Sonas Care Centre Ard na Greine inspection report, 21 November 2013

Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Sonas Care Centre Ard na Greine
Centre ID:	ORG-0000385
Centre address:	Enniscrone, Sligo.
Telephone number:	096 37 840
Email address:	ard@sonashealth.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sonas Nursing Home Management Co. Limited
Provider Nominee:	John Mangan
Person in charge:	Margaret MacPhee
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	9

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:	To:
21 November 2013 08:30	21 November 2013 16:00

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
Outcome 18: Suitable Staffing

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 thematic inspections providers attended an information seminar and undertook a self-assessment in relation to both outcomes. The inspector reviewed the policies relevant to the two outcomes and analysed surveys which relatives submitted to the Authority prior to the inspection. During the inspection the inspector talked to residents, visitors and staff. The delivery of care and the service of two meals, breakfast and the midday lunch were observed. Documents such as care plans and training records were reviewed to determine compliance with the two outcomes.

Residents expressed satisfaction with their care and were positive about how staff consulted with them in relation to their personal care, menus and their future care needs. Residents described the food as "tasty and always well presented", "good variety and we can ask for changes if we don't like a full meal", "the presentation encourages me to eat". They also said the cook and catering staff knew their preferences, talked to them regularly about the dishes that were served and placed emphasis on home cooking and baking which was much appreciated. There were systems in place to ensure that particular dietary needs were accommodated and where risk factors such unintentional weight changes were evident that these were appropriately assessed, monitored and managed in a way that safeguarded residents' health.

There was a clear emphasis placed on treating people with dignity and respect and the inspector saw that this ethos was relevant for all staff. Contacts with residents were noted to be respectful, timely and helpful. Residents who were frail and spent periods resting were visited often by staff and had call bells readily accessible.

Care at end of life and establishing residents' wishes in respect of their care at this time was a high priority and addressed to a satisfactory standards. Staff could describe a range of care initiatives that they had in place to ensure residents' comfort and well being. This included having good working relationships with the local palliative care team, providing hospitality for relatives and friends, being vigilant and monitoring closely changes in health and ensuring staff had appropriate skills and knowledge to equip them care at the end of life. Staff conveyed very positive views on end-of-life care and the factors that contributed to maintaining life and comfort at this time. Their comments that reflected care was delivered in a holistic way and was about much more than treating illness. The factors they considered relevant were spiritual care, empathy, personal contact and knowledge of resident's wishes.

There were systems in place to assess, manage and monitor risks which in the context of the outcomes examined included the assessment and management of residents with low weights and unintentional weight loss, swallowing problems, pressure area risks and respiratory problems. The person in charge and provider had ensured that staff had appropriate training in nutrition management and end-of-life care. The inspector noted that staff were appropriately supervised and that there was discussion on day to day issues relevant to residents at handovers and at other times during the day. There was evidence of ongoing quality improvements to the service and facilities to meet the diverse nutritional needs and end-of-life care needs of residents, including those residents with a cognitive impairment.

The director of care/person in charge completed the self-assessment questionnaires and had judged that the centre was compliant in relation to both outcomes. The inspector found substantial 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 in relation to food and nutrition. There were some minor non-compliances identified in relation to the policy that outlined end-of-life care procedures and the maintenance of records. These judgements reflected the overall good practices in place in relation to both outcomes and the positive experiences described by residents and relatives.

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:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The assessments, care practices and facilities in place to support residents to receive care at end of life were found to reflect evidence-based practice and were appropriately person centred to ensure individual needs and wishes could be accommodated. The inspector found that the arrangements in place met legislative requirements and facilitated good outcomes for residents.

The inspector reviewed a sample of care plans to determine if residents had the opportunity to discuss their end-of-life care, how this was documented and if care plans were adequate to guide care and reflected residents wishes. Care plans were found to provide a range of details to guide staff at end of life. They reflected medical views, discussions with residents and decisions made were reflected in both the medical notes and the residents' care plans. There was evidence that care plans were reviewed every three months and when care needs changed. All the care plans reviewed had been updated by nurses within the previous three months. Some residents did not have an end-of-life care plan and the inspector was told that is was due to residents not being able to convey their views due to dementia or other problems or not wishing to convey their views on this matter. Residents confirmed to the inspector that staff talked to them about their long-term care and said that family members were also included in these discussions.

An action plan in the last report for the service, dated 16 May 2013, required that decisions made in relation to resuscitation status should be reviewed regularly and this matter was found to have been addressed. An example viewed indicated that the resuscitation status of a resident relevant when in hospital had been reviewed and no longer applied.

Residents were provided with a choice as to the place of death, including the option of a single room. Accommodation in the centre comprises of 38 single rooms of which 25 have en suite facilities. There are a further 10 twin bedrooms all of which have en suite

facilities. Residents in shared rooms are offered a single room and this has not been a problem to organise so far the inspector was told. Family and friends were facilitated to be with residents when they were dying. Refreshments and meals were provided as required. Relatives who completed questionnaires and letters sent by relatives to the centre that the inspector read conveyed that the support to family and friends was highly valued at this time. Relatives said that it enabled them to spend additional time with loved ones that would not have been possible without the support and hospitality offered by staff. Comments indicated that family were usually present at the time of death and felt that staff had kept them up to date on their relatives changing condition.

The centre had access to the local palliative care service. Regular consultation and visits by the team take place according to residents' needs. Advice is also provided to staff and doctors by telephone. The inspector viewed records that indicated that referrals were made in a timely manner and that staff worked collaboratively to ensure good outcomes for residents.

There was a staff training programme in place and nursing and care staff had received training on end-of-life care throughout 2012 and 2013. Two nurses had attended the Hospice Friendly Hospitals training in 2013 and four nurses and 27 carers had attended study days on palliative care and aspects of end-of-life care. At the time of the inspection there were 13 care staff completing the Further Education and Training Awards (FETAC) three day module on end-of-life care. Staff could describe priorities for care practice at this time such as ensuring residents comfort, pain management, being with the resident if family members cannot be with them and ensuring medical assistance is sought when needed.

The self-assessment questionnaire returned to the Authority indicated that 38 residents had been transferred to hospital over the last two years. None had been admitted because of end-of-life care needs and the majority of admissions were precipitated by acute problems such as respiratory infection (18), falls (1), collapse (5) and other acute medical needs such as cardiac problems, mental health assessment or vascular problems (14).

The end-of-life policy that guided practice had been reviewed in November 2013. The policy included relevant information such as:

- the involvement of the resident and family in care planning
- care and privacy prior to and after death including the use of specialist symbols to alert staff and other residents of a death
- procedures including the verification of death, last offices, the care of personal possessions
- bereavement support for families and staff.

The inspector identified that the procedure would benefit from the inclusion of additional information such as indicators for referral to the palliative care team to provide more effective guidance for staff.

Staff were very conscious of the impact on residents of the deaths of relatives and fellow residents. There had been 27 deaths in the last two years of which 23 took place in the centre. A resident told the inspector that staff were very good at "letting them

know when residents died and listening to their memories" and also said that a memorial service was organised annually and was due to take place later on the day of the inspection for 2013. Another resident said that they were encouraged to participate in this service which was "a lovely occasion" with meaningful prayers and tributes made to deceased residents. They said they were able to talk about their feelings with staff when relatives and friends died which helped them come to terms with their loss and they valued the staff that supported them at such times.

The centre had an oratory on site which was reserved for prayer and quiet reflection. The religious and spiritual convictions of residents were known to staff including where residents had more secular beliefs and non-religious lifestyles and these were recorded and reviewed to inform staff actions at end of life. Clergy from all denominations were welcomed to support residents and enable them follow their beliefs. Residents including residents on periods of respite care told the inspector that they found satisfaction from their relationships with friends, family, staff and from the atmosphere in the home. The inspector spoke with residents who said they enjoyed being together for activities and conversation. Many said that they valued time that they spent together and appreciated the activities that were available to have some fun and talk together.

Relatives said that staff had supported residents in a respectful and dignified way at end of life. They were complimentary about the level of communication they had experienced when changes took place and indicated that they were well informed and facilitated to remain with loved ones when very ill and nearing end of life. Seven questionnaires were returned to the Authority. The person in charge told the inspector that many relatives contacted the centre following a resident's death to express their gratitude and sentiments about the way they had experienced the care provided. The inspector saw that many relatives had expressed appreciation in letters and cards. Among the aspects of care that were valued were:

- the respect shown to residents and their families
- the comfort and compassion shown by staff and
- the collaborative working arrangements between doctors, staff in the centre and the palliative care team.

The inspector reviewed the staff rotas and the deployment of staff. There were adequate numbers of care, nursing and ancillary staff available during the day. There was one nurse and two carers allocated to night duty and there were 47 residents accommodated over the two floors of the building at the time of the inspection. Current night staff numbers were appropriate to meet the needs of the present resident group. However, the inspector formed the view that when residents had critical care needs that the night staff levels should be reviewed taking in to account the layout of the building.

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:
The inspector found that residents were provided with a varied menu and that food and drinks were readily available for residents during the day and night. Residents were unanimous in their praise for the food and the attention that catering staff gave them when discussing their individual choices and requirements. The criteria in relation to this outcome were met.

The inspector discussed menus, specialist diets and how food choices were accommodated with catering and nursing staff. The chef described how resident's dietary needs are communicated among the staff team. Nurses provide information on changes to be made to diets including the fortification of food which is usually the first action to address weight loss before supplements were considered. Food was provided in varied quantities and in appropriate formats according to residents' assessed needs. There were 14 residents on fortified diets, eight who had food served in pureed or soft format and there were 11 residents that were being monitored due to compromised nutritional status. Five residents with weights below 50 kg were being monitored and were stable or indicating improvement. Residents were referred for specialist advice to a dietician where required. The outcome of assessments undertaken and the actions to be carried out by staff such as fortification of food and the provision of supplements were clearly outlined. The inspector found that all residents had information in their care plans that outlined their nutritional needs and a summary of this information was available to inform staff on a day to day basis where residents had specific needs. Food records and intake and output charts were noted to be fully complete when in use and included nutrition/liquids provided at night.

There was an emphasis on home cooked food with baking of bread, scones and the making of homemade soup one of the first kitchen tasks completed each day. The inspector noted that where residents had particular choices these were made available. For example, some residents liked to have their main meal in the evening and not in the middle of the day and this arrangement was in place and known to staff.

The menu was clearly displayed and there were choices available at midday and evening meals. On the day of inspection, residents had a choice of a chicken dish and home made beef burgers. There were three pudding options - apple pie, fruit salad and jelly which were served with cream or ice cream. The inspector also saw that choices were available at tea time. Residents told the inspector that the cakes, scones and bread were favourite items and said the cook and her team were "very valuable members of the team" as they made "great efforts to ensure we have nice meals". Breakfasts were prepared in accordance with residents choices and were served in bedrooms or in the dining rooms. The inspector saw that there were cooked options, porridge, cereals and fruit available which were served varied breads. Residents who had communication problems or dementia were prompted to by staff to make meaningful choices and there

were photographs of varied meals to orientate them to meal times and help them make choices. The inspector was told that menus had been reviewed for nutritional content by a dietician. Some minor adjustments such as a reduction in fried options had been made as a result.

Residents could choose to dine in their bedrooms or to have meals in one of the three dining rooms. A small dining room was used for a number of residents that staff had identified as needing a quieter environment at meal times. The dining areas were attractively laid with table cloths, crockery and condiments. Tables accommodated small groups of residents which supported social interaction. The inspector saw that there were adequate staff available to assist at mealtimes. The staff allocation to assist at meal times was made in accordance with residents needs. Staff sat with residents who required assistance with meals, were respectful with their interventions and promoted independence by encouraging residents to do as much as they could for themselves. Some residents had specialist aids such as plate protectors to assist their independence.

The inspector noted that food including food that was pureed was attractively presented and in accordance with the menu of the day. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific requirements.

The inspector saw that residents were offered tea, coffee and snacks throughout the day. Jugs of juice and water were available in all areas where residents spent time and were replenished regularly during the day. There was a variety of food available in the kitchen so that staff could prepare sandwiches or other snacks if needed during the night. Residents told the inspector that they would "never be without a choice of food" as staff always gave them snacks if they needed extra or did not wish to eat at main meal times. The inspector noted that meal times were well spread out over the day and also saw that a supper time meal was offered at 8pm.

A Nutrition Management and Hydration policy which had been revised in November 2013 was available to staff. Training had been provided to ensure the procedures were appropriately implemented. Staff including catering staff also had training to support them in monitoring the nutritional welfare of residents and there were systems in place to intervene when a resident was at risk of malnutrition or dehydration.

Medical reviews and referrals for dietetic advice were arranged when clinical indicators and nutrition scores indicated. The centre had access to a dietician and there were arrangements were in place for residents to access speech and language therapy, diabetic and dental services. These services were available through referral to the Health Service Executive community services and privately.

The inspector formed the view that legislative requirements and good practice standards were met in relation to the provision of food and nutrition.

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the last inspection an action plan was outlined that required the provider to keep the staffing levels under review in line with the changing needs of residents and the increasing occupancy. This had been addressed and an additional carer was now on duty from 3pm to 10pm each afternoon and evening. The inspector formed the view on this inspection that the review of staffing levels needed to continue particularly at night taking in to account the high care needs of residents and the design and layout of the building that extended over two floors.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Sonas Care Centre Ard na Greine
Centre ID:	ORG-0000385
Date of inspection:	21/11/2013
Date of response:	02/03/2014

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 Registered Provider is failing to comply with a regulatory requirement in the following respect:
The current procedures to guide staff when providing end-of-life care would benefit from the inclusion of guidance on the indicators for referral to the palliative care team.

Action Required:
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

Please state the actions you have taken or are planning to take:
End of life Policy will Be updated to include effective guidance to staff on indicators for referral to the Palliative Care Team

Proposed Timescale: 01/04/2014

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

Outcome 18: Suitable Staffing
Theme: Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The centre is organised over two floors and the dependency needs of the majority of residents is maximum and high with variations related to changing medical conditions. As the centre is organised over two floors the inspector concluded that night time staffing levels needed to be kept under regular review. **Action Required:** Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre. **Please state the actions you have taken or are planning to take:** Staffing tool used to continually monitor staffing levels which are based on resident numbers and dependencies, Healthcare staff hours increased by 5 hours per day since last inspection.
Proposed Timescale: 02/03/2014