

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St David's Retirement Home
Centre ID:	ORG-0000391
Centre address:	Gentian Hill, Salthill, Galway, Galway.
Telephone number:	091 525 358
Email address:	monicapbrowne@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Monica Browne
Provider Nominee:	Monica Browne
Person in charge:	Mary Keating
Lead inspector:	Mary O'Donnell
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	15

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: 11 November 2013 08:00 To: 11 November 2013 14:00

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

Outcome 04: Records and documentation to be kept at a designated centre
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
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.

The inspector found substantial compliance in the area of food and nutrition and in the area of end of life care as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

Food and nutrition outcomes and practices were of a high standard. Controls were in place to manage and monitor risks and procedures were in place to ensure that staff were suitably trained and supported. Although staff were knowledgeable the system to ensure that staff read and understood policies was not robust.

The person in charge had identified areas for quality improvements to services and these had been progressed to meet the end of life care needs of residents. The residents were all Roman Catholics and their religious, spiritual and end of life care

needs were met. However, the inspector identified that the end of life policy required some amendments to support the religious, ethnic and spiritual care of potential non-catholic residents. The centre had only fifteen residents and daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy and their views were sought and listened to. Families were actively involved in resident's lives and they were encouraged to stay with an ill or dying resident. They were also supported sensitively by staff following the death of a resident.

The provider was aware that the centre did not fully meet the needs of the residents and there were plans in place to expand and renovate the centre. The dining room was too small to accommodate 15 residents and residents did not have access to a secure outdoor space.

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 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

All the residents were Roman Catholic but the end of life policy required some amendments to support end of life care of prospective non-catholic residents.

Policies were reviewed annually but the system in place to ensure that staff read and understood policies was not robust. These issues are discussed in detail under outcome 14 and 15.

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 plans did not consistently guide practice. The inspector found that the monitoring of blood glucose levels was not in line with residents' care plans.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The dining room was too small and could not accommodate 15 residents. Residents did not have access to a secure outdoor area. These issues are discussed in greater detail under outcomes 14 and 15.

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:

The inspector found that there were care practices and facilities in place so that residents received end of life care in a way that met their individual needs and wishes. Staff had recently participated in training and care practices upheld the dignity and

respected the autonomy of residents. There was an end of life policy in place. However, it was not evident that all staff had read the policy.

The end of life policy was last reviewed in September 2013 and found to be comprehensive and reflective of the good care that was provided to residents. However, the inspector identified that the policy required some amendments to support the religious, ethnic and spiritual care of potential non-catholic residents. Staff had attended training to support them to provide appropriate end of life care. The team had introduced reflective practice on the end of life care and staff identified a need for more education on spiritual care. The person in charge linked with a Chaplain from the local hospice to facilitate a session on spiritual care for staff. Staff told the inspector that they now had a greater insight into how to meet residents' spiritual needs apart from supporting their religious practices.

The inspector saw evidence that dates for further training were agreed with external trainers for spiritual care, palliative care and end of life care. The person in charge discussed plans for nurses to attend training in the use of a syringe driver, and symptom management. The centre had access to a consultant-led palliative care service. Residents who had dementia and other complex needs had access to the palliative care. Records showed that the palliative care team had recently visited a resident who subsequently died. Residents also had access to specialist gerontology and psychiatry of later life services. Records showed that residents had attended a geriatrician as outpatients in Galway University Hospital.

Advance care planning is the process of discussion between the resident and his/her care providers about future medical, social, emotional and spiritual preferences, in the event that the person cannot speak for him/herself due to serious illness or emergency. Some residents spoke with the inspector about their wishes and preferences for end of life care or in the event that their health deteriorated. They confirmed that this information had been shared with staff members and they were aware that they had a care plan in place. The inspector tracked these cases and found that their wishes were consistently documented in their care plans. Staff confirmed that all residents, except a person who was in on respite care had an end of life care plan in place. The care plans were holistic and included each resident's wishes for future health events, end of life care and cardio pulmonary resuscitation (CPR) and funeral arrangements. The Clinical Nurse Manager (CNM) told the inspector that general practitioners (GPs) had been made aware that discussions had taken place and they planned to meet with residents and nursing staff to discuss end of life care with residents. The GPs role in end of life care is paramount and all decisions agreed with residents, family and staff should be clearly documented in medical notes. Staff stated that care plans were reviewed quarterly or if there was a change in a resident's condition. All the care plans viewed were updated within the previous three months.

Residents' choice as to the place of death was respected. All the residents had a single room and were assured of privacy. One resident was supported in their decision to return home at end of life. Residents identified key people they wished to be present or informed if they were seriously ill or dying. There was an altar, with holy water, candles and a crucifix for use if this was in-keeping with the expressed wishes of the resident and family. Family and friends were facilitated to be with the resident when they were

very ill or dying. Records showed that four of the eight residents who died in the previous two years had died in the centre. The inspector saw from records of deceased residents and relatives' comments that family were usually present at the time of death and felt supported following the event. There was a written procedure for staff to follow after the death of a resident in relation to the care of the deceased person's body and the verification and notification of death. Staff who spoke with the inspector were familiar with the procedure.

Residents and staff were appropriately informed and supported following the death of a resident. Staff and residents confirmed that they had availed of the opportunity to visit a deceased resident in their room and participate in the prayer service at the removal and attend the funeral if this was their wish. Residents were remembered at the monthly Mass in the centre and there was a remembrance Mass held in November for residents who had died. The person in charge told the inspector that they issued an invitation to families to participate in this annual event. There was a protocol for the return of personal possessions. Valuables were returned following the death and this was documented. Staff recognised that dealing with the clothing and personal possessions was often difficult for bereaved families. Relatives were given time and space to pack clothing and possessions and a staff member was present if this was appropriate.

Religious and cultural practices were facilitated. Eucharistic ministers visited weekly and Mass was celebrated in the centre on a monthly basis. The residents were all Roman Catholic and the policy provided guidance for staff on their spiritual and end of life care. Residents told the inspector that they were facilitated to continue with their religious and spiritual practices. Residents said the rosary every evening in the sitting room. The inspector noted that those who did not want to attend had their wishes respected. Residents told the inspector that they found spiritual support from relationships with family and staff. One resident described a named staff member as his best friend. Residents were encouraged to be involved in the community. One resident found great joy in his involvement in a club who had recently won the regional final. He attended a celebration of the event on the day of inspection. Another resident went shopping with her daughter every week and spent a weekend each month at home with her family. A musician visited the centre each week for a sing-a-long. Staff told the inspector that they organised activities for residents such as bingo and Sonas, a bespoke psychosocial therapeutic communications activity. When staff were interviewed it was evident that although they had the Sonas tapes, no staff were trained to provide the Sonas programme. The inspector noted that the provider had a formal arrangement with an external carer to take a resident for walks as this was his favourite activity. The centre was not purpose-built and presented limitations which impacted on the quality of life of residents. Residents could not go outside unless they were accompanied as there was no secure outdoor area. One resident who enjoyed being outside expressed frustration when he told the inspector, "They don't let me go out often enough". Staff outlined plans to renovate and extend the centre including the creation of a secure outdoor area.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

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

The inspector found that residents received a nutritious and varied diet which offered choice. The nutrition policy which had been implemented in 2010 was reviewed annually. Staff also had training to support them in monitoring the nutritional welfare of residents and there were systems in place to intervene when a resident was at risk of malnutrition or dehydration. The system in place to ensure that staff understood and implemented the policy was not robust and no staff had signed that they had read and understood the revised policy.

Residents had a nutritional assessment on admission and three monthly thereafter. A validated screening tool was used to identify anyone who was malnourished or at risk of malnutrition. Because there were so few residents in the centre staff knew the residents well and each resident's nutritional welfare was monitored closely. Staff noticed if someone was not eating well and the chef who cooked and served the meals knew the residents intimately. The inspector observed the chef conversing with a new resident in Irish which was the resident's first language. There was direct communication between the chef and the nursing staff. Nutritional plans were put in place and amended on a regular basis if they were not achieving the intended goal. For example care plans stated "give a little and often" or "do not overfill the plate as (resident named) can find this off putting". There was evidence that residents were involved in their care plans and their likes and dislikes were recorded and the chef and all staff interviewed were aware of each resident's food preferences. The inspector noted that residents who lost weight while in hospital or when they were ill had all gained weight. Care outcome for residents were good. However the maintainance of food and fluid records required some improvement. Five assessments, care plans and nursing evaluations were reviewed. Some residents had records of food intake with the portion size recorded but a resident who had a MUST score of 1 did not have a record of food intake maintained for three days in line with the policy.

Records showed that medical reviews and referrals to dietetic services were also arranged. A pharmaceutical company provided dietetic and speech and language therapy (SALT) services and residents had timely access to these services. Residents also had access to dental services on site or in an accessible dental surgery if more extensive work was required. A resident who had a dental review on site the previous week was having ointment applied to her gums to ease inflammation which impacted on

her ability to chew food.

Residents who had behaviours that challenged were managed using a person-centred approach. Two residents who sometimes exhibited disruptive behaviour at mealtimes were asleep at lunchtime and staff did not disturb these residents, but put their meal aside to have at a later time that suited the resident. Staff had attended training on nutrition and dementia and said they found this helpful. The inspector found that some residents had non insulin dependent diabetes. They were provided with a diabetic diet and medications were prescribed and administered appropriately. Diabetics were appropriately linked with diabetic services and had annual optical reviews and foot care on a three monthly basis. However the care plans did not consistently guide care. For example care plans for two residents stated that glucose monitoring was to be done weekly and the records showed that blood glucose levels were monitored every fortnight.

Specialist advice was reflected in care plans. Five residents had food which was fortified using butter and cream and four residents were taking nutritional supplements. Medication records showed that supplements were prescribed and appropriately administered. None of the residents required assistive equipment and there were no resident being tube fed at the time of inspection.

Breakfasts and dinners were served at a time that suited residents, but the evening meal was served at 16:30 hrs which was too early. Residents were provided with a substantial supper later on and there were no adverse outcomes for residents. Residents told the inspector that they enjoyed their meals and that they were provided with a choice of food for their three meals. Breakfast was served between 07:30 hrs and 10:30 hrs. at a time that suited each resident. Residents confirmed that they had a choice for breakfast and they could take it in their rooms or in the dining room. The time they took breakfast suited each resident. The inspector observed that most residents had breakfast in the dining room and there were two or three residents eating there at any one time. It was observed to be a peaceful experience.

The inspector joined residents for dinner and saw that residents were offered a choice of bacon or roast chicken for dinner. This was preceded with delicious homemade vegetable soup. The inspector noted some residents chose to dine in their bedrooms and the majority of residents dined in the main dining room which was a bright room and meal times there were found to be a pleasant occasion. Tables accommodated small groups of residents which facilitated social interaction. Each table was dressed nicely with place mats, napkins, individual place settings, condiments and a choice of drinks were on offer. Residents who needed their food pureed or chopped had it presented in appetising individual portions on their plate. The inspector saw that there was adequate staff on duty at mealtimes. Staff sat with residents who required assistance with meals. The inspector saw that residents who chose to have their meals in their bedrooms were given a hot meal and appropriate assistance was provided. Staff members said that training had made them more aware of the importance of basic measures such as adding butter to potatoes and extra cream with their meals to help frail older people to maintain their weight.

There was a four-week rolling menu which was nutritious and varied. The inspector saw

that the chef served the meals in the dining room and spoke with residents to elicit their needs and their views on the food. Menus displayed on the dining room tables were clearly legible. Residents told the inspector that each day a staff member asked them what they would like to have for lunch and evening meal. Staff used the list at lunch to ensure that all residents received the food they had ordered. The chef explained that extra options were always available apart from the menu. There was also a choice of desserts on the menu. The inspector read the choices for the tea time meal and found that there was a variety of foods available. The kitchen was adjacent to the dining room and residents could smell the food cooking. Some residents who enjoyed cooking were sometimes involved in baking scones or apple tarts.

There were a number of residents with specialist dietary requirements such as diabetic, high protein, high calorie and weight reducing diets. The chef was well informed about each resident's needs and residents' likes and dislikes. Food stocks were checked and found to be adequate.

The inspector saw residents being offered drinks, tea and snacks throughout the day. Water and juices were provided in common areas. Staff explained that foods such as yogurts, sandwiches and milk puddings and fruit were left in a fridge in the kitchen so residents had access to snacks during the night. Residents told inspectors that they would be provided with a meal or a snack at any time.

The dining room was not large enough for a centre with 15 places. Although some residents chose to dine in their bedrooms, or the sitting room, the dining room could only accommodate a maximum of 12 people.

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:

Mary O'Donnell
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 report¹

Centre name:	St David's Retirement Home
Centre ID:	ORG-0000391
Date of inspection:	11/11/2013
Date of response:	02/12/2013

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 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

The system in place to ensure that staff read and understood policies was not robust.

Action Required:

Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

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

Whereby all staff had read policies, action has been taken to ensure that Staff have noted, and signed to acknowledge this.

Proposed Timescale: 06/12/2013

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

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:

Care plans did not consistently guide care the care provided.

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:

Regarding the care plan for one resident who required monitoring of food intake for three consecutive days, immediate attention was given to ensure the policy guidelines were adhered to.

Proposed Timescale: 06/12/2013

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

The dining room could not accommodate 15 residents and residents did not have access to a secure outdoor area.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

Planning Permission, has been applied for ,and obtained in regard to Regulation 19. Work has already commenced.

Proposed Timescale: 30/04/2014