

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maria Goretti Nursing Home
Centre ID:	OSV-0000417
Centre address:	Proonts, Kilmallock, Limerick.
Telephone number:	063 98983
Email address:	mgnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maria Goretti NH Partnership, T/A Maria Goretti Nursing Home
Provider Nominee:	Helen O'Mahony
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	8

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 October 2014 12:00 To: 03 October 2014 19:30

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

Outcome 02: Governance and Management
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation

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 provider attended an information seminar, received evidenced-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, menus and minutes of residents' meetings.

The nominated provider, who completed the provider self assessment tool judged that the centre had minor non compliances with regards end of life care and food and nutrition. The inspector, on foot of actions identified by the nominated provider in the self assessment, found compliance in the area of food and nutrition and 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 National Quality Standards for Residential Care Settings for Older People in Ireland.

The self assessment process brought about a number of changes and improvements to the centre and included;

- * the provision of a single room designated for end of life care
- * the provision of a part time physiotherapy service
- * the provision of an increased emphasis on activities in particular activities for residents with dementia
- * the revision of the documentation around care plans

- * the purchasing of new kitchen equipment
- * the facilitation of staff to undertake training updates

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review matters arising from the previous action plan. This was in relation to a plan that was to be submitted to the inspectorate in May 2014 outlining the provider's arrangements to address residents' compromised privacy in the five multi occupancy bedrooms. Some moderate non compliances were identified and these are discussed in the body of 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 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

Overall the governance and management of the centre was unchanged since the previous inspection; there continued to be limited formal communication between the providers which impacted on the longer term plans for the centre, the lines of authority and accountability were unclear and there was a lack of progress with attending to matters which required financial expense. As outlined in previous reports, there were no records or evidence that meetings took place between the business parties to make strategic planning decisions about the running of the nursing home. One such matter requiring a cohesive response, was how the providers plan to reduce the multi-occupancy rooms to single or twin rooms by 2015.

The previous inspection report action plan (January 2014) requested a plan be submitted with regards as to how the design and layout of the centre can be made suitable for its stated purpose and can meet residents' needs individually and collectively in a comfortable and homely way and in a manner which accommodates each resident's privacy and dignity. This plan was to be submitted to the inspectorate by 30 May 2014 but had not been received at the time of inspection on 2 Oct 2014.

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):

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

Findings:

The provider's self-assessment and overall self assessment of compliance identified a minor non-compliance with Outcome 13 and Standard 16. This minor non-compliance referred to the need for staff to receive educational updates on end of life care. Since the self questionnaire was completed training in this area was conducted and staff reported it was very helpful in understanding the policies around end of life care and in particular helpful in supporting staff to complete end-of-life care plans for residents. On the day of inspection, on foot of the comprehensive actions implemented post assessment, the inspector deemed the centre compliant.

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date, robust and comprehensive.

Questionnaires, asking relatives' opinions regarding end-of-life care, were sent to the relatives of deceased residents. The response rate was 70%. All responses reflected a high level of satisfaction with the care received. Without exception all responses commented on the kindness of staff and how this kindness helped the family in their bereavement. One response, while very positive, did allude to the belief that pain control for their relative could be better managed.

There was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Residents who spoke to the inspector were positive about this aspect of their care. Some residents stated that in the event of becoming unwell, they would like to go to the acute services while other residents stated that they would prefer to stay in the centre. This information was captured in the residents' care plans. Residents receiving end of life care were involved in art therapy, in so far as their condition allowed. This has proved to be therapeutic and very satisfying for residents. There was arrangements in place to have art work exhibited locally and displayed in the centre. Physiotherapy services were available to assist residents at end of life with passive exercises to aid their physical comfort.

To facilitate the completion of end-life care plans, a named nurse system was introduced. A sample of residents' files examined showed the plans relating to this aspect of care were completed, up to date and where appropriate, family were involved in the planning. The inspector met with residents and discussed their end of life needs with them. The wishes they expressed to the inspector were comprehensively captured in their respective care plans. There was evidence to indicate that staff discussed and reflected on how well the care planning for residents at end of life was implemented.

Staff training records indicated that most staff had completed or were due to attend the Irish Hospice Training programme 'What matters to me'. A number of staff had attended training on palliative care facilitated by the local hospice. Staff were knowledgeable in how to physically care for a resident at end of life and voiced how it was a privilege to be there for the resident and their families at this time.

Religious and cultural practices were facilitated and residents had the opportunity to

attend religious services held in the centre. An annual remembrance event took place, facilitated by the local clergy. The centre's policy included guidance to staff with regard to facilitating and engaging in cultural practices at end of life. Family and friends were facilitated to be with the resident approaching end of life. The oratory in the centre was available for the repose of the deceased resident. This provided other residents with an opportunity to pay their respects to the deceased resident/friend.

The centre had a number of multi occupancy rooms but a single room with ensuite facilities was designated as a room specific for end of life care. Tea/coffee/snacks facilities were provided for families and relatives confirmed this in the questionnaires they sent to the inspectorate. Open visiting was facilitated. There was the provision of a private sitting room and overnight facilities for families, were available. A comfort pack was available for families who were staying overnight and included blankets, towels and toiletries.

There was evidence in residents' care plans that residents had choice as to the place of death. The inspector reviewed a sample of care plans and noted that the residents had timely access to the general practitioner (GP) and the out-of-hours service and specialist services. There was evidence that family meetings were convened; however, the review meeting also identified that this was an area that would benefit from further improvement.

The person in charge confirmed that residents had access to the local specialist palliative care service, when required. No residents were in receipt of palliative care at the time of inspection or in the months preceding inspection.

Documentation indicated that, within the last two years, 80% of deceased residents had their end-of-life care needs addressed without the need for transfer to an acute hospital.

There was evidence that medication management was regularly reviewed and closely monitored by the GP, pharmacist and nursing staff.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical verbal information on what to do following the death and on understanding loss and bereavement.

There was a protocol for the return of personal possessions. The person in charge stated that the centre now used a special handover bag to return personal possessions and return of possessions was done when the family indicated they were ready for this.

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:

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

No actions were required from the previous inspection.

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 having a minor non compliance in that staff awareness of the nutrition policy needed to be improved and an improvement was needed in keeping the nutritional care plans up to date. Since the self questionnaire was completed, training in this area was conducted and staff with whom the inspector spoke with were knowledgeable on the policies around food and nutrition. A random sample of resident notes were examined and all had nutritional care plans in place. On the day of inspection, on foot of the comprehensive actions implemented post assessment, the inspector deemed the centre complaint.

The centre had up-to-date policies on food and nutrition. They were robust and comprehensive. The environmental health officer (EHO) reports were available for inspection and were satisfactory.

A record of staff training submitted to the Authority indicated that staff had attended a broad range of training and that education sessions were ongoing.

The inspector observed mealtimes including lunch and tea. Residents had the option of having their breakfast served in bed, in the dining rooms or at their bedside and at a time of their choosing. Snacks and hot and cold drinks including cranberry juice, orange juice and fresh drinking water were readily available throughout the day. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals were appropriately assisted and received their meal in a timely manner. Light snacks were available throughout the day. This menu included snacks, sandwiches and scones which were freshly baked each day.

Assistive cutlery and crockery, required for a resident with reduced dexterity, was available. The inspector observed how this facilitated residents to remain independent while eating their meals. Referral to an occupational therapist was carried out according to the assessed need for this service.

The inspector reviewed records of resident meetings and overall, residents were complementary of the food on offer in the centre. The inspector met with the chef who confirmed that either he or another member of the kitchen staff, met with a nurse daily to receive an update of the current status of the residents pertinent to their nutrition. An up-to-date folder of diets, food preferences, food consistency, dietary requirements to guide staff, was available in the dining room and in the kitchen. There was evidence that menus, food choices and preferences, residents experiencing weight loss/gain were discussed at handover meetings and that this information informed residents' care plans. Staff had in-depth knowledge of residents' likes and dislikes and particular dietary requirements. A four weekly menu was in operation. The implementation of pictorial

menus was in progress. There was evidence that there was a choice available to residents for breakfast, lunch and evening tea. The lunch menu choice included a fish dish and a chicken dish and a choice of desert. Soup was offered at 11:30hours. The tea menu included fish cakes, chips, sandwiches, fruit and eggs. There was evidence that the catering staff sought feedback from the residents with regard to the meals served.

Documentation submitted to the Authority indicated that:

- 1 (2%) residents were on a high protein diet
- 7 (14%) were on a diabetic diet
- 1 (2%) was on a vegetarian diet
- 1 (2%) was on a renal diet
- 15 (31%) residents were on a fortified diet
- 13 (26%) residents were on nutritional supplements.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

Lunch was served from 12:15hours with two separate sittings. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Gravies/sauces were served separately. Staff informed the inspector that residents could choose to have their meal in one of the dining rooms or in their room. On the day of the inspection, most residents dined in the dining rooms. Residents voiced how the lunch was tasty, lovely and hot. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal times were unhurried social occasions and in general staff were observed using the mealtimes as an opportunity to communicate, engage and interact with residents. With the exception of one staff member, all others were noted describing the meal to residents and chatting with residents. At the time of inspection, relatives were not dining with their family member but the person in charge confirmed to the inspector that this option was facilitated.

Tea was served from 16:30hours onwards. Again most residents choose to dine in one of the dining rooms where the tables were attractively presented and the room was bright and spacious. The inspector noted that the residents' dining experience was a relaxed social occasion, with background music playing in one of the dining rooms.

The inspector was informed by staff that the residents had access to dietetic services, speech and language therapy services and occupational therapy and there was evidence of this in residents' care plans. Advice from allied services were incorporated into residents' care plans.

There was evidence that residents had a nutritional assessment on admission and three monthly thereafter. Staff, spoken to by the inspector, were familiar with how to assess and use the tool. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when there was an indicated need for such records. At the time of inspection four such daily records were maintained.

Residents' weights were recorded monthly or more often if there was an indication to do

so. Where there was a weight loss there was clear dietetic instruction of the need for increased calorific intake. This information was communicated to the chef who prepared fortified deserts which were offered to residents in the evening time. A supply of these fortified desserts were seen to be stored in the fridge in one of the two dining rooms.

At the time of inspection one resident was in receipt of nutrition via a percutaneous endoscopic gastrostomy (PEG) tube. The person in charge and other nursing staff confirmed they were knowledgeable with regard to this type of nutrition and had support structures in place to offer them guidance with regards to PEG feeding.

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.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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:

It was stated in the previous report that consideration needed to be given as to how the National Quality Standards for Residential Care Settings for Older People in Ireland could be met by 2015, in terms of changing multi-occupancy rooms to accommodation which provided more privacy and dignity. However, no progress had been made on this issue. At the time of this inspection there were five four-bedded rooms and nine twin rooms in the centre. This compromised residents' privacy and dignity.

The inspector again requests a plan to be submitted with regards as to how the design and layout of the nursing home can be made suitable for its stated purpose and can meet residents' individual and collective needs in a comfortable and homely way.

Judgment:

Non Compliant - Moderate

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:

Margaret O'Regan
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:	Maria Goretti Nursing Home
Centre ID:	OSV-0000417
Date of inspection:	03/10/2014
Date of response:	03/11/2014

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was a poorly functioning management structure in place amongst the centre's four named providers. It was not possible to establish who or how decisions were made with regards to the strategic forward planning for the centre. This impacted on the quality of life for residents as there was an absence of response in responding to how the limitations on privacy for residents in the four bedded rooms was going to be addressed. The lines of authority and accountability regarding this and other matters

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

were unclear.

Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Details of a proposal for a revised management structure has been emailed to the inspector.

Proposed Timescale: 30/11/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

At the time of this inspection there were five four-bedded rooms and nine twin rooms in the centre. This compromised residents' privacy and dignity. The inspector again requests a plan to be submitted with regards as to how the design and layout of the nursing home can be made suitable for its stated purpose and can meet residents' individual and collective needs in a comfortable and homely way.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Details of a plan to reduce the number of multi occupancy rooms has been emailed to the inspector.

Proposed Timescale: 30/11/2014