

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Lazerian's House
Centre ID:	OSV-0000556
Centre address:	Royal Oak Road, Bagnelstown, Carlow.
Telephone number:	059 972 1146
Email address:	manningmarian@eircom.net
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St. Lazerian's House Limited
Provider Nominee:	John McCabe
Lead inspector:	Ide Batan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	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: 30 September 2014 09:00 To: 30 September 2014 15:00

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 the person in charge attended a seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

The centre is operated by a voluntary body. St Lazerian's House describes its service as a low dependency, supported care facility, which offers 24-hour personal and social care to 20 older people over 65 years of age from Bagenalstown and the surrounding areas. The person in charge is a nurse and works fulltime. A staff nurse works 18 hours per week to oversee clinical care of residents. Care staff are on duty on day and night shifts.

Day care services are also provided to older people on a weekly basis. People who attend the day centre are offered a programme of social activities and they join residents for lunch as observed by the inspector. This centre caters for low dependent and independent residents and if dependency needs of residents change alternative accommodation is sought for the resident.

The inspector reviewed policies, met residents and staff, and observed practice on inspection. Documents were also reviewed such as complaints log, care plans, medication management records, staff training, minutes of residents' forum meetings and documentation pertinent to deceased residents.

The inspector found that meals were varied and of a good standard. Given the low dependency of residents, few of the assessment or monitoring procedures that one would expect with more dependent residents were required. In addition, as no residents were accommodated once their level of dependency increased, procedures

for end-of-life care were limited to sudden death.

Overall, the inspector noted that a warm atmosphere prevailed in the centre. Residents told the inspector how happy they were and stated that they could come and go as they pleased. Staff exhibited an in-depth knowledge of the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. There was constant activity with numerous residents and visitors coming and going.

The person in charge who completed the provider self assessment tool judged that the centre had a moderate non compliance with regard end-of-life care and was compliant with regard to food and nutrition. The inspector, on foot of the completion of actions identified by the person in charge in the self-assessment, found compliance in the area of food and nutrition and compliance in the area of end-of-life care 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.

As the provider was compliant with both outcomes pertinent to End of Life Care and Food and Nutrition there were no actions inspection resulting from this inspection.

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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:

The centre caters for low dependency/independent residents and offers non nursing care. In the event that a resident's dependency increases to a level where more than minimal assistance is required with activities of daily living, their transfer to alternative accommodation is required in liaison with the relevant health professionals. The inspector noted that this practice was reflected by the fact that two residents had died in the centre within the past twenty four months. There was therefore no cohort of relatives available to complete questionnaires in respect of residents who had died while living in the centre.

At the time of inspection the inspector was informed that there were no residents receiving end-of-life care. A policy and operational procedures for end of life were in place dated March 2014 which had signed off by the board of management. There was a designated end of life information folder available for staff. The inspector saw evidence of staff reading and signing off their understanding of policies and procedures. Engagement with residents and their family members at end of life was described by the person in charge, medical and palliative care providers were available to residents and family as required. The inspector was informed that if a resident's condition deteriorated rapidly and the resident wished to stay in the centre every effort would be made to facilitate and optimise the resident's quality of life as they approached the end of their life.

The inspector reviewed two care plans of deceased residents and saw that clinical decisions regarding care and treatment at the end of life were recorded, an end-of-life care plan detailing evidence that the resident's wishes were discussed, planned, recorded and reviewed accordingly had been completed and maintained for the residents. A consistent approach in recording end-of-life care and advanced care planning was maintained to include preferred religious, spiritual and cultural practices, physical and emotional needs, arrangements made and decisions taken after death. In both care plans viewed by the inspector it was noted that staff were always with residents as they approached the end of their life and following death.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre. Residents also had the option of attending religious services in the local community if they wished. Residents had access to ministers from a range of religious denominations should these services be required.

The person in charge told the inspector that residents that the issue of returning home for end of life care had never arisen. The inspector saw that in the sample of care plans reviewed that each resident had completed an advanced care plan which indicated that most residents wish to end their life in the centre as it was their home. The Health Service Executive (HSE) palliative care team offers guidance as required in respect of appropriate management of illness should the need arise. This service provides onsite visits and advice via telephone. The inspector also observed that there were transition documents available to support continuity of care between the hospitals and the centre.

Training records indicated that staff were in the process of training in end of life which was accredited to FETAC (Further Education Training Awards Council) Level 5. The person in charge and staff nurse were attending a course in palliative care provided by Milford Hospice. The inspector observed that in the event of sudden death training on cardiopulmonary resuscitation was provided for staff. There was an automated external defibrillator (AED) on site. The arrangements in place to support relatives following death were outlined in the policy and staff said that they ensured that where needed this information was made available. The inspector saw that an annual remembrance and tree planting ceremony had taken place in April 2014.

There was a policy procedure for the return of personal possessions. In the sample of care plans reviewed the inspector saw that each resident had up to date personal property records. The inspector was told that all belongings are recorded and returned following the death of a resident. The inspector observed that adequate space was available should it be required. The centre had 10 single bedrooms and five double rooms. The person in charge had recently purchased a fold up bed in the event of relatives requesting to stay overnight with their family member. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated as observed by the inspector.

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):

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

Findings:

The inspector reviewed the person in charge's self-assessment questionnaire and the overall self assessment of compliance with Regulation 18 and Standard 19. The person in charge had assessed the centre as being compliant. Based on the findings on the day of inspection the inspector concurred with this.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Snacks and hot and cold drinks and fresh drinking water were readily available throughout the day. There was a water dispenser available in the centre. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes

Given the low dependency of residents, none required assistance with eating or modified diet and the need for referral to allied health professionals in respect of food and nutrition had not arisen recently. Residents had access to regular general practitioner (GP) services. Access to other allied services such as speech and language therapy or dietician was provided through community based services. Access to diagnostic services was through the local hospital or outpatient department. Residents also had access to dental services and ophthalmology as evidenced in residents' care plans.

There were a range of well developed systems in place to ensure that residents had a good diet that was nutritionally balanced and provided in a manner that was appropriate to their needs. All residents had a nutritional assessment on admission and with information on their food preferences care plans for nutrition and hydration were drawn up. The cook told the inspector that since completion of the self assessment there was a formalised arrangement now in place to communicate any changes in dietary needs of residents. The inspector saw that records of all individual requirements of residents nutritional needs were also kept in the kitchen.

The inspector observed that no residents were taking nutritional supplements. Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified. Of a sample of care plans reviewed by the inspector all contained records of relevant monitoring with regard to nutrition and weight. The inspector saw that nutritional assessments were reviewed on a three monthly basis by the nurse.

The inspector saw that where residents had any specialist needs related to swallowing, gaining or losing weight or variable eating patterns that care plans reflected the arrangements in place to meet their nutritional requirements. Residents with diabetes had a care plan guiding their care. The inspector noted information in residents' care plans regarding the recording of blood sugars and corresponding documentation of this information in residents' progress nursing notes.

Residents had the option of having their meals served in their room or in the dining room and at a time of their choosing. The inspector saw the service of the lunch time meal. It was evident throughout inspection that the residents were very familiar with the cook. There were two main course choices available at lunchtime and residents told the inspector that there were many different options available at tea time. The dining room

was pleasant and inviting. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. The inspector joined residents during lunch. Residents spoken with at this time said that the food was "always good" and "tasty" and there was always choice available.

Staff had in-depth knowledge of residents' likes and dislikes. A four weekly menu was in operation and the daily menu was displayed. The cooks stated that if a resident did not like what was on the menu, an alternative was always available. The cook told the inspector that relatives and friends would always be facilitated to dine with residents.

The inspector reviewed records of residents' meetings. It was evident from minutes of these meetings that residents were satisfied with the food and choices provided. The inspector saw that meals and mealtimes were a standing item on the agenda for all residents forum meetings. This was supported by the complaints log which did not include any concerns with regard to food. The inspector was satisfied that residents received a varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

The inspector was informed that meals were kept refrigerated for residents who may miss a mealtime on occasions. There was a comprehensive food and nutrition policy in place which was dated April 2013 and had been signed off by the board of management. The inspector saw that staff had read and signed off their understanding of the policy. It provided guidance for staff on varied aspects of nutrition such as nutritional assessments, monitoring and documentation of nutritional and hydration needs. There was a designated folder on nutrition available for staff.

The inspector noted that a nutritionist had recently assessed the menus and nutritional content of the food and noted that the menus were well balanced giving residents adequate nutritional intake. Audits on meals and mealtimes had also taken place in March and July 2014 completed by the nutritionist. Resident questionnaires in relation to food had also been completed. A sample viewed by the inspector indicated that residents were very happy with the food and choices provided.

Recent training that had been completed by staff in relation to nutrition included:

- FETAC Level 5 in nutrition
- management of swallowing problems
- food and nutrition policy and assessment tools.

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:

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