purpose of assessing documentation in relation to the themes considered. In this regard the policy on end-of-life was overdue review as of 1 June 2014. Where it was evident that work was underway in relation to assessing the individual preferences and needs of residents in relation to end-of-life, this process was on-going and not all care plans had yet been completed in this respect. Also, as required by the centre's policy on end-of-life, an audit and evaluation to determine compliance with the policy, and adherence to the processes it described, had not been completed.

Further detail on these findings are summarised at outcome 14.

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

Findings:

A centre-specific policy on end of life care was in place dated 1 June 2012 that was overdue for review as of 1 June 2014. It provided direction for care around both the physical, psychological and spiritual needs of residents at end of life and also referenced Health Service Executive (HSE) Intercultural Guidelines in relation to the provision of care for diverse religious communities. Policies around the provision of information to

next of kin were in place and included an end-of-life information folder containing guidance from the Irish Hospice Foundation and a separate leaflet, designed and provided by the centre, to support and inform relatives of residents at end of life.

The person in charge was suitably qualified and demonstrated a well developed understanding of the centre's resident profile and the needs of individual residents. The person in charge had a clear commitment to person-centred care and also understood the statutory requirements in relation to the provision of end of life care.

There were procedures for staff to follow after the death of a resident in relation to the practical care of remains and also on the appropriate protocols for verifying death. Opportunities for consultation and feedback by residents and relatives were described and formed part of the on-going review of a resident's care - where discussions had taken place the content was recorded on an electronic database. A number of questionnaires had been completed by relatives of deceased residents at the centre; the feedback in all cases described a high standard of service delivery and person-centred care by both staff and management. The inspector noted that several of these returns also indicated that residents had been given a choice as to whether or not they wished to stay at the centre with decisions recorded that reflected the assessed needs of residents at the time. Facilities were also available for relatives to remain with their loved one including accommodation, hospitality and refreshments. This feedback was echoed by relatives of a deceased resident spoken with by the inspector on the day who commented favourably on the great care they experienced. The inspector noted that personalised requests in relation to religious observances were also accommodated with one resident reposed overnight on-site while residents and relatives had the opportunity to attend and pay respects or offer prayers.

Staff spoken with demonstrated an understanding of the principles that underpinned the centre's approach to end-of-life care and also an individual commitment to those principles of dignity and respect for the wishes and preferences of residents at the end of their lives. Staff spoken with were competent to deliver care appropriate to the needs of the resident profile and demonstrated an awareness of the need to provide residents with an opportunity to discuss and express their personal wishes should there be a change in the circumstances of their health. A review of several care plans indicated that residents were assessed by a medically qualified practitioner on a regular basis with intervention by specialist care providers as appropriate. The centre could also avail of the services of a dedicated palliative care nurse who was available to attend as required and had also developed a training programme on the use of a syringe driver which had been delivered in 2013. Training had also been delivered around palliative care, including procedures for hospital transfers, in February of this year. Files reviewed confirmed that appropriate protocols were observed in relation to the verification and certification of death. The person in charge confirmed that relevant interested parties such as the local acute services and the pharmacy were notified by phone.

A policy was in place for the return of a resident's personal belongings and the person in charge explained that this procedure was completed in consultation with family members. In some instances special requests were made for the disposal of belongings and these wishes were facilitated by management at the centre.

The self-assessment returned a minor non-compliance with which the inspector concurred as not all care plans had been completed and there were some gaps in documentation particularly around audit and review which was not in keeping with the centre's own policy. Action on these findings are recorded against outcome 5 in documentation.

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

Findings:

Site-specific policies on the management of nutrition were in place dated 16 September 2013. The policies provided directions to staff on the assessment, monitoring and documentation of residents' nutritional and fluid intake and also provided guidance on procedures for the recording of this information in resident care plans. Procedures described how the dietary requirements of residents were assessed through the use of evidence based tools with suitable practices in place to ensure needs in relation to nutrition and hydration were monitored and appropriately met.

The inspector reviewed a number of care plans and noted that residents' food, nutrition and hydration needs were comprehensively assessed on admission in accordance with policy. This assessment included establishing any history in relation to dietary recommendations or requirements. Information from assessments at time of admission formed the basis of a resident's care plan. Care plans reviewed were maintained electronically with evidence of regular monitoring, including recording of weight, and evidence based assessment tools in use where circumstances required. Referrals to allied healthcare professionals such as a speech and language therapist were documented on plans. A dietician was available to attend the centre on a weekly basis to review residents as required and updated notes were maintained electronically in this regard. Where recommendations such as fortified diets or nutritional supplements were made these were also recorded on prescription sheets and records of administration by appropriately trained staff were available.

The inspector was present for breakfast and lunch service on the day. The dining area was bright and well decorated with occasional background music playing at an appropriate volume. The space comprised a large dining area that could accommodate over 50 residents and a smaller, adjacent, sun-room that could seat approximately 12. Tables, for both individuals and groups, were fully laid and decorated with flowers. Breakfast was available from 8.00am and included options such as juice, porridge, toast and cereals. Residents could choose to have their breakfast served either in the dining

room or in their own room and also had a choice around preparations such as eggs 'cooked to order' depending on personal preferences.

Lunch was served from 1pm and the menu was rotated on a three weekly basis. A menu board for the day was clearly on display and residents spoken with explained that choices were taken in advance of meals and there was always the option to change choices. On the day of inspection there was a starter and a choice of main courses with dessert and tea or coffee. Drinks were available and offered regularly throughout meal service. The inspector noted that meals provided were freshly prepared, nutritious in content and appetising in presentation. Portion sizes were appropriate and where meals were required to be pureed they were presented in an appealing manner with identifiable ingredients and a choice of main courses also on offer. Light snacks were available throughout the day. Afternoon tea was available from 5pm with supper served at 7pm. Water was readily available and seen to be regularly on offer by staff.

The inspector observed that staffing levels were adequate during mealtimes with carers available to provide individual assistance as necessary. Staff were courteous and attentive throughout and demonstrated patience and discretion when providing individual assistance. Staff were seen to have a good understanding of residents' likes and dislikes as meals, and their service, were often customised to suit individual preferences. For example, service to all residents at one table was completed before progressing to the next, and the order of this service was reversed on alternate days so that no resident was always left with last service, or without a meal when others at their table were dining.

The inspector spoke with the chef who had extensive experience, and professional training, in catering including appropriate training in environmental health and food hygiene and handling. Staff had received training in April of this year in relation to diet and nutrition for older people and, in January 2014, training had been delivered in the management of dysphagia.

A dietician was available to attend regular meetings with staff and records of meetings with kitchen staff were seen dated 20 October, 16 September and 20 August 2014. The dietician had also carried out a menu audit on 3 July 2014 which was available for reference. The chef explained that an information folder was used to record individual dietary requirements and recommendations for residents with specialist needs such as diabetes or modified meals. Illustrated communication charts were on display in the kitchen and included information around swallow care, enriched diets and assisted meals, as well as information on procedures for modifying consistencies and nutritional information around the food pyramid. Communications and actions between carers and kitchen staff were documented and maintained in a folder for reference in the kitchen. Carers also entered information on an electronic data base with progress reports reviewed and discussed during handovers. The kitchen facilities were well maintained and appropriate to the size and layout of the centre with adequate equipment and storage facilities. A copy of a recent environmental health report was also available for reference.

The inspector spoke with a number of residents who spoke positively about their experience at the centre and said that they were satisfied with the food quality and

choice. Several residents said there was opportunity to make requests at residents' meetings for example and records of meetings were seen dated 24 October, 25 September and 27 August 2014. Relatives spoken with said they were facilitated in spending time with their relatives at meal time, if they so wished, and appropriate consideration was given to the privacy and dignity of others in these instances with separate areas available for use.

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
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**



Action Plan

Provider's response to inspection report¹

Centre name:	Castle Gardens Nursing Home
Centre ID:	OSV-0000696
Date of inspection:	18/11/2014
Date of response:	19/12/2014

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:

Review of the policy on end-of-life was overdue as of 1 June 2014.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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:

The policy for End of Life has now been reviewed and updated.

Proposed Timescale: 19/12/2014

Theme:

Governance, Leadership and Management

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

The procedure for audit and evaluation as set out in the centre's policy on end-of-life had not been implemented.

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.

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

The draft audit tool for End of Life will be completed in January 2015. The audit will be undertaken in March 2015.

Proposed Timescale: 31/03/2015

Theme:

Governance, Leadership and Management

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

Care plan records in relation to end-of-life were not consistently complete.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The policy for End of Life has now been reviewed and updated.

Proposed Timescale: 19/12/2014