

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Peter's Nursing Home
<b>Centre ID:</b>	OSV-0000122
<b>Centre address:</b>	Sea Road, Castlebellingham, Louth.
<b>Telephone number:</b>	042 938 2106
<b>Email address:</b>	stpeters@trinitycare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Costern
<b>Provider Nominee:</b>	Keith Robinson
<b>Lead inspector:</b>	John Farrelly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	38
<b>Number of vacancies on the date of inspection:</b>	1

## 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: 02 December 2014 08:00 To: 02 December 2014 13:00

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 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 relatives, residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The provider had judged the centre to be compliant in relation to End of Life Care and Food and Nutrition.

On the day of inspection, the inspector found the service to be in full compliance in both areas of End of Life Care and Food and Nutrition 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 was reflected in the positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

The inspector found that residents' end of life needs were well managed with good access to medical and specialist palliative care. Care planning was in place as required and relatives were facilitated to be with their loved one. Staff had received appropriate and recent training in end of life care.

The nutritional needs of residents were met to a high standard. There was good access to medical, dietician, speech and language therapist and physiotherapy for residents. The food provided to residents was appetising and nourishing. Residents were facilitated to maintain their independence. Nursing and clinical documentation

was of a high standard. Residents were very satisfied with the service provided and the dining experience was good.

These matters are discussed further in the 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 2013 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(s):**

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 which was reviewed in 2014. Staff were able to articulate this policy and practice observed by the inspector evidenced that care was provided as per policy.

In 2014 all deceased residents received end of life care within the centre without the need for transfer to an acute hospital. There was one recently deceased resident who received palliative care. Documentation evidenced that the care was provided to a high standard with the wishes of the resident used to ensure a person centred care plan was devised and implemented. For all residents care needs are identified on admission and documented accordingly. Documentation evidenced that when a resident's condition deteriorated an end-of-life discussion and care plan was put in place following meetings between the resident, relatives, medical and nursing staff. Documentation recorded the expressed preferences of the resident and were drawn up in consultation with the resident and/or their family members. Residents had good access to the local palliative care team as and when required and recommendations from the palliative team had been recorded in detail in residents' care plans and had been implemented by the staff.

Most residents resided in comfortable spacious and well decorated single rooms. While some residents resided in three double rooms. Relatives were facilitated to stay overnight and be with the resident when they were dying. One relative who spoke with the inspector indicated that they were very satisfied with the care provided. They were made feel welcome and were facilitated to be with their loved one. Residents who spoke to the inspector, stated that their religious and spiritual needs were respected and supported. Mass took place on a monthly basis and a minister of the Eucharist visited the centre on a daily basis.

There was a protocol in place to ensure all staff were aware of if a resident was approaching end of life. There was a protocol for the care of the remains of a deceased resident and the return of personal possessions to loved ones. Well crafted drapes were used to ensure the remains of a resident were treated with dignity and respect. The

inspector saw that following the death of a resident staff used a well crafted canvas bag to return personal possessions.

There was a protocol in place to ensure all appropriate services were advised when a resident had passed away. There was written information on services available to support, relatives, residents and staff following the death of a resident. Staff had received appropriate training in end of life and associated care needs with most recent training occurring in 2013 and 2014.

**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:**

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. There was a food and nutrition policy in place which was centre-specific and provided detailed guidance to staff. Staff members spoken with by the inspector were knowledgeable regarding this policy and it had been reviewed in 2014.

The catering policy and processes were audited three times a year and clinical processes were also audited on a regular basis. 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 numerous validated assessment tools including one specific to food and nutrition. A baseline weight was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk. There was prompt access to medical and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration.

Assessments were detailed and reflected the residents' individual needs. Each need had a corresponding care plan, which detailed the nursing care, medications/food supplements prescribed, specific care recommendations from visiting inter disciplinary team members and the general practitioners (GPs) instructions. Assessments and care plans were reviewed by staff nurses 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 recording of food and fluids was directly related to the residents nutritional assessment

score. Documentation evidenced that care for residents with Percutaneous Endoscopic Gastrostomy (PEG) tubes was of a high standard and practice was aligned to the centre's policies and procedures.

The inspector observed breakfast and lunch. Meals served were hot and attractively presented. Nursing and care staff monitored the meal times closely. Residents who required assistance received this in a sensitive and appropriate manner. Equipment such as curved spoons and easy hold cups were available and used by residents. Breakfast was a relaxed affair with some residents receiving breakfast in the dining room while others received breakfast in bed or sitting out in a chair in their room from 08:00 hrs to 09:30 hrs. Residents were offered choices of tea, coffee, juices, toast, cereals and porridge. Soup and tea was also served at 11:00 hrs.

The inspector joined residents for lunch which commenced at 12:15 hrs. It was social and unhurried with a choice of courses for residents. The food was of a high quality and residents were given assistance if required. Residents advised that staff also contact them in advance to ensure their choice is available and served to them at mealtimes. The dining room tables were set in an attractive fashion with all required condiments, cutlery and crockery to meet the residents' individual needs. Residents requiring modified consistency meals, such as pureed, had the same choice as other residents. All meals were attractively presented in individual portions. Residents requiring pureed food could clearly identify what they were eating as each food group was presented separately on their plate. A "Betty Blieu" process was in place to ensure residents on weight loss diets received same in a discreet and sensitive manner.

The quality of the food was excellent and the quantities reflected the residents' individual dietary requirements, which were also reflected in their care plan. All residents spoken to were complimentary of the food provided. The main evening meal was served at 16:30 hrs with a further supper at 19:00 hrs. Drinks and snacks were readily available throughout the day. All residents spoken with were happy with the amount and variety of food and drinks available to them throughout the day and night. Residents stated that they could request additional snacks or drinks if they were feeling hungry.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs. The inspector spoke to the catering manager and staff who evidenced the system for ensuring special diets were made available to individual residents where required. A dietitian and nutritionist reviewed the menu of a regular basis to ensure food was healthy and met residents' needs. Internal and external audits took place three times per year.

The kitchen was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. Staff had received training in relation to food and nutrition and demonstrated and articulated good knowledge of how to provide optimal care for residents. There was evidence of comprehensive ongoing training. The most recent training occurred in 2014.

**Judgment:**  
Compliant

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## 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:***

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