

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Carthage's House
<b>Centre ID:</b>	OSV-0000687
<b>Centre address:</b>	Lismore, Co. Waterford, Waterford.
<b>Telephone number:</b>	058 54309
<b>Email address:</b>	morrissey.maryfm@gmail.com
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St. Carthage's House Limited
<b>Provider Nominee:</b>	Mary Fenton Morrissey
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	39
<b>Number of vacancies on the date of inspection:</b>	14

## **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 11:00 To: 27 August 2014 17:30

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

**Summary of findings from this inspection**

This report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Nutrition. In advance of this inspection providers had the opportunity to attend an information seminar and were issued with evidence based guidance. Providers also completed a self-assessment questionnaire on both outcomes to determine their level of compliance.

St Carthage's Rest Home is a community service run on a voluntary basis and managed by a board of directors. The inspection was unannounced. Prior to the on-site inspection the inspector undertook a documentation review which included the centre's policies on both outcomes.

On the day of inspection there were 37 residents in the centre with two more in hospital. The inspector met with the person in charge and her deputy, as well as other members of staff and residents. The inspector observed the experience for the residents, and the practices of the staff, and found evidence that the needs of residents around end of life care and nutrition were appropriately assessed and fully met. The inspector was present at both lunch and evening tea and observed the residents in their experience of dining and the staff in their delivery of service. Residents spoken with expressed a good level of satisfaction with the service they experienced at the centre. Other documents reviewed included training records, residents' care plans and minutes of residents' meetings.

The person in charge had concluded in the self-assessments that, where the regulations applied, the centre was compliant in regard to both end-of-life care and food and nutrition. The inspector concurred with the self-assessment in relation to end of life care. For food and nutrition the inspector found that there was limited

choice for residents in relation to their main midday meal and therefore recorded a minor non-compliance with the Regulations set out by 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. Although an action is recorded against outcome 5 in relation to food and nutrition policy, this was the only aspect of documentation in that outcome inspected against.

**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 05: Documentation to be kept at a designated centre**

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a policy on food and nutrition in place that had been reviewed in January 2014. While the policy made general reference to the assessment and planning of care for residents in relation to nutritional needs, it was not site-specific and did not fully reflect the daily good practice in evidence at the centre. This finding is considered in more detail at outcome 15 of the report.

In relation to end of life care the centre's policy stated that staff were to receive training on the delivery of care at end of life though there was no record or evidence of this training having been delivered. This finding is further referenced at outcome 14 of the report.

**Judgment:**

Non Compliant - Moderate

**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(s):**

No actions were required from the previous inspection.

**Findings:**

St Carthage's Rest Home was a community service run on a voluntary basis and managed by a board of directors. The dependency profile of residents was relatively low and services were managed accordingly. There was an appropriate number of staff with a suitable skill mix to meet the assessed needs of the residents and the size and layout of the centre.

The person in charge understood the statutory requirements in relation to the provision of end of life care and a policy was available which was comprehensive and centre-specific and had been reviewed in the last twelve months. The policy and procedures were in keeping with the assessed needs of the resident profile as set out in the statement of purpose. The policy referenced the admission criteria of the centre as not including the terminally ill whilst recognising the need for end of life care facilities to be available in any event. The policy covered the provision of support to families including comfort hospitality and a remembrance event if so desired. Provisions were in place to ensure the family had input to care arrangements and the handling of personal belongings. The policy outlined procedures to afford dignity and respect in the preparation and transport of remains and particularly around the consideration of cultural and religious practices. It also detailed procedures around verification and certification following the death of a resident and the return of personal possessions. The person in charge confirmed that, although there was no dedicated accommodation, if the circumstances required relatives could be facilitated to stay overnight if they so wished. Staff spoken with were competent to deliver care though none had received end of life care training as stated in the policy. Action on this finding is detailed at outcome 5.

The person in charge confirmed that there had been no death at the centre since it had been registered and that there had been no instances where end of life care had been provided. The policy and procedure in place indicated that where the needs of a resident changed and end of life care provision became necessary, residents requiring such care would be referred for assessment and transferred to an appropriate service provider accordingly. Care plans reviewed contained provision for the assessment of needs around spirituality and dying and those reviewed had been completed with family input also recorded.

**Judgment:**

Compliant

**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(s):**

No actions were required from the previous inspection.

**Findings:**

St Carthage's provides supportive care for those who have been assessed as not requiring full time nursing care. As such the care provided was appropriate to the assessed needs of a resident profile with relatively low dependency levels. Independent dining was encouraged and on the day of inspection there was no resident requiring assistance at mealtimes.

There was a policy on food and nutrition in place that had been reviewed in January 2014. While the policy made general reference to the assessment and planning of care for residents in relation to nutritional needs, it was not site-specific and did not fully reflect the daily good practice in evidence at the centre, particularly around the monitoring and recording of nutritional status. For example the policy did not indicate how often or when weights were recorded. A communication system was in place between staff to monitor and record the routine of residents' daily activities including food and drink consumption. The person in charge reviewed this information in conjunction with records of regular weight measurements. Where changes were noted which might require intervention referrals were made in an appropriate and timely manner for further assessment at the gerontology clinic. There was no reference to this process in the policy. The action for this finding is recorded under outcome 5.

The centre had access to allied healthcare professionals including a speech and language therapist and chiropodist, though there was no community dietician available in the area. As the assessed dependency profile of residents was low, there was no clinical, evidence based tool used to assess nutrition and hydration needs at admission or on an ongoing basis and staff had not had specific training in supporting higher dependency needs in relation to nutrition and hydration. Each resident's daily routine and preferences around diet were elicited as part of the ongoing care assessment process. Such preferences were seen to be recorded in care plans and accommodated as part of the daily dining routine. Where nutritional issues were identified residents were referred for assessment to the local gerontology clinic. Staff spoken with demonstrated an understanding of the residents and their individual circumstances and were observed attending to the needs of residents in a respectful manner whilst being mindful of residents' privacy and dignity. Residents assessed as requiring a modified diet had individualised diet plans and, where necessary, an appropriate swallow care plan was in place which was also available in the kitchen for reference by staff. Catering staff had received appropriate training in food standards and hygiene.

Breakfast was available from 8am daily and included porridge, cereal, toast, soda bread and juice, tea or coffee. Hot drinks including soup were served at 10.30am and lunch was available from 12.30. On the day of inspection freshly prepared chicken, potatoes, carrots and parsnips was served with fresh baked rhubarb tart and custard. Although there was no choice of meal at lunchtime residents spoken with by the inspector reported that they could have anything they wanted; they also commented very favourably on the food provided. Tea was served at 5.45 on the day of inspection and included sausage rolls, scrambled egg, beans and potato wedges with yoghurt and fresh fruit also available. A supper of hot milk and fruit loaf or crackers was served at 9pm. Residents had a choice as to where they ate, either in their room or in the dining area.

The dining area was clean and bright with nicely set tables for both individuals and small groups. Facilities were available for residents to have snacks and refreshments throughout the day.

**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:***

Mairead Harrington  
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 report<sup>1</sup>

<b>Centre name:</b>	St. Carthage's House
<b>Centre ID:</b>	OSV-0000687
<b>Date of inspection:</b>	27/08/2014
<b>Date of response:</b>	03/10/2014

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

The policy and procedures in relation to food and nutrition were not site-specific and did not reflect day-to-day practice of the centre.

#### Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

We are currently conducting a major review of our policies and procedures and we will ensure that the P&P on Nutrition is site specific

**Proposed Timescale:** 15/11/2014

**Theme:**

Governance, Leadership and Management

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

The policy in relation to the provision of training for care around end of life had not been implemented.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

End of Life is a most unlikely event at St. Carthage's as residents approaching end of life cannot be accommodated at the centre. We will however conduct in house training on end of life care with particular emphasis on our own policy and procedure.

**Proposed Timescale:** 15/11/2014

**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:**

There was no choice offered to residents for their main meal of the day.

**Action Required:**

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

We have extremely limited resources at St. Carthage's making choice of menu very difficult however we will put a process in place whereby a choice of main meal is made available to residents.

**Proposed Timescale:** 15/11/2014