

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sancta Maria Nursing Home
Centre ID:	OSV-0000158
Centre address:	Parke, Kinnegad, Meath.
Telephone number:	044 937 5243
Email address:	sanctamarianh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sancta Maria Nursing Home Limited
Provider Nominee:	Alan Shaw
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	2

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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: 27 August 2014 07:45 To: 27 August 2014 14:00

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

Outcome 06: Absence of the Person in charge
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 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 prior to the inspection. During the inspections residents and staff were met with in addition to the inspector observing practices and the serving of two meals breakfast and lunch. Documents were also reviewed on the day, including but not limited to, training records, internal audits and care plans.

The person in charge, who completed the provider self-assessment tools, had judged the centre to have a minor non compliance under both outcomes, end of life care and food and nutrition. A number of actions had been identified with the self-assessment questionnaire to assist the centre move towards full compliance under both outcomes. The inspector evidenced that all these actions were complete.

The inspector found the management of end of life care to be of an adequate standard, staff were knowledgeable and some training had been provided. Residents told the inspector their wishes were known and recorded by staff. Residents had an end of life care plan. However, improvements were required; those care plans that were in place were not sufficiently detailed to capture all of the resident's wishes and preferences at end of life.

The inspector found that food and nutrition was of a minor non compliance. Food was varied and presented adequately. The mealtime experience was pleasant; staff were seen to engage respectfully with residents. Residents told the inspector of their choice regarding food and beverages in addition to the choice regarding their preferred location for their meals. Access to health professionals and specialists for both outcomes was timely and well managed. Improvements were identified in meeting the dietary needs of residents based on nutritional evaluation which required further development.

The findings, in addition to the minor non compliances, will be outlined further in the body of the report and in the action plan at the end.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Findings:

The Authority received a notification regarding the newly appointed Clinical Nurse Manager (CNM) that deputises for the person in charge when absent. From a review of documentation and a fit persons interview with the newly appointed CNM on the day of inspection, the inspector found her to be suitably qualified and was satisfied that she was knowledgeable of the centre and the needs of residents. She was familiar with the centres policies and procedures and she was also aware of the need to notify the Authority in certain instances. Her employment is full time. Since the appointment of the CNM, the person in charge has not been absent for a period greater than 28 days.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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:

Person-centred care and support

Findings:

As reported in Outcome 14, residents had an end of life care plan, however further detail was required to ensure that all needs, wishes and preferences for each resident at their end of life were comprehensively detailed and met specifically in relation to their social and emotional needs.

Judgment:

Non Compliant - Minor

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

Findings:

End of life care at the centre captured some of the preferences and wishes for most residents living at the centre, however improvements were identified in this area. The centre's end of life care policy, reviewed and updated April 2014, reflected for the most part the care and aftercare provided to a resident and their family subsequent to the passing of a resident. Staff spoken with by the inspector were familiar with the policy. Most staff had signed off on the policy stating that they read and understood it; the newest employees were in the process of familiarising themselves with the centre's policies in stages. On completion of the self assessment questionnaire, the centre deemed themselves to be of a minor non compliance and had outlined two actions to achieve compliance. One of these actions had been fully completed, whilst the remainder was in the process of being completed as further discussed.

During the inspection a number of residents spoke with the inspector. It was clear that residents spoken with had had a conversation with senior nursing staff regarding some of their end of life preferences and wishes. They were confident that this information was documented and that staff and their family would follow their wishes.

The inspector viewed a sample of care plans and noted that an end of life care plan had commenced for each of the sample care plans reviewed. The plans were relevant and correlated with the conversations the inspector had with the residents. However further detail was required to ensure that all aspects of the residents wishes were captured such as spiritual, social and emotional needs. This is further outlined in Outcome 11. The person in charge confirmed she would endeavour to achieve this. Each sample care plan reviewed also had an 'Emergency Summary Form' which captured resident's preference regarding further treatment and interventions should they require it. These were signed by the resident themselves and their general practitioner. At the time of inspection the person in charge was reviewing this form to add further detail.

Residents who had experienced the loss of a friend in the centre told the inspector of their opportunity to say goodbye and also to pay their final respects. Residents were informed by the person in charge if a fellow resident had passed away. A remembrance mass was celebrated yearly to remember those residents that had passed, mass was also held every Sunday in the oratory and the first Friday of every month. Residents told the inspector they had the opportunity at this mass to remember residents also. The centre had a place of repose which the inspector saw. There was adequate seating available for individuals to pay their respects and it was respectfully decorated.

At the time of passing of a resident, the centre endeavoured to ensure residents were not exposed unnecessarily to the removal of the deceased. There was space around the grounds of the nursing home to ensure a respectful exit. All staff were asked to come to the nursing home in full uniform to form a guard of honour. In addition a member of

staff, usually the person in charge, attended the funeral mass and a bouquet of flowers were sent on behalf of the centre. Since 2012, there were 35 deaths. The inspector reviewed the care plans of two residents that had passed away. One of the residents had passed away in hospital while the other in the centre. Progress notes were up to date and detailed; appropriate medical support was received. Community palliative care teams were available and provided support to the centre. Staff were knowledgeable of this. Improvements were identified; the care plans did not contain a review of their end of life care nor was feedback sought from the families. All personal possessions were not formally signed out however the person in charge told the inspector that money and jewellery was signed out formally as it was mostly retained in the administration office for safe keeping. The person in charge stated she would put a system in place to ensure personal possessions, going forward, were signed out. The person in charge told the inspector that families were not rushed to come and collect the belongings of their relative. The staff at the nursing home packed their belongings and placed them in boxes and stored until they were collected by the family members.

Although families could avail of a spare room, if available, or staff would make a chair/couch available for them to sleep/rest on, there was no dedicated visitor's bedroom for families and relatives. Beverages and food was also offered to families. Some residents shared multiple occupancy rooms. In the event that a resident was receiving end of life care, all options were exhausted to ensure that a single room could be allocated. Where this was not possible the person in charge stated they would put systems in place to ensure dignity and respect was maintained for all persons involved.

A small number of nursing staff had attended training regarding end of life care. Further training was planned for September and October, the inspector saw this documented on their training plan.

Judgment:
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

Findings:
Residents received a varied and nutritious diet that was tailored to meet resident's individual assessed needs and their preferences. There was a recently reviewed food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff were aware of the policy and the practice as observed by the inspector reflected the policy. Each resident had a food and nutrition plan that was kept under review and amended as required. The plans were detailed and provided sufficient guidance to staff. Food and nutrition was raised on the agenda of nursing staff and care

staff meetings. Changes in a resident's food and nutritional requirements were updated in the 'meal safety' folder. There were systems in place to communicate changes to the kitchen staff. The inspector observed breakfast and lunch being served and identified areas for improvement as further detailed below.

The policy on nutritional status and management was reviewed April 2014. The inspector found the policy to be suitably detailed and guided staff sufficiently. The policy identified the need for a nutritional assessment for all residents in addition to outlining guidelines for staff to follow to ensure individualised care received by residents in relation to food and nutrition such as guidelines regarding portion sizes and when to avail of specialist advice from allied health professionals. The inspector observed the policy being implemented in practice and was satisfied that the policy was centre specific. Staff were also knowledgeable of the policy. The inspector seen that all relevant staff signed off on reading and understanding the policy and staff that had recently joined were in the process of familiarising themselves with the centre's policies in stages.

The inspector reviewed the training records and saw that staff had received training in food and nutrition. Amongst other training days relating to food and nutrition, 28 staff attended a dysphasia and nutrition workshop in March 2014. The inspector also noted that further training was arranged for September 2014.

Staff were knowledgeable of the individual needs of residents. To ensure the correct diets were received staff referred to the 'meal safety' folder. The chef also had a list of all residents along with their dietary requirements which were clearly outlined and colour coded to ensure accuracy. The care staff told the inspector how they thickened fluids and what each grade meant. The inspector observed staff thicken fluids, however staff did not consistently thicken fluids in the same manner. At breakfast, care staff were observed thickening fluids in a glass with a fork while at lunch time some care staff thickened fluids with a beaker and fork and others used a beaker with the appropriate lid. A consistent and safe method for thickening fluids was required. Staff told the inspectors about specific needs for some residents including fortification, diabetes and weight loss amongst others. Staff were familiar with their specific needs. For example a care staff told the inspector that a resident who was under weight required fortification in the form of fortified milk, additional butter or cream to be added to meals and the necessity of supplements as prescribed. A number of residents were receiving supplements which were given to residents at appropriate times. Weights were audited monthly and weekly, as appropriate, and any concerns regarding a residents nutritional or hydration status were appropriately referred on.

The centre had access to two dieticians and speech and language therapy in addition to a private occupational therapist and local dental services. The inspector reviewed residents care plans and saw that referrals to speech and language and dietician were timely. Changes to a resident's food and nutrition plan were communicated to nursing and care staff at the handovers and the relevant information updated in the care plan and the 'meal safety' folders that were placed in the kitchen and dining room. The nurse on duty also verbally communicated the changes to the chef. The inspector reviewed the 'meal safety' folder with the chef and seen recently updated guidelines for a resident on respite.

The inspector found that residents had choice at meal times. The inspector saw sample menus which offered variety but also saw lists where teas, snacks and lunches were recorded with changes made to suit the individual preferences of residents. Residents spoken with also confirmed they had choice and told the inspector they would make a complaint if they were dissatisfied with meals. The inspector reviewed the complaints folder and saw that complaints from residents regarding mealtimes had been documented and changes were made as a result. The inspector also reviewed the results of 15 resident's survey; all residents denoted that the food was excellent. Residents also had the opportunity to raise issues at the residents meetings or approach the chef directly.

The inspector observed the breakfast routine. All residents ate breakfast in their bedrooms, some of whom were assisted by care and nursing staff. The care staff left an individual tray for each resident in their room which contained individual milk jugs and sugar. The inspector also noted that residents had their own water jug. The kitchen assistant prepared two larger trolleys in the kitchen with a selection of cereal and fruit juices. A large bowl of porridge was also placed on the trolley to serve individually to each resident as requested. Two care staff took one trolley each and commenced their rounds. The inspector saw that residents were offered a choice of breakfast and juice. The inspector observed staff knocking on residents doors prior to entering. The majority of residents had their breakfast in bed. Care assistants were available to assist those residents that required it. Following on from breakfast residents were then offered a hot beverage and toast. The inspector saw that one resident had a preference for a boiled egg which was prepared for them. The inspector spoke with a number of residents, who were having breakfast, all of which confirmed they enjoyed having breakfast in their room.

Lunch was also observed by the inspector. Lunch was served in two sittings, one at 12.00 hours and the second at 13.00 hours. Those that required additional staff assistance were catered for at the first sitting. Residents had lunch in both the dining room and their bedrooms if they preferred. Tables were adequately laid out with individual place settings for residents along with any specialist equipment they required. The menu was displayed on a large white board along with the names of staff that were assisting residents in the dining room. The food was presented well and was served hot. The inspector sampled the food and found it to be tasty. Those who had a soft diet were served the same food and it was presented well; moulds were used to serve pureed food. Residents were assisted with their meals for the most part respectfully and were given time to enjoy it. Staff were observed communicating with residents regarding their meal and their readiness to continue eating. Some improvements were identified, one staff member stood up and over a resident while assisting them with their meal, this practice required review. In addition, the catering staff took lunch requests for the following day prior to the residents being served lunch for that day. The inspector formed a judgement that this practice too should be revised.

Tea was served in two sittings at 16.00 hours and 17.00 hours, residents also had a choice during this time. Residents had access to snacks throughout the day. Midmorning residents were served a choice of hot beverage with some freshly baked goods made by the chef. At 19.30 hours residents are presented with a selection of sandwiches and a beverage. In addition, the care staff had access to the fridge in the kitchen to prepare a

snack for residents or their visitors if it was required.

The inspector reviewed the menu which was completed in 16 week cycles with amendments noted as per requests from the residents. The menus were seasonal and varied. The inspector saw a nutritional assessment completed by an external consultant in 2011. The person in charge confirmed that there was no information gathered since then on the nutritional value of the menu. On the day of inspection the inspector saw evidence that the person in charge had contacted the same company and provided them with 16 week update for a nutritional assessment. The person in charge confirmed this information would be shared with the inspector once returned. Water dispensers were not available in each unit however the inspector saw that each resident had an individual jug of water and glass in their bedrooms.

Judgment:
Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ciara McShane
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:	Sancta Maria Nursing Home
Centre ID:	OSV-0000158
Date of inspection:	27/08/2014
Date of response:	01/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

A detailed assessment of all residents wishes and preferences, regarding their end of life care, in particular their social and emotional needs, had not been comprehensively documented in the sample end of life care plans reviewed.

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

Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Sancta Maria Nursing Home's person in charge, clinical nurse managers and staff nurses will further develop all resident's end of life care plan including required details of health, personal and social needs which commenced pre-admission and will be continued in the following weeks and months of resident admission.

Proposed Timescale: 01/09/2014

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:

The religious and cultural needs of all residents were not captured in their end of life care plan.

Action Required:

Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

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

Sancta Maria Nursing Home's person in charge, clinical nurse managers and staff nurses will further develop all existing resident care plans to ensure that residents religious and cultural needs are fully known and documented.

Proposed Timescale: 01/09/2014

Theme:

Person-centred care and support

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

All wishes of residents were not fully known or documented.

Action Required:

Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

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

Sancta Maria Nursing Home's person in charge, clinical nurse managers and staff nurses will further develop all existing resident care plans to ensure that residents wishes and preferences are fully known and documented and are reasonably practicable.

Proposed Timescale: 01/09/2014

Theme:

Person-centred care and support

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

Although the centre accommodated relatives and friends at the centre where possible, there was no allocated guest room for them to avail off.

Action Required:

Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

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

Sancta Maria Nursing Home will continue to facilitate resident's relatives by providing overnight facilities, for example the use of a vacant bed, armchairs and lounge facilities are offered with food and refreshments if required. We are planning a future palliative care suite for this purpose and hope to include this as part of a larger development in the future subject to project and stakeholder permissions.

Proposed Timescale: 06/10/2014

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:

The manner in which a staff member provided assistance to a resident at lunch time was inappropriate. The staff member was observed standing over the resident while assisting them with their meal.

Action Required:

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

Sancta Maria Nursing Home management have advised all staff of the correct manner to assist a resident and mealtimes. This is communicated at shift handover and itemised on agenda for staff meetings. Daily supervisory checks by person in charge, clinical nurse managers and staff nurses are undertaken to ensure correct feeding assistance positions are adhered to by staff.

Proposed Timescale: 27/07/2014

Theme:

Person-centred care and support

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

The nutritional assessment/evaluation available at the centre on the day of inspection was completed in 2011 and had expired due to a change in the menu being provided.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Sancta Maria Nursing Home have sent all menus to an external nutrition expert for analysis, this was sent on the day of inspection and is awaited to be returned after review.

Proposed Timescale: 13/10/2014