<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Columban’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000760</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Magheramore, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0404 67348</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:colsrsww@eircom.net">colsrsww@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Missionary Sisters of St Columban (Ireland)</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Patricia Quigley</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>23</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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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: 03 September 2014 12:00
To: 03 September 2014 19:30

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

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection of St Columban’s Nursing Home which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as policies and care plans.

On the day of inspection the inspector found minor non compliances in the outcomes inspected against with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. However, the inspector was satisfied that a high standard of care was provided to residents under the two outcomes. This was reflected in positive outcomes for residents, was confirmed by residents and relatives and evidenced throughout the inspection.
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 was satisfied that residents requiring end of life care received a high quality and person-centred service at this stage of life. The inspector noted many examples of good practice in this area.

It was evident that all other residents were supported if a resident passed away, for example, if someone was unable to attend the ceremonies, a cctv system was in place so that they could observe services in their rooms. Family members were accommodated, if required, both at the end of life and on the passing of their relative.

Questionnaires were received from a number of relatives and friends of deceased residents which showed that they were very satisfied with the care given to their loved ones.

The inspector reviewed documentation for a number of residents in relation to end of life care planning. The documentation for each resident reviewed by the inspector included an end of life care plan which for the most part was informed by the assessment. Advance planning for residents in relation to end of life care had been discussed and documented and was effectively communicated to all staff members. Care plans were reviewed every three months, or more frequently if circumstances changed. However, there was insufficient evidence of clear decision making around treatment at the end of life in some cases. For example, the care plans of several residents made some reference to resuscitation preferences at the end of life, but there were no definite decisions recorded.

There was a policy on end of life care which was centre specific and provided detailed guidance to staff. It included guidance on staff training, family support and practice following the passing away of a resident. Staff were aware of the guidance of the policy, and it was clear that practice was guided by this policy, for example, in the management of the residents’ rooms and property following end of life.

All staff members questioned by the inspector in relation to end of life care were knowledgeable and respectful and demonstrated a clear understanding of the needs of
both the resident and their relatives and friends at this stage of life. Nursing staff had received training in the recognition of the early warning signs of changing conditions in elderly people, and palliative care training was also available to staff.

**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:**

The inspector observed the service of lunch and evening meal to residents. The dining areas were spacious, adequately furnished and equipped. Every resident spoken to stated that the food was of a high standard and enjoyable, and that their choices were accommodated, including on occasions where they preferred something which was not on the menu. There was evidence of choice being offered by staff to all residents. Choices offered reflected the particular preferences of many of the residents.

The inspector reviewed care plans and was satisfied that they were informed by nursing assessments and by the assessments of other healthcare professionals including the speech and language therapist. It was evident that care plans were implemented, recorded and reviewed regularly. Nutritional intake of residents was recorded appropriately and so for the most part was fluid intake. There were however, records missing from the recording of fluids in one of the care plans examined by the inspector.

The meals observed were hot and plentiful and attractively presented, including the modified diets. Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and both nursing staff and catering staff were very aware of each resident’s requirements. Staff had received training and demonstrated knowledge sufficient to meet the needs of residents. The kitchen was well stocked, well maintained and was observed by the inspector have a high standard of cleanliness.

The inspector found that there were adequate numbers of staff on duty to accommodate and assist residents. The service of meals was sufficiently supervised and coordinated to meet the needs of the residents. Assistance was observed to be offered appropriately in a dignified and respectful manner.

Residents had access to a general practitioner, dentist and speech and language therapist (SALT) as required, and there was evidence that recommendations from these professionals were implemented for individual residents. There was a food and nutrition
policy in place which was centre specific and provided detailed guidance to staff.

**Judgment:**
Non Compliant - Minor

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**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:**

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
# Action Plan

**Provider’s response to inspection report**¹

<table>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000760</td>
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<tr>
<td>Date of inspection:</td>
<td>03/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13/10/2014</td>
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## 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 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:**
Appropriate care in relation to treatment decisions at the end of life was not ensured.

**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.

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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:

3rd October
Discussion with General Practitioner re End of Life Care of each Resident and the need for clarity regarding the decision of treatment at End of Life.
GP will discuss individually with each Resident, their wishes re treatment at End of Life Care and shall document same.

10th October
Meeting with Residents and staff to discuss End of Life Care wishes and the need to clarify the decisions regarding treatment at the End of Life. Residents were informed that the GP will discuss this matter with them individually in the coming weeks.

Residents were reminded that they can change their decision at any time and that their decision will be respected.

Proposed Timescale: 31/12/2014

Outcome 15: Food and Nutrition
Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records of fluid intake were missing, so that adequate quantities of drink could not be ensured.

Action Required:
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:
Audits are now in place to identify adequate quantities of fluid intake of each Resident.

Proposed Timescale: Completed and ongoing

Proposed Timescale: 07/10/2014