

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Atlanta Nursing Home
Centre ID:	ORG-0000010
Centre address:	Sidmonton Road, Bray, Wicklow.
Telephone number:	01 286 0398
Email address:	atlantanursing@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Atlanta Nursing Home Limited
Provider Nominee:	Thomas Cahill
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	42
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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
26 June 2014 11:00	26 June 2014 19:30

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

Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection of Atlanta Nursing Home which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as policies and care plans.

The person in charge who completed the provider self-assessment tools had judged the centre to be fully compliant in relation to food and nutrition and end of life care.

The inspector was satisfied that a high standard of care was provided to residents under the two outcomes. This was reflected in positive outcomes for residents, was confirmed by residents and relatives and evidenced throughout the inspection.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents requiring end of life care received a high quality and person-centred service at this stage of life. The inspector noted many examples of good practice in this area. Staff were supported by prompt access to palliative care services, assessments from this team were examined and there was evidence that this information informed care plans. Questionnaires were received from a number of relatives of deceased residents which showed that families were very satisfied with the care given to their relatives.

The inspector reviewed documentation for a number of residents in relation to end of life care planning. The documentation for each resident reviewed by the inspector included an end of life care plan which was informed by the assessment. Advance planning for residents in relation to end of life care had been discussed and documented and was effectively communicated to all staff members. The person in charge was engaged in an advanced course relating to the care of older people in the residential care setting.

The inspector reviewed an end of life care plan for a resident who had a significant recent medical event and found thorough contemporaneous recording of the event, an up to date follow up care plan and practice in accordance with this care plan.

There was a policy on end of life care which was centre specific and provided detailed guidance to staff. It included guidance on staff training, family support and practice following the passing away of a resident. Staff were aware of the guidance of the policy, and it was clear that practice was guided by this policy, for example, in the management of the residents' rooms and property following end of life.

Relatives of residents approaching end of life were facilitated in a caring manner and were accommodated to be present at their relative's end of life, for example by the provision of accommodation in the residents room. All staff members questioned by the inspector in relation to this area of care were knowledgeable and respectful and demonstrated a clear understanding of the needs of both the resident and their relatives

and friends at this stage of life.

Judgement:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector observed the service of lunch and evening meal to residents. The dining area was adequately furnished and equipped and was spacious enough to accommodate residents. Where family members wished to assist their relatives at mealtimes, this was facilitated. Every resident spoken to stated that the food was of a high standard and enjoyable, and that their choices were accommodated, including on occasions where they preferred something which was not on the menu. The inspector observed this in practice during the meals. Choice was offered to some residents by showing them the prepared plates of food to allow for immediate choice, and the inspector also observed that where residents could not communicate their preferences several alternatives were offered where the meal served was refused.

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. Menus were reviewed by a dietician and there was evidence of action plans following the dietician's audit being implemented, for example, an increase of protein being offered.

While there was a strong smell of cigarette smoke in the dining area, emanating from an adjacent smoking area, the inspector was furnished with an adequate plan to rectify this situation which included the addition of new smoking area which would no longer impact on the dining experience.

The meals observed were hot and plentiful and attractively presented, including the modified diets. Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and both nursing staff and catering staff were very aware of each resident's requirements. Staff had received training and demonstrated knowledge sufficient to meet the needs of residents. The kitchen was well stocked, well maintained and was observed by the inspector have a high standard of cleanliness.

The inspector found that there were adequate numbers of staff on duty to accommodate and assist residents. The service of meals was sufficiently supervised and

coordinated to meet the needs of the residents. Assistance was observed to be offered appropriately in a dignified and respectful manner.

Residents had access to a general practitioner, dentist and speech and language therapist (SALT) as required, and there was evidence that recommendations from these professionals were implemented for individual residents. There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff.

Nutritional intake of residents was recorded daily and where any concerns relating to intake were noted extra monitoring was instigated. There was evidence of care plans being updated to reflect this changing need, and of recording of the implementation of these care plans. Where a resident had specific need, for example, a percutaneous enteral gastronomic tube (P.E.G), a care plan was in place and its implementation recorded.

Various audits had been conducted in relation to nutrition including the dietician's audit of menus and a nutritional audit conducted by nursing staff which included weight monitoring, implementation of specific diets and resident satisfaction.

Special occasions such as a summer barbeque were facilitated, and residents were assisted as required to enjoy these events. Residents with specific needs such as modified diets were facilitated to be involved in such social occasions, and family and friends were included and welcomed.

Judgement:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority