

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Columba's Hospital
Centre ID:	OSV-0000552
Centre address:	Thomastown, Kilkenny.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patricia McEvoy
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	78
Number of vacancies on the date of inspection:	15

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: 14 August 2014 08:15 To: 14 August 2014 14:30

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 inspection report sets out the findings of a thematic inspection which focussed on two specific outcomes End of Life Care and Food and Nutrition. In preparation for this thematic inspection the provider received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as policies, procedures, training records, care plans, medication management charts, menus, minutes of residents' meetings and records pertaining to deceased residents.

The centre comprised five specific wards:

- St Patrick's long-stay ward which accommodated 20 residents
- St Anne's continuing care ward and accommodated 20 male residents
- St Bridget's female ward accommodated 18 female residents
- St Mary's dementia-specific ward accommodated 20 residents, 18 on a long-stay basis and two respite places
- The Rehabilitation ward which accommodated 15 residents.

Due to the size and layout of the centre, for the purposes of the review of food and nutrition the inspector recorded the findings in St Mary's Ward which comprised a large combined day and dining area, two bedroom areas comprising of five four-bedded bays and two assisted shower rooms and one assisted bathroom, a treatment room and a quiet/rest room. The day room formed a rectangle around an enclosed landscaped courtyard. The ward was secured by means of an electronic swipe. The inspector also met with catering staff.

A number of questionnaires, completed by relatives of recently deceased residents, were received prior to and following the inspection. Each spoke of a high quality of care being provided for their relative, with one comment specifically stating that the family will "always remember their relative's death as a time when staff felt like part of the family".

In relation to end of life care the centre had assessed itself as having a minor non-compliance with 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. The inspectors found evidence to support this assessment.

In relation to food and nutrition the centre had assessed itself as compliant with the regulations during the national self assessment on food and nutrition undertaken by the Authority. However, due to the nutrition and hydration policy being in draft format the inspector found a moderate non-compliance.

The Authority was also in receipt of unsolicited information which was explored during the inspection. The inspector reviewed documentation in relation to the unsolicited information such as care plans, medical records and prescription sheets and was satisfied that the issues raised had been dealt with appropriately by the person in charge.

Inspectors found that each resident's well-being and welfare in relation to end of life care and nutrition was maintained by evidence based nursing care and appropriate medical and allied health care. However, improvements were required in relation to ensuring each resident had an end of life care plan and the introduction of update to date policies and guidelines in relation to nutrition and hydration.

The Action Plan at the end of this report identifies where improvements were needed.

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, nutrition and hydration. However, this was in draft format. There was a food and nutrition folder on each ward which contained guidelines on oral care, dietetic services, enteral (tube) feeding and the provision of balanced meals. However, all of these guidelines were not current and required updating.

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:

There was an end of life care policy which was supported by guidelines introduced in October 2013 on end of life, verification of death and care after death. These operational guidelines, which were developed in-house, were well laid out and provided reference documents for staff caring for residents including:

- care planning at end of life

- protocol for contacting the family, medical officer, coroner and undertaker
- patient private property return form.

There was an end of life care folder in each ward. This folder included information for staff on pain scales, use of syringe drivers and communication strategies. There was evidence in the healthcare files reviewed that these reference materials were aiding staff in the planning and the provision of care for residents at end of life.

There was a large church on site with religious services being held regularly. Care plans reviewed by the inspector identified spiritual needs of residents including visits from pastoral care. An inter cultural guide was available on each ward which contained information on various faiths and cultures. A mortuary was available if the resident wished for prayer and removal service from the centre.

The centre two designated single en-suite rooms for residents at end of life. These rooms were spacious and had a number of sofa beds for families if they wished to stay with the resident. There was unrestricted access for families with showering and dining facilities also made available. There were small sitting rooms available to families on each floor which they were encouraged to use.

The person in charge's overall self-assessment identified a number of specific actions to ensure compliance with regulation 14, in particular not all residents having an end of life plan of care. In the sample healthcare files reviewed an end of life care plan was initiated when the resident's condition was identified as deteriorating. This care plan included:

- physical care including pain
- medication review
- psychological support including communication with and support for family members
- spiritual support
- environment, including the resident's choice of staying at home or the option of a single room.

In the healthcare files reviewed the inspector found evidence of good communication with the family, particularly when the resident became acutely unwell. There was evidence of appropriate and timely review of residents by medical practitioners and allied health professionals including speech and language therapists. Care planning documentation also included pre-printed contact details for the specialist palliative home care team who were available for consultation on a 24 hour basis. Healthcare files reviewed showed timely referral to the home care team with appropriate pain management plans put in place.

There was evidence that discussions had taken place regarding the resident's preference for place of death. While some residents wished to avail of the facilities provided in a single room, other residents wished to remain on the ward. This was verified by family members in the feedback submitted to the Authority. The person in charge outlined that in these cases staffing levels were reviewed to ensure appropriate care for the resident. Documentation indicated that, within the last two years, 96% of deceased residents had their end of life care needs addressed without the need for transfer to an acute hospital.

There were clear guidelines following a resident's death available for staff for contacting the family, the medical officer, the coroner (if required) and the undertaker. Records seen by the inspector showed that all of these guidelines were being implemented appropriately by staff. The centre had appropriately decorated hold-all bags for the return of a resident's property to family. The inspector found this initiative to be respectful of residents and their possessions. There was also a resident's private property return form which was signed by relatives on return of personal items.

Two staff were qualified facilitators in the hospice friendly hospital training programme and there was an ongoing training timetable in place for end of life care. Staff who had attended this training spoke positively about the programme and the benefits for staff and residents. While there wasn't a formal debrief for staff following a resident death, the centre had a remembrance service said for each resident, which staff attended.

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

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

No actions were required from the previous inspection.

Findings:

There was a policy on food, nutrition and hydration. However, this was in draft format. There was a food and nutrition folder on each ward which contained guidelines on oral care, dietetic services, enteral (tube) feeding and the provision of balanced meals. However, all of these guidelines were not current and required updating.

On admission each resident had an initial malnutrition universal screening tool (MUST) assessment. There was recording of weight, body mass index and any weight loss in accordance with each resident's need.

Of the sample care plans seen, the inspectors noted evidence of appropriate nutritional and hydration care planning. Residents who were identified as having a change in nutritional status were referred to the dietician. Some residents had a two day food record kept at the request of the dietician. Dietetic reviews formed the basis of dietary needs form maintained in the healthcare file which outlined residents dietary requirements and also their likes/dislikes.

If the resident had dysphagia (swallowing difficulties) there was evidence of appropriate

referral being made for speech and language assessment. This referral was made by the general practitioner (GP). Recommendations from the speech and language therapist were available in swallow care plans in the healthcare file. In some cases copies of these assessments had been made available to the resident and their families.

A number of residents had been identified in documentation submitted to the Authority as having diabetes. Healthcare files reviewed indicated that diabetic diets were available for these residents, daily blood sugars were taken and any abnormal findings were reported to the GP. There was also evidence of appropriate follow up of the resident's diabetic condition by consultant specialists. Recommendations from the dietician and/or speech and language therapist were communicated to the catering staff both in the main kitchen and in the kitchenettes in each unit. Both areas maintained a copy of each resident's dietary requirements. The centre had designed their own communication folder with each resident's dietary requirements clearly displayed in the kitchenettes. Staff spoken with were able to articulate each resident's nutritional needs.

Residents had access to occupational therapy and dental services and there was evidence of this in residents' care plans.

The inspector met with the chef in the main kitchen and a catering assistant who had responsibility for the kitchenettes in one of the units. A menu plan was available on a three weekly cycle and offered three choices at all meals. Preferences for meals were outlined the night before and sent to the main kitchen. Changes had been incorporated into the menu cycle following feedback from the residents committee regarding some choices, particularly in relation to lunch. The chef also introduced new items onto the menu at intervals and sought feedback on whether residents liked the item. On the day of inspection the chef was introducing a trial of freshly prepared pureed meals for residents requiring smooth diets. Meals were prepared in the main kitchen and transported via hot trolleys from the main kitchen to the kitchenettes on each of the units.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. On the day of inspection breakfast was served to residents between the hours of 08:00hrs to 09:30hrs. Staff informed the inspector that residents could choose to have breakfast in the dining room or at the bedside. On the day of the inspection, all residents in the unit, but one, were served breakfast at their bedside.

Hot trolleys containing lunch were transported from the main kitchen to the kitchenettes on each of the units. Lunch was served in the dining room from 13:00hrs onwards. The tables were set in an attractive manner. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Gravies/sauces were served separately if required. For residents requiring food in a modified format this was served in an appealing manner also. Assistive cutlery or crockery required for a resident with reduced dexterity was provided. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive manner. Staff were observed using the mealtimes as an opportunity to communicate and interact with residents.

There was access to fluids and snacks throughout the day and tea trolleys were seen in

circulation during the morning.

The most recent Environmental Health Officer report was available. The chef and catering staff had received up to date training on food safety. A record of staff training submitted to the Authority indicated that the speech and language therapist had provided training to four nurses and four healthcare assistants in food and nutrition, food consistency and dysphagia. 18 staff had received training on the use of percutaneous endoscopic gastrostomy (PEG) administration of enteral feeds

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:

Kieran Murphy
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Columba's Hospital
Centre ID:	OSV-0000552
Date of inspection:	14/08/2014
Date of response:	

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:

While there was a policy on food, nutrition and hydration this was in draft format.

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.

¹ 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:

Policy on food, nutrition and hydration has been completed and currently being disseminated to all the relevant areas of the hospital. An education session has been organised for Tuesday 7th October for Nursing, Healthcare Assistant, Chefs and Catering Assistant Staff.

Proposed Timescale: 07/10/2014

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:

Not all residents had an end of life care plan.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

'What matters to me' training held August and due again in November. This training is delivered by 2 onsite trained facilitators and has been introduced to enable staff to implement a care plan for End of Life on admission and prior to the residents becoming unwell. As this is a sensitive issue, the care plans will be phased in as the nurses receive the appropriate training so that resident's needs are met without causing them or their families' undue stress.

Proposed Timescale: 28/02/2015