

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Mary's Home
Centre ID:	ORG-0000103
Centre address:	Pembroke Park, Ballsbridge, Dublin 4, Dublin 4.
Telephone number:	01 668 3550
Email address:	stmarypembroke@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Mary's Home Pembroke Park Association, on behalf of the Community of St. John the Evangelist
Provider Nominee:	Hilary Prentice
Person in charge:	Anne Kavanagh
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	4

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: 02 October 2013 09:00 To: 02 October 2013 15:00

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

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 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 Authority prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

While areas of minor non compliance were identified under both outcomes, overall the inspector found a good level of 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. This was reflected in the positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

The nutritional needs of residents were met to a high standard for the majority of residents. Residents and relatives provided feedback to the inspector regarding food and meal times which was uniformly positive. However, the inspector noted that some improvement was needed to ensure that residents who required a modified consistency diet were provided with choice and nutritionally balanced meals at each meal time. Additionally each resident did not receive timely assistance at the breakfast time.

The inspector found that residents' end-of-life needs were well managed and a high standard of nursing care was provided at this stage of life. The inspector noted many examples of good practice in this area and staff were knowledgeable and sensitive to the needs of residents and families. Questionnaires were received from a number of relatives of deceased residents and this information showed that families were very satisfied with the care given to their loved ones. Some improvement was required in the area of care planning for end-of-life needs.

These matters are discussed further in the report and 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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Care planning, as it relates to end-of-life care, was reviewed under this outcome. A minor non-compliance as detailed under Outcome 14 was identified. Other aspects relating this outcome were not reviewed during this inspection.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for the resident. However, some ongoing improvement in the care planning process was required.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. As part of the self assessment process the person in charge had identified areas of the policy which required more detail. The person in charge had researched these areas and was in the process of updating the policy.

The inspector reviewed documentation for a number of residents in relation to end-of-life care planning. The inspector found that the majority of residents had a care plan in place which dealt with future healthcare needs in the event that the resident became seriously ill and was unable to speak for themselves. There was evidence of resident and family involvement in the development of these plans. All decisions concerning future health care needs were clearly documented in the medical notes. However, while some of the care plans were of good quality and referenced the religious needs of the resident, the majority did not address social and spiritual needs as well as preferences as to the place of death and funeral arrangements as appropriate.

There were no residents receiving active end-of-life care at the time of inspection. The inspector read the records of a resident who was deceased and found evidence of good practice, including regular review by the GP and practices to monitor and control pain. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The inspector found that practices and facilities were in place to ensure that resident's needs were met and the residents' dignity and autonomy was respected. The majority of residents resided in single rooms. There was only one twin room and person in charge stated that a single room was always facilitated for end-of-life care.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. Sixty percent of questionnaires issued had been returned to the Authority. This information showed that all respondents were very satisfied with the care which had been provided at the time of death. Relatives were made feel welcome and were facilitated to stay overnight and be with the resident when they were dying. Relatives reported that residents' wishes, with regard to their place of death, was respected and residents had access to a single room at this time. Residents also reported a high level of satisfaction with the support and respect shown by staff members following the death. Overnight facilities including shower facilities were provided for visiting family members who wished to stay with their loved one.

The person in charge stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the GP and the inspector saw that there was prompt access to the service when required including out of hours. Staff members were knowledgeable about how to initiate contact with the service.

The records showed that a number of staff had received training in end-of-life care and the provider had organised for further training to take place in the weeks following inspection. Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported. Residents were supported by a chaplain who visited the centre weekly and an independent advocate also visited the residents regularly. There was a weekly religious service in the centre and religious representatives from other faiths also regularly attended the centre. Residents also

stated that staff members were caring and respectful and they were comfortable confiding in them. A chapel was provided in the centre where Church of Ireland services took place on a weekly basis.

Residents and visitors were informed sensitively when there was a death in the centre. The person in charge had introduced an end-of-life symbol to sensitively alert visitors in the event of a death in the centre and all residents were informed in person and allowed to pay their respects if they wished to do so. The person in charge stated that residents and families were welcome to hold remembrance and funeral services in the centre's chapel and the policy supported this practice.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. However, some improvement was required for residents requiring altered consistency meals and to ensure that residents received appropriate assistance.

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy. The person in charge had identified, through the self assessment document that further detail was required in some areas such as special diets and the inspector saw that this matter was being addressed.

The inspector observed the service of breakfast and the main meal to residents. The majority of residents were served breakfast in their rooms. Residents, spoken to by the inspector stated that they enjoyed the breakfast provided and they were offered choice. However, the inspector noted that in the case of two residents who required assistance breakfasts had been allowed to become cold and unappetising as the residents had not been provided with timely assistance. The inspector found that there were adequate numbers of staff on duty, based on the assessed needs of the residents. However, the service of this meal had not been sufficiently supervised and coordinated to meet the needs of some residents.

The inspector also observed the main meal and found that it was hot and attractively presented. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The person in charge together with the nursing staff monitored the meal times closely. Portion sizes were appropriate and second helpings were offered. Residents who required assistance at this meal received this in a sensitive and appropriate manner and independence was promoted. The meal time was unhurried and provided opportunity for social interaction.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. There was emphasis on fortifying meals for those residents who had impaired intake. The staff, including the catering staff, were working closely with a dietician and had introduced a fortified fruit "smoothie" which many residents stated they enjoyed. The chef fortified other meals with butter and cream and he was working with the dietician to devise individualised fortification options for particular residents.

Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had a choice of food at the main meal. However, the inspector noted that these residents did not have a choice at the evening meal as the staff reported that the choices available to other residents were not suitable for modification. As a result, staff stated that these residents were usually offered soup in the evening. The inspector found therefore that this meal was not suitably varied and could be monotonous for some residents.

There was good ongoing monitoring of residents nutritional and hydration needs. Regular weight monitoring and nutritional screening was carried out for all residents using an evidence-based screening tool. Nursing staff highlighted any significant changes to the person in charge and the centre's policy was implemented as appropriate. Staff monitored the food and fluid intake of all residents and detailed dietary monitoring records and fluid balance charts were implemented when indicated. Drinks and snacks were readily available and mealtimes were suitable to meet the needs of the residents. A jug of water was provided in each resident's bedroom.

Residents had satisfactory care plans for nutrition and hydration in place based on regular nutritional assessments which were up to date. There was prompt access to the general practitioner (GP) and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. Residents had good access to the dentist. Care plans were implemented in practice and the inspector saw that advice from the dietician and speech and language therapist (SALT) was implemented for individual residents. Nutritional supplements were prescribed where appropriate and the inspector saw that these supplements were offered to residents at the appropriate times. The person in charge had implemented a system of audit to ensure that residents nutritional care plans were accurate and implemented. The inspector found that issues identified through these audits were addressed.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The inspector spoke to the head chef who was knowledgeable about special diets and a detailed nutritional plan was maintained for each resident in the kitchen. There was a four weekly menu plan in

place and the person in charge outlined plans to have the menu audited by the dietician in order to ensure that it was nutritionally balanced.

The inspector completed a number of questionnaires with residents and relatives regarding food and nutrition. The response to these questionnaires was uniformly positive with residents and relatives expressing a high level of satisfaction with the choice of food, the meal times and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents. As part of the self assessment process the person in charge had identified the need to gather feedback from the residents with regard to the menu and the mealtime experience. The inspector found that the person in charge had acted to address this matter and a survey had been carried out and questionnaires issued to all residents. The inspector read the results of this survey which showed a high level of satisfaction. The person in charge had communicated the results of the survey to the staff and provision of additional fresh fruit had been organised in response to some feedback received.

There person in charge had also identified the need for further staff training in the area of nutrition. This area was in the process of being addressed and there was documentation in place to show that this training was due to take place in the near future.

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.

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 the residents, relatives, and staff during the inspection.

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	St. Mary's Home
Centre ID:	ORG-0000103
Date of inspection:	02/10/2013
Date of response:	17/10/2013

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 11: Health and Social Care Needs

Theme: Effective Care and Support

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

The end of life care plans did not adequately address residents' needs.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

In accordance with Regulation 8 (1) a review and update of the social and spiritual care needs and preferences of each resident is currently being undertaken. Following this update, which is being carried out in consultation with the resident and/or her representative, all care plans will include their social and spiritual needs. Plans will outline arrangements in relation to place of death and funeral requirements.

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

Proposed Timescale: 31/10/2013

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:

Some residents were not given appropriate and timely assistance at breakfast time.

Action Required:

Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

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

Staff nurses have been informed of their responsibilities in relation to the provision of assistance to residents during breakfast. Their supervisory role and delegating authority concerning Health Care Assistants has been clarified. Nursing and Care Staff have been advised to re-read the Nutrition and Hydration policy. Staff training is on-going.

Proposed Timescale: 14/11/2013

Theme: Person-centred care and support

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

Residents who required modified consistency diets were not provided with the same choice as other residents.

Action Required:

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

Modified consistency diets are available to all residents for all meals. Menus have been amended to show the availability of such diets.

Proposed Timescale: 18/10/2013