

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Claremount Nursing Home
<b>Centre ID:</b>	OSV-0000329
<b>Centre address:</b>	Claremount, Claremorris, Mayo.
<b>Telephone number:</b>	094 937 3111
<b>Email address:</b>	amhegarty@yahoo.co.uk
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Claremount Nursing Home Limited
<b>Provider Nominee:</b>	Ann Marie Hegarty
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	55
<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 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: 19 November 2014 08:10 To: 19 November 2014 14:30

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
Outcome 16: Residents' Rights, Dignity and Consultation

**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 the self-assessment questionnaires submitted to the Authority prior to the inspection. The person in charge who completed the provider self-assessment tool had judged that the centre demonstrated minor non compliance in relation to both outcomes. The inspector found that the non compliances outlined had been addressed.

As part of the inspection the person in charge contacted families of residents who had died in the centre and asked them to complete questionnaires. The person in charge told the inspector she had contacted ten families. Six questionnaires were submitted to the Authority and all outlined families satisfaction with the care provided for their loved ones at end of life.

The inspector met residents and staff and observed practice on inspection. Documents were reviewed such as care plans and training records. Practices and facilities were in place to ensure that residents received a high quality service at the end of life stage. There was an emphasis on providing care and comfort to residents at end of life and their loved ones during and following the death of a resident.

Care plans were in place to ensure residents received care at end of life which addressed their wishes in regard to their physical, spiritual and emotional needs. The care plans also outlined residents' wishes in regard to the people they would like present at the end of their life and arrangements for their funeral and/or burial.

The inspector viewed the arrangements in place for ensuring residents' nutrition and hydration needs were met. Food was properly cooked and served, nutritious and varied and assistance was offered to residents in a discrete and respectful manner.

Residents' nutritional needs were assessed and their needs and preferences were recorded and facilitated. The chef and kitchen staff had up to date accurate information pertaining to residents' dietary requirements and preferences.

Residents had good access to the general practitioner (GP) and allied health professionals such as the dietician and speech and language therapist.

Residents provided feedback to the inspector, regarding food and meals, which was very positive. The inspector sampled the lunchtime meal and found the food was flavoursome, suitably heated and nicely presented.

The menu was displayed in written format in three places in the dining room. Improvement was required to the provision of a visual menu for residents who were unable to read and/or understand the written menu. The person in charge said the provision of a visual menu was being addressed.

Care plans clearly outlined residents' requirements in regard to food and nutrition. Improvement was required to oral health assessments and care plans and to the provision of routine professional dental care.

Training was provided for staff to ensure they were appropriately skilled to support and care for residents in regard to end of life care and food and nutrition.

The findings are discussed further in the report and improvements required are included 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 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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

This outcome was not fully inspected on this inspection. The outcome was inspected in regard to End of Life Care and Food and Nutrition. The actions from the previous inspection were not followed up on although the inspector noted that all care plans viewed on this inspection were legible and the reason why some care plans were signed by the next of kin rather than the resident was clearly identified on the care plans.

The end of life care plans were clear and comprehensive and are discussed further under Outcome 14: End of Life Care.

Improvement was required to oral health assessments and care plans and the provision of routine professional dental care.

Care plans viewed by the inspector did not have oral health assessments in place. Oral health was included as part of some personal care plans, however there was insufficient detail to ensure residents' individual needs were assessed and responded to.

There was evidence residents were supported to access professional dental care where a concern was identified by staff or relatives. However, there was no process in place to ensure residents had access to routine dental check-ups.

The person in charge told the inspector a newly employed care assistant was a qualified dental nurse and the centre would utilise her skills to address the non compliances in this area.

**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:**

Each resident received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs and respected their dignity and autonomy.

There was a policy in place since 2011 and it had been reviewed in February 2014. There was a system to ensure that staff understood and implemented the policy and provided appropriate care and comfort to the residents at end of life and to the family following the death of a resident.

Care practices and facilities were in place so that residents received end of life care tailored to their needs and which respected their dignity and autonomy. Staff were familiar with procedures for the last rites and respectful care of the remains of the deceased person.

All residents who died in the previous two years were supported to have a comfortable death in the centre. The centre had strong links with primary care and community services. Residents were supported to move to a single room where feasible when approaching end of life.

Residents had end of life care plans in place and were supported to make informed decisions about their treatments and their wishes for the future, end of life care and funeral arrangements. The care plans included preference for place of death, people who were to be informed and those they wished to have present at the end, religious or spiritual wishes and funeral arrangements.

There was evidence that medical, nursing staff and family supported each resident when planning end of life care. Access to palliative care was facilitated. Assessments and care plans were reviewed routinely on a three/four monthly basis, at the resident's request or when a resident's condition changed.

Family and friends were facilitated to be with the resident when they were dying. There was an open visiting policy and suitable facilities were provided. Visitors had access to a quiet room and blankets and pillows were provided if relatives wished to rest while visiting their loved ones at night. Staff facilitated visitors by providing beverages, snacks and meals where required.

Religious and cultural practices were facilitated. The Roman Catholic priest visited residents regularly. Mass was celebrated weekly. Prayers were said frequently

throughout the day and the activities coordinator facilitated the prayer groups. The Sacrament of the Sick was administered to residents on a monthly basis and the Sacrament of the Dying was administered when residents were at end of life.

At the time of inspection all residents were of Roman Catholic faith. The person in charge told the inspector residents of other faiths had been resident in the centre in the past and the centre had facilitated access to ministers of those faiths for residents. She said all future residents' faiths and spiritual needs would be catered for.

Staff confirmed that arrangements for the removal of remains occurred in consultation with the deceased resident's family. Staff told the inspector that residents were supported to pay their respects where appropriate. Staff members provided a 'guard of honour' when the resident was being escorted from the centre by the funeral director.

The centre facilitated families to pack and collect their relative's belongings at a time which suited them. If preferred by the family staff packed the resident's belongings. Belongings are stored in specific canvas bags.

The person in charge and the provider attended the funerals of all deceased residents. Staff members attended local funerals.

Residents were supported by staff when a resident passed away. Support was available for staff from the palliative care team if requested.

A months mind mass is celebrated for each resident who has passed away and an annual remembrance mass is celebrated in November of each year.

**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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
There were comprehensive policies on nutrition, hydration and meals and mealtimes which were centre specific and provided detailed guidance to staff. The policies were in place since 2011 and had been reviewed in February 2014.

Menus had been approved by the dietician and residents were provided with a varied and nutritious diet that was tailored to meet individual preferences and requirements. The inspector found that overall practices and procedures were in place as described in the self assessment questionnaire and areas for improvement had been addressed.

Processes were in place to ensure residents did not experience poor nutrition and hydration. Nutritional screening was carried out using an evidence-based screening tool. Up to date care plans for nutrition and hydration were in place and were based on residents' individual assessed needs. Improvement was required to oral health assessments and care plans and the provision of routine dental care. This is discussed further under Outcome 11: Health and Social Care Needs.

A rolling four weekly menu was in place which outlined the meal choices. A menu was displayed in writing on a whiteboard and two blackboards in the dining room. However, there was no access to visual menus for residents who were unable to read and understand the menu. This is discussed further under Outcome 16: Residents' Rights, Dignity and Consultation.

The inspector observed that fresh water and other drinks were available in communal areas. Main meals were served from 8:00 hrs, 12:15 hrs and 16:00 hrs onwards and snacks were served at 11:30 hrs, 15:00 hrs and 19:30 hrs.

The inspector was told that meal times were changed to suit residents' needs and preferences and that snacks were available at any time. The inspector observed a resident who did not wish to eat their main meal at 12:45 hrs and staff offered the resident the option of a meal when the resident wished to eat. Staff assured the resident that they could eat when they wished and that something else would be prepared for the resident if preferred.

Residents had good access to the GP and appointments for speech and language therapy (SALT) for residents was facilitated. The care plans were implemented in practice and the inspector saw that advice from the dietician and SALT was implemented for individual residents. There was also access to an occupational therapist and the centre employed a physiotherapist.

The majority of residents eat in the dining room and a small number of residents eat their meals in their rooms. The inspector observed breakfast and the lunchtime meals being served. The meals were a pleasant social event.

Residents were offered three choices of main course at lunch time and individual preferences were readily accommodated. The inspector was told that breakfast and tea choices were based on residents' individual preferences.

Residents were supported to eat independently and their clothing was appropriately protected. Assistance was provided in a discrete dignified manner by staff who sat with individual residents. All residents received a main meal which was hot, attractively presented and tasty with ample portions. Satisfactory numbers of staff were present to supervise and assist residents.



Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were aware of resident's specific requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents for meals. Kitchen staff and other staff members were aware of those residents who had special dietary needs and food was fortified prior to the meal being served.

Staff members who spoke with the inspector were aware of residents' food preferences, likes and dislikes and this was recorded in the care plans and in the kitchen. Additional snacks and beverages were offered to residents. A number of residents were prescribed nutritional supplements and these were prescribed between meals.

There was a clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The majority of staff members had received training in nutrition.

The inspector spoke with staff in the kitchen who were knowledgeable about special diets and a record detailing residents' special dietary requirements and preferences was maintained for each resident in the kitchen. The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

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

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

**Findings:**  
This outcome was not fully inspected. However, the inspector noted improvement was required to ensure residents were supported to communicate. For example, there was no access to visual menus for residents who were unable to read and understand the written menu.

**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:***

Lorraine Egan  
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>	Claremount Nursing Home
<b>Centre ID:</b>	OSV-0000329
<b>Date of inspection:</b>	19/11/2014
<b>Date of response:</b>	11/12/2014

### 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 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:**

Care plans viewed by the inspector did not have oral health assessments in place. Oral health was included as part of some personal care plans, however there was insufficient detail to ensure residents' individual needs were assessed and responded to.

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

**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:**

The dentist has carried out oral health assessments as part of his dental check-ups today. Care plans will be updated to include oral health needs.

**Proposed Timescale:** 30/01/2015

**Theme:**

Person-centred care and support

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

There was no process in place to ensure residents had access to routine professional dental check-ups.

**Action Required:**

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

The dentist has carried out dental check-ups on 36 residents today (10/12/2015) and dental check-ups will be completed by the 30th January 2015

**Proposed Timescale:** 30/01/2015

**Outcome 16: Residents' Rights, Dignity and Consultation****Theme:**

Person-centred care and support

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

There was no access to visual menus for residents who were unable to read and understand the written menu.

**Action Required:**

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

Visual menus will be in place by 31st March 2015

**Proposed Timescale:** 31/03/2015