

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Our Lady's Manor
<b>Centre ID:</b>	OSV-0000080
<b>Centre address:</b>	Bulloch Castle, Dalkey, Co. Dublin.
<b>Telephone number:</b>	01 280 6993
<b>Email address:</b>	ourladysmanor1@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Our Lady's Manor Incorporated
<b>Provider Nominee:</b>	Sr. Bernadette Murphy
<b>Lead inspector:</b>	Helen Lindsey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	87
<b>Number of vacancies on the date of inspection:</b>	31

## **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: 22 August 2014 08:20 To: 22 August 2014 15:10

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 one day thematic inspection which focused on two specific outcomes, end-of-life care and food and nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies, the self assessment completed by the person in charge, and questionnaires which relatives submitted to the Authority prior to the inspection. Ten were sent out, and 9 were returned. The inspector met residents, staff and observed practice on inspection.

Documents were also reviewed such as policies and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant with the regulation for end of life care, but had minor non compliance in the area of food and nutrition.

The inspector found a good level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. On the day of the inspection the provider was found to meet both of the regulations fully. There were effective systems in place to ensure residents needs and wishes were assessed, and care and support was seen to be provided in a way that met those needs.

The senior staff were supporting residents and their families to discuss end of life care needs, and make plans for the future in relation to what care and treatment they wanted to receive. Peoples preferences about religious and cultural practices were identified and followed. Relatives feedback about the care and support received by their relatives at the end of their lives was very positive.

The nutrition and hydration needs of residents were met. Residents were provided with food which was varied and nutritious and respected their preferences. There was a good standard of nutritional assessment and monitoring and residents had access to general practitioners (GP) and other allied professionals when required. Residents were positive about the quality of the meals and the support the staff provided.

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:**  
Residents received a good standard of end-of-life care, which respected their individual needs.

There were written operational policies and protocols in place for end-of life care. They covered assessment of end of life care needs, when the identification of needs should start, and how they should be developed over time. It also covered moving to supportive/ palliative care, care at end of life, the terminal phase and the procedures to follow after death.

The inspector read a number of care plans and found that all residents had end-of-life care plans in place, in the event that they became seriously unwell and were unable to articulate their wishes. The plans covered the residents identified needs, and any wishes that they had expressed. They covered resident's preference for treatment, preferred place for death, any religious and spiritual wishes, and any plans they wanted to be carried out following their death, for example the type of service they wanted and where they would like to be buried.

There were some 'do not attempt resuscitation' orders recorded in some GP notes for individual residents. They recorded the outcomes of residents and relative meetings to discuss their wishes, and the decision made, agreed by the GP where appropriate. This was recorded in their end of life care plan, there was also a colour coded system used, so the information could be accessed at a glance. Decisions were seen to be reviewed

over time by the GP.

There were other nursing care plans in place that covered resident's physical, emotional and psychological needs, and there was evidence that all the plans were reviewed three monthly or as needs changed. The records of a resident who had recently passed away were reviewed, and it was clear that care plans had been updated as needs changed and nursing notes gave a comprehensive picture of the nursing care and support that had been provided.

There was evidence of regular review from the general practitioners (GP); this also included review of medication. Palliative care services were reported to have been in place for those who needed it in the past, and staff spoken with said the service was very supportive of residents in the centre.

The nurse in charge confirmed that access to other allied professionals could be arranged, for those who needed it. Records showed residents have access to dietician, speech and language therapy, optician, occupational therapy, and dental services. Staff knew the referral procedure, and felt the responses were quick from the different services.

At the time of the inspection there were no residents who were receiving end stage care. However feedback received from the relatives who completed the questionnaire about their experiences all gave very positive feedback. They all awarded the centre scores of 10 for all the questions asked, and provided very positive comments, for example 'relative treated with the utmost kindness and dignity', 'wonderful care that made the last 2 weeks peaceful and calm', and 'staff, especially Sisters, are excellent in every respect'.

Relatives confirmed they were able to spend time with their relatives and were always made to feel welcome. They also fed back that they were able to stay through the night if they wished. Staff confirmed this could be with their relative, or in a spare bedroom.

On the day of the inspection the staff were seen to know the needs of the residents well, respecting their choices and preferences about how they spent their time. There was sufficient staff to meet the needs of the residents. The nurse in charge confirmed that extra staff would be made available if a resident did not have family to sit with them and they were at end of life.

Staff spoken with were knowledgeable about how to support a resident at end of life, and the importance of making sure residents were not alone. They also spoke of the importance of supporting family, and making them feel as comfortable as possible.

The majority of staff had completed training about palliative care and end of life care. This training was seen to have been in place for a number of years and was updated periodically. Staff said the training was informative.

All religious and cultural practice was facilitated. Residents confirmed, and the inspector observed, that there were daily mass services in the centre, and on alternate Tuesdays a Church of Ireland service was also held in the chapel. Services were also available on

the TV if people could not make it to the chapel. Residents had been encouraged to describe the type of religious support they wanted, and this was clearly recorded in care plans.

All of the bedrooms in the centre were single, and afforded the resident privacy.

Documents were seen that recorded the steps followed after death, including whether a residents valuables and belongings had been returned. This was done at a time that suited the relatives. Items were handed over using the resident's own suitcase, or in another bag.

The person in charge reported in the questionnaire that friends and relatives were notified individually of a resident's death, and Mass would be offered in the chapel where other residents, staff, family and friends can attend.

**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 were provided with food and drink at times and in sufficient quantities to meet their needs, and in line with their personal preferences.

There was a policy on monitoring and documentation of nutritional intake that gave clear guidance to staff. The inspector observed that it was being implemented in practice. For example the four step process outlined in the policy was carried out for all residents. A pre-admission assessment, comprehensive assessment, care plan and review plan was seen to be in place for those residents that were reviewed by the inspector.

The care plans and supporting documents showed evidence of monitoring resident's nutrition and hydration. There were regular checks on resident's weight, food and fluid intake, and reviews of food preferences. Where concerns were identified it was clear action was taken, for example contacting the general practitioner (GP), dietician, and speech and language therapist. Special and modified diets for residents were recorded and matched the recommendations of the allied professionals, for example some residents were prescribed supplements to support good nutrition levels. Dental services

were available via a mobile dental service, or a dentist of the resident's choice.

Nursing staff spoken with were very clear in their role of monitoring residents for any sign of reduced intake of food or drink, and gave examples of what they would do if residents were not taking a full diet or losing weight. For example a three day monitoring of intake was used where residents were not taking a full diet, and this was then followed up with the GP.

Most staff had received training on nutrition and hydration, and felt it had been useful to them in understand important areas for safe eating practice, such as residents being in an upright position. The training included guidance on nutrition in older people. Staff, including kitchen staff, confirmed they had learned new information on the courses and were putting it in to practice, for example the importance providing good quality nutritional meals.

Residents ate in different dining rooms in the centre, and staffing levels varied depending on their needs. In the Tara dining room, residents received support to choose meals; in the Harbour dining room there were extra staff available for any residents that required support. In the dining room on the fifth floor, staff were available to provide individual support. Residents were also able to use the coffee shop to take their meals if that was their preference.

The inspector observed the service of breakfast and the main lunch time meal to residents. Meals were seen to be properly prepared, cooked and served. Residents were seen to have good access to food and drink through the day including fresh drinking water. There were two choices offered for the main meal. Residents spoken with were very positive about the quality of the meals and snacks, and confirmed they received enough to meet their needs, and at times that suited them.

Staff said they were able to get drinks and snacks for people if they wanted at different times to the planned meals. There were small kitchens on each floor with basic supplies available.

On the day of the inspection most residents had their breakfast in their room, with a small number choosing to sit in the Harbour dining room. There was a clear system to inform staff of residents preferred time for taking breakfast and what they wanted to eat and drink. Depending on preference it was usually served between 7.00 and 9.00. A range of options were available.

At lunch time many residents ate in the dining rooms. A small number of residents had their meal in their rooms, as they preferred. Tables were laid out with cutlery, condiments and napkins. Aids and adapted cutlery were available for those who required them. All areas were clean and well presented, leading to a pleasant dining experience that was unhurried. Residents said they enjoyed the social aspect of the meals.

Staffing levels reflected the needs of those who required assistance. Residents were seen to receive support in a discreet and sensitive manner, and were enabled to eat and drink when necessary.

Kitchen staff plated up meals for individuals and staff delivered them to the tables and rooms. The food was well presented, including modified diets.

The kitchen was seen to have adequate storage for fresh and stored food items. There was an up to date record of those residents on modified diets available in the kitchen, which matched the care plans that had been reviewed. Meals were provided for a range of dietary needs including residents who were diabetic, with guidelines on a range of diet available for reference.

The menu offered a variety of meals was changed seasonally and had been reviewed by a dietician, to confirm it was nutritious. At the Residents Advocacy meeting residents had made comments about service at meal times, desserts being served before main meal finished, and this practice had now been stopped. There were a small number of verbal complaints about temperature of items served at breakfast, but staff confirmed they changed their practice, and no more comments had been received.

There was no access for residents or relatives to make their own drinks, but those spoken to said they would be provided if they asked.

Monthly audits were being carried out, and they reviewed information such as weights, malnutrition assessment scores, the numbers of residents on modified or special diets. The audits provided information for the management team to check the practice in the centre against the policy and the organisations quality assurance system.

**Judgment:**

Compliant

## 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:***

Helen Lindsey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority