

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Joseph's Home
Centre ID:	ORG-0000245
Centre address:	Abbey Road, Ferrybank, Waterford.
Telephone number:	051 833 006
Email address:	mswaterford@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Little Sisters of the Poor
Provider Nominee:	Christine Devlin
Person in charge:	Rose Rodgers
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	1

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: 18 June 2014 08:30 To: 18 June 2014 16:10

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 which focused on two specific outcomes End of Life Care and Food and Nutrition. In preparation for this thematic inspection the providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies, met residents and staff and observed practice on inspection. Documents were also reviewed such as the complaints log, care plans, training records, staff rosters, medical and medication records, menus and minutes of residents' forum meetings and surveys. The person in charge who had completed the self-assessment tool had judged that there was minor non compliance in relation to End of life and was compliant in relation to food and nutrition.

The inspector found the premises, fittings and equipment were of a very high standard, were clean and well maintained and there was a good standard of décor throughout. The centre is a purpose-built building which has 45 en suite single bedrooms for residents use. Each room has its own supply of fresh drinking water.

The inspector found that meals were varied and of a high standard. Overall, the inspector noted that a warm atmosphere prevailed in the centre. Residents told the inspector how happy they were and stated that they could come and go as they pleased. The inspector found that there was a good standard of person-centred care and staff exhibited an in-depth knowledge of the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity.

The inspector, on foot of the completion of actions identified by the person in charge in the self-assessment, found compliance in the area of food and nutrition and minor non compliance in the area of end-of-life care 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.

Improvements required to meet regulatory requirements included:

- further expansion of residents' care planning process in relation to end-of-life care.

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 reviewed the self-assessment questionnaire and the overall self-assessment of compliance with Regulation 14 and Standard 16 End of Life Care. The person in charge had assessed the centre as being non-compliant: minor and outlined specific actions to ensure compliance.

These actions included:

- updating of the end of life policy
- staff training in relation to end of life.

Prior to the inspection and on the day of the inspection the inspector viewed that the end of life policy had been reviewed and was found to be comprehensive. The inspector observed that the policy guided staff in assessing a resident's needs should their health deteriorate rapidly including regular review by the general practitioner (GP). The Health Service Executive (HSE) palliative care team offers guidance as required in respect of appropriate management of illness. There was evidence in resident's notes of involvement of the palliative care team with referral and reviews seen by the inspector in resident's files. The person in charge told the inspector that if a resident refused treatment the resident's wishes would always be respected.

A number of senior staff had completed further education in palliative care and end of life care and they plan to roll out training for all staff this year. Training records showed that 17 care staff had undertaken end of life training as part of their Further Education and Training Awards Council (FETAC) level 5. Staff who spoke to the inspector demonstrated knowledge of how to provide good end of life care.

The centre is owned and operated by the Little Sisters of the Poor which is an international religious order who dedicate their lives to caring for the elderly. Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious beliefs and cultural practices were facilitated. There is a large oratory and a resident priest who celebrates daily mass. All the residents are of a Roman Catholic faith but other faiths would be facilitated if they wished.

All resident rooms are large single en-suite rooms. Family and friends were facilitated to be with the resident when they were dying. Overnight facilities were available for relatives' use both in the residents' room, or in a separate area if required. Members of the congregation of the little sisters stayed with residents who were at end of life offering prayers, comfort and support. When family are not available the nuns form a rota so no resident at end of life stage is left alone day or night unless the resident has specifically requested same. The nuns offer support and comfort to families and there are plenty of quiet rooms available for relative use and relatives also used the tea room on the ground floor. Practical information is given to relatives around the registering of the death currently this is done verbally but plans are in place to provide this also in writing.

Following the death of a resident, the person in charge informed the inspector that many residents and relatives choose to use the centre's oratory for the removal rather than using a funeral home, and that the staff facilitated the relatives and congregation and provided tea and refreshments. This enabled other residents in the centre to pay their respects and be with their fellow residents following their death.

No questionnaires were returned to the authority but general feedback from residents and relatives was one of satisfaction with the care provided. Residents said they could identify if they did not want to be moved to a general hospital and many said they felt safe and happy here with the sisters and the staff. Residents described how they were informed when a fellow resident died and that they were able to pay their respects and attend a mass service and funeral when a resident had the service in the centre. The inspector observed that each resident had a list of their personal property in the care plan. The centres policy covers the return of property to residents following death using a return of personal property list.

The inspector reviewed a sample of five care plans and found that there was some evidence of engagement and consultation regarding spirituality and dying. Each resident had an end of life assessment completed some were quiet detailed specifying their wish to remain in the centre and not be transferred to the acute hospital if their condition deteriorated, also their funeral and burial arrangements however others had limited detail. The nursing staff said it was a new process and they were only getting familiar with talking to the residents about end of life and were aware that it required to be developed further and that care plans would need to be implemented. The inspector saw that although the assessments had been commenced the care plans did not address the topic of spirituality and dying in line with residents' emotional, psychological and physical needs.

Documentation confirmed that in the last two years 60% of residents had their end of life care needs provided in the centre without the need for transfer to the acute hospital. The staff informed the inspector that they hope to increase this percentage of residents having end of life provided in the centre with more open discussion with residents and families around end of life care and further involvement of the GP's. There was evidence in residents' medical notes of regular medical and medication reviews by the GPS with visits increasing towards end of life as required.

Judgement:
Non Compliant - Minor

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:

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

Findings:

The inspector reviewed the person in charges self assessment and the overall assessment of compliance with regulation 20 and standard 19. The person in charge assessed the centre as compliant and the inspector concurred with this assessment. There was an up-to-date policy on food and nutrition which was found to be comprehensive. The inspector observed that food and hydration needs were assessed on admission using the malnutrition universal screening tool (MUST) and this was repeated on a three monthly basis or more frequently if required. The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Residents had the option of having their breakfast served in bed or in the dining room and at a time of their choosing. The majority of the residents got up for breakfast and had it in the dining room. A couple of residents said it was a good start to the day to meet with their friends over breakfast and have a chat. The inspector observed breakfast where tables were appropriately and attractively set and residents enjoying a leisurely breakfast. Assistance was offered in a discrete and respectful manner and specialist cutlery was available for residents who required same.

Snacks and hot and cold drinks including juices and fresh drinking water were readily available throughout the day. The day of the inspection was a particularly warm day and the inspector observed staff giving residents extra drinks and encouraging them to drink plenty of fluids.

Documentation submitted to the Authority indicated that:
Five residents were on a diabetic diet
Three residents were on puréed diet

Five residents were on soft diets.

The inspector saw that appropriate diets were made available for the residents and the residents with diabetes were provided with the appropriate diet and had a comprehensive care plans guiding their care. The inspector observed information in residents' care plans regarding the recording of blood sugars and corresponding documentation of this information in residents' progress nursing notes. There was evidence of referral to specialist services.

There were three dining rooms available for residents use for lunch and tea. The main dining room on the ground floor and then smaller dining rooms on each unit which allowed residents who required assistance with eating and drinking an opportunity to have the full attention and assistance of the staff. It also provided a quieter environment to enjoy their meal. The main dining room was for the more independent residents and those who only required minimal assistance. The dining room was very bright and airy. Tables were set attractively for all meals with appropriate cutlery, condiments and napkins. Gravies/sauces were made available on each table served separately to residents who expressed this preference. Many residents remained at the table after their meal to chat and socialise. On the previous inspection the inspectors noted that lunch time was particularly early served throughout the centre at 12:00hrs. On this inspection it had been pushed back to 12.15 following consultation with residents. The person in charge and staff agreed it was still early and were looking to move it back to 12.30md. Tea was not served until 6pm so lunch time required review to be available at times suitable to residents. Residents informed the inspector if they requested to have their meal later this could be facilitated on an individual basis. The inspector noted that staffing levels were adequate to supervise meal times based on observation and staff rosters. There was seven staff in the main dining room at lunch time and the inspector formed the opinion that there were adequate staff to meet the needs of the residents..

Residents were offered a varied nutritious diet. The menu cycle made allowances for the preferences of individual residents, including those on special diets and provided for those who required a modified consistency diet. The variety, quality and presentation of meals were of a high standard. This was confirmed by the inspector who joined the residents for lunch. Round tables facilitated communication. Residents expressed satisfaction with the food and the dining experience. There was a policy for monitoring and documentation of nutritional intake. Fluids and snacks were readily available to residents in bedrooms and communal areas throughout the day. Staff had received training on nutritional assessments and each resident was assessed using an approved tool. Nutritional support and dysphasia training had also been provided. Dietetic support was available and residents were weighed monthly and more frequently if there were changes to their weight. There was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of food and fluid charts and the inspector saw detailed food and fluid charts maintained for specific residents. Dietary assessments and nutritional care plans were seen in resident's notes. There was evidence in a number of residents notes of referral and review by the speech and language therapist and swallow care plans were seen residents who required thickened fluids was also detailed in their plans and staff confirmed this was communicated to them and a copy of the swallow care plan were seen in the dining room.

The inspector saw that the special dietary needs of residents were communicated in writing to the catering staff and suitable records kept in the catering area. One of the sisters was in charge of the dining room and she ensured all residents received the appropriate diet. There was also a catering assistant employed who's role was to ensure smooth workings in the main dining room and she was seen to ask the residents what their choice of meal was and to ensure residents received the appropriate meal and diet. The inspector met with the chef who confirmed that she received an update of the current status of the residents pertinent to their nutrition. Up-to-date information with regard to residents' dietary requirements was available in the kitchen. Staff had in-depth knowledge of residents' likes and dislikes. The chef stated that if a resident did not like what was on the menu, an alternative was available. The catering staff had completed food hygiene training.

Some residents told the inspector that they had no desire to cook their own meals. However, they could make a cup of tea for themselves in the pantry area if they wished. There is also a tea room with a bakery on the ground floor where residents can go with their visitors or fellow residents to have tea and cakes if they wish and this can also be used for private celebrations with families.

The inspector observed that there were a small number of the residents were taking nutritional supplements. These were appropriately prescribed by the GP. The inspector saw in residents' care plans that residents were seen by their GP on a regular basis and there was evidence that residents saw the dentist also on an annual basis when a dental service visits the centre and a full oral assessment was undertaken during these visits.

There was an active residents committee which offered residents an opportunity to participate and engage in the running of the centre. The committee made detailed suggestions about the meals and menus and changes had come about as a result of suggestions which were confirmed by residents. There was evidence presented to the inspector demonstrating that residents and relatives were surveyed for consultation purposes in relation to food and drink. The results of the surveys were collated and fed back to residents at the committee meeting. The surveys reflected high levels of satisfaction with the menu and range of choice and also included requests for additions to the menu for example more fresh fruit salad and this was available on the day of the inspection. The general satisfaction was supported by the complaints log which did not include any concerns with regard to food. The result of the surveys, menus and other general information was displayed in passenger lifts, television screens in communal areas and the dining room. Menus viewed by the inspector indicated that choice was available to residents for breakfast, lunch and tea. Residents confirmed that they were always asked what they wished to have for their main meals. There was also a comment book in the dining room if residents wanted to comment on the meal this information was then passed onto the chef.

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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	St. Joseph's Home
Centre ID:	ORG-0000245
Date of inspection:	18/06/2014
Date of response:	04/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Residents care plans did not fully address the topic of spirituality and dying in line with residents' emotional, psychological and physical needs.

Action Required:

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

a) We have adapted our End of Life assessment documentation to incorporate and fully address the topic of spirituality and dying in line with residents emotional, psychological, social and physical needs and to directly feed into the holistic end of life

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

care planning process.

b) We will use Death and After Death documents (from LSP UK docs) – to include LSP leaflet for families: “What to do after the death of a loved one” – to be developed by September 1st 2014.

c) We will replace all existing documents for all residents estimated completion date : September 1st 2014

d) Using an educational tool provided by “The national end of life qualifications and six step programmes” from St Luke’s Hospice Plymouth, scenarios for staff training from St Christopher’s Hospice London, and the Little Sisters of the Poor DVD – “The art of Accompaniment” all staff: nursing, care and ancillary will receive updated training relevant to changes and in line with current good practice and regulatory requirements. Also to develop further our “Reflective debriefing” tools using the St Christopher’s model - for all staff members. Also further in house training is planned for nursing staff around the use of “Prospective Prognostic Planning Tool” for future use and discussion.

e) End of Life – will be a standing agenda item on monthly unit meetings.

Timescale – all changes to be in place by the first week of September 2014.

Proposed Timescale: 01/09/2014