

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Costello's Care Centre
Centre ID:	ORG-0000333
Centre address:	Ballyleague, Roscommon.
Telephone number:	043 33 21361
Email address:	costellosnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Costello's Nursing Home Limited
Provider Nominee:	Shay Costello
Person in charge:	Sarah Costello
Lead inspector:	Thelma O'Neill
Support inspector(s):	Marie Matthews
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	3

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: 30 April 2014 09:00 To: 30 April 2014 18:00

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 person in charge and a key senior manager attended seminars, received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

Inspectors reviewed the centre's policies and the providers self assessment tools submitted by the person in charge. The person in charge had judged that the centre was compliant in relation to food and nutrition and end-of-life care. Inspectors met residents and staff and observed practice on inspection. Documents reviewed included allied health assessments, care plans, medical notes, staff rotas and training records.

Food and nutrition outcomes and practices were of a good standard. Residents' spoken with confirmed this. Meals took place in the dining room over two sittings, and some residents requested their meals in their bedrooms. All practices/procedures in relation to food and nutrition of the older person were included in the food and nutrition policy.

End-of-life care practices and outcomes for residents and relatives were to a high standard. Feedback from relatives of residents who had died within the centre was extremely positive. Staff were highly praised for the kind, sensitive and compassionate manner which they treated each resident.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre had an end-of-life policy in place. Staff spoken with had a good understanding of end-of-life care and best practices, which upheld the dignity and respected the autonomy of residents'. Resident's received end-of-life care which met their physical, emotional, social and spiritual needs. The end-of-life policy stated; that residents multi-denominational spiritual needs would be met and the policy outlined the procedures for caring for the bodies of residents from other religious domination to guide staff. The procedure for verification and notification of death were outlined in the centres policy and staff spoken to could articulate practice in this area.

Relatives of resident's who had died in the previous year returned completed questionnaires. They stated that care was provided in a kind and sensitive manner. The resident's privacy and dignity was maintained and resident's who shared a bedroom were offered a single room (if available). Relatives said they were facilitated to stay in the bedroom with their loved one or sit in the visitors' room when their relative was very near end of life.

Inspectors viewed the visitors' room; it appeared homely and contained comfortable seating. This room was open and relatives confirmed it was accessible at all times. Relatives also expressed satisfaction with the continual support provided to them before, during and after their relative's death.

Care and documentation in relation to end-of-life care for residents in the files examined were good; five residents' assessments, care plans and nursing evaluations were reviewed. Resident's assessments reflected the resident's death and dying wishes. All residents' had clearly outlined their preferences for end-of-life care and this was outlined in the resident's care plan. The centre had access to the local Community Palliative Care Team who attended the centre on a nurses or general practitioner (GP) referral. The local General Practitioner practice and other G.P.s were available to the centre as required.

Some of the residents, their family, and the person in charge had met to discuss the resident's end of life wishes, and documented the outcomes in the resident's end of life care plans. For example; their wishes as to whether they wanted to return home, pain relief measures such as the involvement in palliative care team, resident's wishes regarding prayers, music, the priest they would like to oversee their funeral and undertaker they wished to organise their funeral and prepare their final resting place.

The centres policy was that all residents' were for resuscitation unless documented otherwise by the General Practitioner (G.P.) in their medical file. End-of-life plans also included discussions with the resident's and family members in relation to life sustaining treatments. In files reviewed, there was evidence that meetings had taken place with the residents' and their family members on this matter. Inspector's viewed certificates of attendance to show, that staff had received training in relation to; nutrition and diabetes, malnutrition screening, nutrition and hydration, and end-of-life care.

Inspectors met the local Roman Catholic priest on the day of inspection and he celebrates mass weekly at the centre. The priest also visits resident's frequently when at end-of-life stage and these requests have usually been documented in the residents end of life plans. Inspectors viewed recorded evidence of the priest's visits in deceased residents files.

A bed-side altar was made up with religious and cultural items for use by the resident's bed when near end of life or when a death had occurred.

The centre had a small chapel and offered its use to families to wake the resident; however the provider informed inspectors that the local funeral parlour was used more frequently for wakes and funerals as it provided more private space, for friends to visit and pay their last respects to the family. Staff informed the inspectors that some of them attended the residents wake and funeral and facilitated residents to attend if they wished.

The person in charge stated she sent a personalised sympathy card to the relatives from staff in the centre. The person in charge had information books and leaflets available to relatives relating to support services in the locality and information relating to the bereavement process. Those residents who died in the past year were remembered at an annual mass service held in the centre where a candle was lit in memory of each of the deceased residents. The person in charge stated that the resident's belongings were returned at a time suitable to them and the person in charge confirmed that the deceased resident's property was packed in a suitable bag.

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:

Inspectors found appropriate policies and procedures in place to meet the nutrition and hydration needs of residents. These policies were adhered to by staff in the centre and inspectors viewed evidence of this, for example; weighing residents on admission and monthly thereafter, medical reviews by the General Practitioner (G.P.) and dietitian if residents had suffered weight loss, supplements and food fortification were supplied as required.

Residents' were particularly positive in their comments about the food and the catering service. They said they were offered choices at all meals and that the quality and quantity of food was very good. Residents' stated that they had the opportunity to have individual discussions regarding the food if they had a concern and there was also an opportunity to discuss menus at resident's meetings once a month.

Food was viewed to be nutritious and wholesome, properly prepared, cooked and served appropriately to meet individual dietary requirements. Inspectors met with catering staff and they were aware of individual residents' preferences and this information was written down, kept in the kitchen and adhered to by staff. Residents who required their food served in an altered consistency such as chopped or liquidised had the same choice of menu options as others. Care staff were aware of the special dietary requirements of individual residents and maintained information on residents' dietary needs and preferences.

The person in charge informed the inspectors that menus had been approved by the dietitian for nutritional value and variety and rotated on a monthly basis; Inspectors viewed evidence of the food menu for the month. Inspectors also attended the lunch and evening meal and sampled some of the meals and found that residents were given a choice of food to eat and drink which was appetising and met their nutritional needs.

The dining room was spacious, attractively arranged with homelike features and was used by many residents at all meal times. Inspectors observed jugs of water in the dining and sitting rooms which were distributed by staff throughout the day. Inspectors spent some time in the main dining rooms during lunch between 12.30pm -1.30pm and tea time 4.45pm to 5.30pm and found that the dining experience was pleasant and relaxed.

Meals were served by members of the catering staff and lunch was served and supported by care staff and nurses as required. Residents were offered appropriate support at meal times and during the day by staff. The duty rota indicated that there is a chef on duty daily.

Assessment tools were used to identify residents at potential risk of malnutrition or

dehydration on admission and were regularly reviewed thereafter. Records of resident's food intake and balance were accurately completed. Residents' were offered therapeutic or modified consistency diet if recommended by a speech and language therapist or a dietitian. This was evidenced in the care records. The dietitian attends the centre as requested and at regular intervals. Records evidenced that residents' weights were checked on a monthly basis.

Where a resident had unintentional weight loss they were weighed weekly until it was clinically indicated that monthly weights were appropriate. Suitable equipment was available to weigh residents.

Records also showed that the residents that had received a dietetic review, their treatment plans were recorded in their file, which was accessible to all nursing and care staff.

Medication records showed that supplements were prescribed by a doctor and administered appropriately.

One resident who had previously had a pressure wound and unintentional weight loss had been reviewed by the dietitian and a nutritional care plan was put in place detailing the advice of the dietitian and specific nutritional supplements that were to be administered. The inspectors reviewed the medication prescription for this resident and noted that these supplements were being administered as prescribed. This resident's wound had healed despite the resident's deteriorating clinical condition.

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:

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