

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Pappin's Nursing Home
Centre ID:	ORG-0000178
Centre address:	Ballymun Road, Ballymun, Dublin 9.
Telephone number:	01 842 3474
Email address:	tspelman@silverstream.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Silver Stream Health Care Limited
Provider Nominee:	Joseph Kenny
Person in charge:	Tania Spelman
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	51
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: 24 April 2014 07:30 To: 24 April 2014 14:30

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

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

Summary of findings from this inspection

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

The person in charge who completed the provider self-assessment tools had judged the centre to be fully complaint in relation to food and nutrition and judged end of life care as a minor non compliance. The provider had identified actions in the self-assessment to ensure they moved towards full compliance under both outcomes.

On the day of inspection the inspector found minor non compliances in both outcomes inspected against 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.

The inspector found that residents' end-of-life needs were well managed with good access to medical and specialist palliative care and that residents wishes to be cared for in their final days within the centre had been supported and encouraged. Some improvement was required to ensure that all care plans provided a comprehensive assessment of needs and to ensure advanced care plans were in place for all residents upon admission to the centre.

The nutritional needs of residents were met to a high standard. There was good access to allied health professionals for residents such as medical, dietician, dental and speech and language therapy. The food provided to residents was appetising and nourishing. Residents were facilitated to maintain their independence and adequate and discreet support was provided by staff as required. Residents and relatives were very satisfied with the service provided. The dining experience was a positive, social experience for all residents. However, some improvement was required to ensure that all residents have a choice of meal and that communication is improved to ensure all staff and residents know what the meal options available are.

These matters are discussed in further detail within the report and in the Action Plan at the end of this 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 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:

End-of-life care was person centred and respected the values and preferences of each individual resident. There was a comprehensive policy on end-of-life care in place. The person in charge had identified via self-assessment that some further improvements were required to ensure that advanced planning was in place to ensure that end-of-life preferences were documented for all residents. Residents' care plans did include a section on palliative care for all residents which focused upon the needs of residents when 'actively dying'.

There was no resident in the centre currently receiving palliative care. In 2014 eight out of ten deceased residents had received end-of-life care within the centre without the need for transfer to an acute hospital. The person in charge had also developed a 'hospital passport' for residents that clearly documented residents wishes upon transfer to an acute hospital. This passport highlighted that residents' should be returned to the centre for palliative care if possible. This reflected efforts within the centre over previous years to reduce the numbers of residents' passing away in hospital. Statistics provided within the self-assessment tool documenting the number of deaths in the past two years provided evidence that residents were supported to spend their final days within the centre.

Recent efforts were being made to address the need to provide comprehensive end-of-life care plans for all residents. The inspector reviewed seven care plans including the care plans of three residents recently deceased. For two residents there were comprehensive assessments of need in place clearly documenting 'advanced care planning' for these residents. These care plans recorded the expressed preferences of the resident and were drawn up in consultation with the resident, family members, person in charge and General Practitioner (G.P). These plans detailed the physical, emotional, social and spiritual needs and preferences for residents. The person in charge had also distributed a brochure to all residents and residents outlining the revised care planning procedures and was seeking feedback on this to guide future practice. However, within the other plans reviewed there was very limited information available to guide care provision. The person in charge confirmed that a plan was now in place to

provide advance care plans for all residents, and that these plans were also now in place as part of future admission procedures.

Residents had good access to a community based palliative care team, and the person in charge had met with this team to discuss the possibility of supporting residents wishes to return home for palliative care if so requested. While this had not been provided to any resident to date; the person in charge was confident that they were well prepared for this eventuality.

The centre provides a mixture of single and multi-occupancy rooms. The person in charge stated that, whenever possible a single room was provided to residents' for end-of-life care. The information provided within relatives' questionnaire confirmed that this had been done for all recent expected deaths which occurred within the centre.

Relatives were facilitated to stay overnight and be with the resident when they were dying. A pull-out bed was available to relatives who could stay in the room with their relative or who could sleep in a visitors room should they prefer. Pillows, bed linen and toiletries were also available to relatives. Relatives spoke very highly of the support that had been provided to them during their time of loss, and stated they felt welcome and were well supported by staff to be with the resident when they were dying.

Training records and the provider self assessment indicated that staff had been provided with specific training in end-of-life care. Staff spoken with had a good understanding of the policy on end-of-life care and related practices. A staff nurse was also in the process of completing a Masters Degree in palliative care.

The inspector spoke with a number of residents in relation to their needs and preferences in relation to end-of-life care and to establish if they had been provided with an opportunity to make their needs known. Not all residents had been provided with this opportunity and some stated that they would like to be. However, residents spoken to stated they were well supported when it came to the loss of fellow residents within the centre. Residents spoke of being regularly updated of their friends condition as they progressed towards end-of-life, of being brought to visit them and ultimately to pay their final respects. A high percentage of deceased residents had reposed within the nursing home over the previous two years, and this was a pattern that had been increasing. A room was provided for this, and there was a separate entrance available to this room from outside to promote the privacy and dignity of family and other residents during this sensitive time. A number of residents' spoke about being supported to pay their respects and pray in this room. They also told the inspector that this was how they would like to be treated when they reach the end of their life.

There was a protocol for the return of personal possessions. A check list was used for staff to ensure that after death, all relevant procedures, including the return of personal possessions was completed. The inspector discussed a recent bereavement within the centre, whose check list for personal possessions had not been signed. The person in charge stated that these possessions were in safe storage and were kept in a bag provided for this purpose from the Irish Hospice foundation. This resident had passed away approximately one month ago, and the person in charge had been in on-going contact with the resident's partner who had not yet felt ready to receive the possessions.

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:

No actions were required from the previous inspection.

Findings:

Residents received a varied and nutritious diet that in general was tailored to meet individual preferences and requirements. There was a food and nutrition policy in place which was centres specific and provided detailed guidance to staff. However, residents who required the consistency of a pureed diet were not provided with the same choices as other residents.

Residents who required pureed meals were not offered a choice of main meal on the day of inspection. Prepared meals were sent out for these residents, and while they were well presented, with each item pureed separately, there was no choice offered to the residents. The inspector was told this was because these residents did not mind what they get and that staff had no way of knowing what their choice would be. In addition, service staff referred to one resident as eating chicken. Chicken was not on the menu that day, and was not what was on the plate, being served to this resident.

There was prompt access to medical and allied health professionals such as speech and language therapists,(SALT) or dietician for residents who were identified as being at risk of poor nutrition or hydration. Residents also had access to a dentist or occupational therapist as required. Nursing staff will administer sub-cutaneous fluids in consultation with the GP as required.

Clinical care assessment, planning, implementation and evaluation was of a high standard. Residents were assessed on admission and reviewed on a three monthly basis with validated assessment tools including one specific to food and nutrition. A baseline weight was recorded upon admission and monthly thereafter or more frequently if a resident was identified as being at risk.

Assessments were detailed and reflected the residents' individual needs. Each need had a corresponding care plan, which detailed the nursing care, medications/food/nutritional supplements prescribed, specific care recommendations from visiting inter disciplinary team members and the GP instructions. Assessments and care plans were reviewed by staff members every three months and amendments made intermittently as the

residents needs changed. Food and fluid record charts were maintained with exact food and fluid intakes documented in a timely manner.

The inspector observed breakfast and lunch. The food provided was varied and the meals served were hot and well presented. Weight maintenance or gain was part of most residents care plan. In this regard, all food was fortified where possible, and fortification used on the day included porridge with cream and honey, potatoes with butter and/or cheese and vegetables with milk or honey added. Homemade soup was also served at 11:00hrs everyday along with a choice of fresh fruit and biscuits. Smoothies were also prepared fresh everyday and served at 14.30hrs. A small number of residents who were on weight loss diets were also appropriately provided for, with healthy alternatives provided.

Nursing and care staff monitored the meal times closely. Second helpings were offered. There were three dining rooms used throughout the centre. One dining room was used for residents' who required support to eat their meals. Residents who required assistance received this in a sensitive and appropriate manner. There was an emphasis on residents' maintaining their own independence. Equipment such as non-slip plate mats and high-edged plates were used by residents.

Breakfast was a relaxed affair with many residents receiving breakfast in their rooms, or in one of the dining areas. Lunchtime was unhurried, and was a social experience. The fact that the chef uses a portable hot food bain-marie and served the meals in each dining area added to a sense of occasion and helped to ensure that meal times were a positive experience for all. The quality of the food was good and the quantities reflected the residents' individual dietary requirements as set out in their care plans. All residents spoken to were complimentary of the food provided.

Breakfast was available to residents from 8.15hrs until 10:00hrs. Evening meals were served at 16.30hrs with tea, coffee and snacks delivered to residents at 19.30hrs and 21.30hrs. Residents stated that they could request additional snacks or drinks if they were required at any time during the day or at night. Residents questionnaires filled out on the day reflect the choices offered in relation to the times of meals, quality of the food, and the chosen location to eat and fresh water fountains were provided throughout the centre. While tea/coffee making facilities were not available to residents or relatives, the chef stated that these were made upon request at any time. Residents also stated that their relatives had been provided with food on occasion. On the day of inspection one resident was being supported to eat her meal by a relative.

The chef had a list of all dietary needs and preferences available to him in the kitchen and this was updated as required. The inspector observed that this list had been fully re-typed and updated three times over the past two weeks. This list provided detailed food preferences for all residents such as a choice of boiled egg at breakfast and how they liked their food presented. The chef had a comprehensive knowledge of all residents' likes and dislikes, and spoke about how residents choices and preferences were reflected in the menu, and how other meals were prepared at short notice if a resident wanted something different to the dishes of the day.

Menu's were updated quarterly in line with the seasons, and the person in charge

informed the inspector that she and the chef's worked on this menu together. A proposed menu was then presented to the residents' council for comment, with suggestions and feedback taken on board. On the day prior to the inspection a number of residents had made bread which was then given to the chef to bake in the oven. This bread was served to residents on the day of the inspection. The kitchen was maintained in a clean hygienic condition with ample supplies of fresh and frozen food. The kitchen had recently been inspected by an environmental health officer and this report was read by the inspector. Communication from the person in charge confirming all recommendations had been addresses was also viewed.

Judgement:

Non Compliant - Minor

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:

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Regulation Directorate
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Pappin's Nursing Home
Centre ID:	ORG-0000178
Date of inspection:	24/04/2014
Date of response:	08/05/2014

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:

Not all residents had a comprehensive end-of-life care plan in place which considers all physical, emotional, social and spiritual needs as part of an advanced care plan.

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:

St. Pappin's multidisciplinary team are in the process of meeting with families and residents to ensure each resident had a comprehensive person centred end of life

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

advanced care plan in place .As we have developed new, more comprehensive documentation for advanced end of life care planning this process must be carried out with due sensitivity and respect hence the nursing staff will be putting theses care plan in place over the next 3 months for current residents. All new admission to St. Pappins will have an advanced end of life care plan in place within one month of admission. This action plan will be address by 31/07/2014.

Proposed Timescale: 31/07/2014

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:

Residents who were on a pureed diet were not offered a meal of choice.

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:

All residents in St. Pappins Nursing Home are offered choices of meals from the daily menu which rotates on a monthly basis.

Residents with a cognitive impairment or some form of Aphasia who are experiencing difficulty in expressing their meal choices, will be assisted to do so by use of picture charts of that days menu options. We will also involve families/advocates in identifying the resident meal choices and preferences to staff, based on the seasonal menu which rotate within the home.

These likes/dislikes will be clearly documented with the residents care plan for the purpose of supporting the resident's daily choice of meals.

Proposed Timescale: 30/05/2014