

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Colman's Residential Care Centre
Centre ID:	OSV-0000492
Centre address:	Ballinderry Road, Rathdrum, Wicklow.
Telephone number:	0404 46109
Email address:	claire.waldron@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	John Anthony O'Donovan
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	90
Number of vacancies on the date of inspection:	20

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: 15 October 2014 08:30 To: 15 October 2014 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
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 attended an information seminar, received evidenced based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans.

The inspector found examples of good practice in both areas which resulted in positive outcomes for residents. However, areas for improvement were identified. A sufficient number of single bedrooms were not available for residents receiving end of life care. Other areas for improvement were identified in care planning and complaints management.

The nutritional needs of residents were met to a high standard and there were audit systems in place which were focused on improvement. Residents were provided with food which was varied, nutritious and respected their preferences. There was a good standard of nutritional assessment and monitoring of nutritional needs. Residents had very good access to the general practitioner (GP) and allied health care professionals. Residents and relatives provided feedback to the inspector, regarding food and nutrition, which was very positive.

Residents requiring end of life care received a high quality and person-centred care at this stage of life. The inspector noted many examples of good practice in this area and staff were provided with appropriate training and supported by prompt access to palliative care services if needed. Questionnaires were received from a number of relatives of deceased residents and this information showed that families were very satisfied with the care given to their loved ones. Good consultation and documentation was in place for end of life assessment and documentation of residents preferences.

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 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Improvements were required in care planning assessment and procedures.

As described under outcome 15 the inspector had concerns regarding the overall management of a resident who received nutrition by means of a percutaneous endoscopic gastrostomy (PEG) feeding tube. A review of the documentation showed that the resident, who had complex care needs, had frequently removed the feeding tube. The documentation showed that the resident received appropriate care after each of these events. The procedure for reinsertion of the tube was clearly described and the staff were appropriately trained and experienced in this area. The person in charge was aware of this resident's needs and she had ensured that multi-disciplinary assessments had been carried out by the general practitioner and a range of allied health professionals, for example the occupational therapist had reviewed the resident. The resident's needs had also been discussed at the multi-disciplinary clinical governance meeting on a number of occasions.

However, there was a failure to adequately develop and implement a care plan for the overall management of this behaviour. For example, there was no analysis of the resident's behaviour prior to these events. The recommendations and advice from the allied health professionals had not been collated and used to develop a comprehensive plan which dealt with the behavioural issues involved and the overall psychosocial wellbeing of the resident. This matter was brought to the attention of the person in charge during the inspection. Some additional information was subsequently provided to the Authority.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As described under outcome 14 there were not enough of single bedrooms to accommodate residents who required end of life care. At the time of inspection end of life care was being provided in a room which accommodated 6 residents in total. This matter is further discussed under outcome 14.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Improvements were required in the management of complaints.

The inspector reviewed complaints as part of the thematic inspection process. A complaint had been received which related to the management of a resident's nutritional needs while receiving respite care. The inspector found that while a general investigation had been carried out, the issues raised with regard to the specific care of the resident had not been addressed. A record of the investigation of the resident's issues, the outcome of the complaint investigation and the satisfaction level of the complainant was not maintained as per the requirements of the regulations. As a result, this feedback had not been used as an opportunity for learning and improvement.

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:

The inspector found that residents received a high standard of end of life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for the residents. However, some aspects of the physical environment did not meet the needs of residents at end of life. The person in charge had auditing systems in place aimed at facilitating continual improvement in this area.

There were four single bedrooms while all remaining bedrooms were multi-occupancy rooms. At the time of the inspection one resident who was under the care of the palliative management team was receiving care in a room which accommodated five other residents. The inspector found that this arrangement did not provide sufficient privacy and dignity for this resident due to a lack of space. Similarly this arrangement did not provide for adequate private space for visiting family. Following a decision taken by the nursing staff, arrangements were made at the time of inspection to transfer this resident to one of the single occupancy rooms. However, the inspector noted that this involved transferring another resident out of one of the single rooms. While this was done in consultation with the affected residents, the inspector found that this could cause further disruption for the resident who had to vacate the single room.

The training records showed that training in end of life care had been provided for a range of different grades of staff. The inspector spoke to staff members concerning this training and all stated that they found it helpful and beneficial. Training records showed that additional training was also planned for the coming months. The inspector found that practices and procedures described in the self assessment document were in place and were adhered to.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. There was an 80% response rate. The information provided showed that the vast majority of respondents were satisfied overall with the care which had been provided at the time of death. Respondents commented on the caring nature of the staff and the support shown to families. This was evidenced in comments such as: "we were very pleased with overall care and attention given" and "the overall attention given was exceptional".

There was a policy on end-of-life which reflected practices in the centre and provided detailed information to guide staff regarding physical, psychosocial and spiritual needs of the dying person. Staff members were sufficiently knowledgeable about this information.

The inspector reviewed documentation for a number of residents in relation to end of life care planning. The person in charge had initiated end of life care planning for those residents who required it. In response to the self assessment process the person in charge had designed and implemented an assessment tool to facilitate discussion with residents regarding their end of life preferences and wishes. The person in charge used this tool to gather detailed information on residents' end of life preferences around place of death, funeral services and details such as who they wanted present in their final hours. The inspector noted that this document had been completed for the majority of residents who were reviewed by the inspector.

Information regarding residents' spiritual and emotional needs was also documented following consultation. Family members were also consulted where appropriate. All decisions concerning future health care interventions and residents' preferences with regard to transfer to hospital were clearly documented in the medical notes following consultation with the GP. The inspector spoke to residents who said they had been consulted by the person in charge about their end of life preferences. Residents said they could confide in the staff and also reported that staff members had been very supportive of them when a fellow resident had passed away.

The person in charge stated that the centre received support from the local palliative care team when required. Staff members were knowledgeable about how to initiate contact with the service which was by means of referral through the GP. Staff members had received training in pain management and the inspector found that they were knowledgeable in this area. There were documented systems in place to monitor and manage residents' pain including those residents who had cognitive impairment.

Relatives reported in the questionnaires that they were made feel welcome and were facilitated to stay overnight and be with the resident when they were dying. A housing unit was available to relative on the ground of the nursing home if they wished to stay overnight.

Residents' cultural and religious needs were supported. There was a large chapel in the centre and mass and prayer took place daily. Other religious ministers were welcomed and visited as appropriate. Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported. Residents also stated that staff members were caring and respectful and they were comfortable confiding in them. The inspector found that staff members were sensitive to the need to respect the varied religious and cultural practices of the residents in their care. Staff were knowledgeable regarding procedures and practices to follow when laying out the body. A mortuary was also available in the centre while removal and funeral services were facilitated. Staff members reported that they received emotional support from the provider and person in charge following a death in the centre.

Residents and visitors were informed sensitively when there was a death in the centre. Residents were informed in person and allowed to pay their respects if they wished to do so. Bereavement booklets and information was available in the nurses' station for distribution to families following the death of a loved one. The inspector read this document and found that it provided a lot of useful information including details of professional support services available. Appropriate and dignified arrangements were in place for returning residents belongings to the family following a death in the centre.

In order to derive continual improvement in the area of end of life care the person in charge had introduced an audit to be completed by the staff within one week of all deaths in the centre. The audit evaluated compliance with the centre's policy and also required staff to identify any ways in which the end of life care could have been improved. The inspector reviewed a sample of this audits and found that they recorded a high level of compliance with the centre's policy. The person in charge discussed ways in which she was planning to further develop these end of life audits by seeking feedback from the families of the deceased residents.

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:
The inspector found that residents' nutritional needs were generally met to a good standard. Ongoing improvements had been brought about through the establishment of a multi-disciplinary nutritional committee and through a system of audit. Residents were provided with a varied and nutritious diet that was tailored to meet individual preferences and requirements. The inspector found that practices and procedures described in the self assessment document were in place and were adhered to.

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. The policy had been revised and updated in response to the training provided by the Authority and further to reviews by the person in charge. Staff members had access to the policy and were familiar with its contents. The inspector found that procedures for monitoring and assessing residents' nutritional intake were generally implemented as per the requirements of this policy.

The inspector observed the service of both the breakfast and lunch time meals. Residents were served breakfast in bed or in the dining room in accordance with their preferences. Breakfast service generally took place at 9:00am; however, the inspector noted that residents could choose alternate times. There was a choice of breakfast cereals, porridge fortified with cream and the option of a cooked breakfast was available. For example, a number of residents were seen enjoying cooked sausages and toast for breakfast. Residents spoken to by the inspector expressed satisfaction with the meals provided and the choices available to them.

The inspector noted that some residents, who ate breakfast in their bedrooms, did not receive a breakfast tray. Instead, individual items were placed in front of them from a trolley. Many residents were also provided with plastic drinking beakers instead of usual cups and mugs. The inspector found that this approach was not person centred and was not visually appealing for residents. This matter was discussed with the person in charge, who had plans in place to improve this aspect of the meal service. The inspector noted from the minutes of the nutritional committee that these matters had been identified as areas for improvements and responsible persons had been identified to address these matters within agreed timeframes.

The inspector also observed the main meal and found that it was hot and attractively presented with ample portions. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The menu choices were clearly displayed and residents were asked for their preferred options at each meal time. Residents who had dementia were shown the options available or the chef allowed residents to taste and try the available menu options if they wished. The meal time was closely supervised by the clinical nurse manager (CNM) and the nursing staff. The inspector observed that there were sufficient numbers of staff to assist residents. Each resident's dietary intake was clearly recorded and any unusual patterns were highlighted to the nursing staff.

The main meal was unhurried and there was a calm and relaxed atmosphere. Residents were encouraged to be independent and specially adapted utensils had been provided for some residents. Where residents required assistance this was given in an unhurried and respectful manner. The inspector spoke to a number of staff members who were assisting residents with their meals and found that they were knowledgeable with regard to swallowing difficulties and the risks associated with it. The training records showed that a large number of staff members had attended training with regard to assisting residents with swallowing difficulties.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents. Kitchen staff and other staff members were aware of those residents who were at risk of poor intake and additional snacks and drinks were offered while food fortification was used where appropriate. There was a four weekly menu cycle in place and the dietician had been consulted regarding the development of the menu.

There was good on-going monitoring of residents nutritional, hydration, and oral health needs. Monthly weight monitoring was carried out for all residents and this was carried out more frequently if indicated. Nutritional screening was carried out using an evidence-based screening tool at regular intervals. Nursing staff highlighted any significant changes to the person in charge and the centre's policy was implemented as appropriate. Staff monitored the food and fluid intake of all residents and detailed dietary monitoring records and fluid balance charts were implemented when appropriate. The inspector reviewed a fluid balance record which was being maintained for one resident and found that it had been regularly updated by the staff. In response to recommendations from the nutritional committee two display fridges had been provided in the main seating areas. This allowed drinks, finger food and snacks to be refrigerated and attractively displayed. For example, in addition to jugs of water there were brightly coloured cordials. The inspector found that this was an example of good practice aimed at improving regular food and fluid intake especially for residents with dementia.

Residents had satisfactory care plans for nutrition and hydration in place based on regular nutritional assessments which were up to date. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. Residents had good access to the dietician, speech and language therapist (SALT) and occupational therapist (OT). Access to the dentist, diabetic services and other diagnostic services was also facilitated as appropriate. Some residents were reviewed by the dietician on a monthly basis, for example, residents who required PEG feeding. The care plans were implemented in practice and the inspector saw that advice from the dietician and SALT were implemented for individual residents. Nutritional supplements were prescribed where appropriate and the inspector saw that these supplements were offered to residents at the appropriate times.

The inspector reviewed documentation and care plans for a resident who was on a PEG feeding regimen. Staff were appropriately trained in this area and the care plan described the care needs of the resident including management of the stoma sight. The nursing notes and other records indicated that care was being delivered in line with the care plan. However, the inspector had some concerns about the overall management of this care need. This is described under outcome 11

There was a clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The inspector spoke to staff in the kitchen who were knowledgeable about special diets. A record detailing residents' special dietary requirements and preferences was forwarded to the kitchen each day. Appropriate provision and alternatives were provided for residents who required celiac and diabetic diets.

The inspector spoke with a number of residents and relatives regarding food and nutrition. All responses were positive with residents and relatives expressing a high level of satisfaction with the choice of food and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents if they wished.

The person in charge had governance systems to oversee and manage risks associated with the nutrition and the meal time experience. Regular audits of the meal-time experience were carried out and any areas for improvement were addressed through an action plan. The inspector reviewed the action plan for a recent audit and found that it was being implemented. For example, some care plans had been updated further to the most recent audit.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

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:

Gary Kiernan
Inspector of Social Services
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 Colman's Residential Care Centre
Centre ID:	OSV-0000492
Date of inspection:	15/10/2014
Date of response:	07/11/2014

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 11: Health and Social Care Needs

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Adequate procedures were not put in place to meet the needs of a resident who displayed potentially self-injurious behaviour.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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:

The safety of all residents is a paramount importance to management and staff within the Care Centre. Following a review by the Multidisciplinary team including the Consultant Psychiatrist and Consultant Geriatrician, the resident's care plan for the peg feeding and general care and behavioural management has been reviewed and updated.

A client specific care plan for the management of behaviours that challenge has been devised in line with the centres policy and includes the recommendations of the allied health professionals and past analysis of the resident's behaviour prior to pulling out the peg are now clearly documented in the care plan.

The resident continues to be monitored by the multidisciplinary team and staff continue to monitor behaviours that challenge and continuously assess, analysis and record triggers to such behaviour and assist to modify the behaviours.

A review of the peg tube type has been explored and advice has been sought from the hospital where it was inserted.

Trials without the peg tube have been unsuccessful to date, as the resident weight drops and dehydration is a concern due to excessive sweating due to the resident's medical condition.

Proposed Timescale: Ongoing

Outcome 12: Safe and Suitable Premises

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were not enough single bedrooms to accommodate residents who required end of life care.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The person in charge will ensure that all proposed admissions for persons requiring end of life care will be to a single occupancy room appropriate to this complexity and type of care – Immediate.

The Registered Provider will ensure that additional single rooms of this nature are included in the proposed redeveloped of this service in order to provide additional appropriate environment towards the provision of end of life care particularly for existing residents and/or the anticipated population/catchment area of the centre. 2018 (As advised by Design Team)

Proposed Timescale: 31/12/2018

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A complaint which was made about the care of a resident was not investigated satisfactorily.

Action Required:

Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

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

The Registered Provider and Person in Charge are fully committed to addressing all complaints in line with the Centre's policy in conformance with the Regulations. The Registered Provider and Person in charge have reviewed the complaints procedures including the management of "verbal complaints" and the communications which must take place with the complainant. There is ongoing education and training for staff on the management of complaints. The person in charge is auditing the complaints records to ensure compliance with the centres own policy and consequently the Regulations. Where complaints are upheld and resulting care delivery and/or management practice has been deficient, the person in charge will ensure that appropriate learning and improvement is implemented in the care environment. The Registered Provider and person in charge are conscious of the importance of positive initial engagement towards complaints management and staff training and education will be particularly focused in this regard.

Proposed Timescale: 31/12/2014