### Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Phelim’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000395</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Dromahair, Leitrim.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>071 916 4966</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:stphelims@hotmail.com">stphelims@hotmail.com</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>Flanagan’s Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Flanagan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Marie Matthews</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>65</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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</table>
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: 16 September 2014 12:30
To: 16 September 2014 19:00

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

<table>
<thead>
<tr>
<th>Outcome 12: Safe and Suitable Premises</th>
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<td>Outcome 14: End of Life Care</td>
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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 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 and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre had a minor non-compliant in relation to both outcomes.

The inspector found the nutritional and end of life care in the centre was in compliance with regulations and this was reflected in positive outcomes for residents.

The nutritional needs of residents were met to a high standard. Food was nutritious, varied and provided in sufficient quantities. Systems and processes were in place to ensure that residents did not experience poor nutrition or hydration. Residents’ nutritional needs were assessed and their preferences were recorded and facilitated. There was a good standard of nutritional assessment, monitoring and care planning and residents had very good access to the general practitioner (GP) and dietetic services. Residents provided feedback to the inspector, regarding food and nutrition, which was very positive.

The dining room was recently decorated and homely in appearance. However, although spacious, the dining room could not accommodate all of the residents at the same time and some residents had to take their meals in the sitting room.
Practices and facilities were in place to ensure that residents received an appropriate care and support at the end of life. There was a person centred approach to care which focused on meeting residents emotional and psycho-social needs as well as physical needs. Staff were appropriately trained and supported by local palliative care services. Questionnaires were received from relatives of deceased residents and these indicated that families were very satisfied with the care given to their loved one and the facilities and support provided to them.

The inspector followed up on the action plans from the previous inspection on 3/07/13. The provider had addressed outstanding actions however the remaining actions relating to the built environment were not addressed. The provider discussed a plan to address these issues during the inspection and gave a commitment to completing all building works by April 2015.

These and other matters are discussed further in the report and in the Action Plan at the end 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 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:**
The environment was warm, calm, clean and comfortable. The main day room was tastefully decorated and with comfortable arm chairs and supportive furniture. Deficiencies in the building layout have been highlighted on previous inspections had not yet been addressed which included the following:

- Multi-occupancy bedrooms resulting in limited privacy and personal space around beds.
- The centre comprises one five bedded room with en suite; three four bedded rooms, one of which was en suite; six three bedded rooms, three of which were en suite; nine twin rooms, three of which were en suite; and 12 single rooms, five of which had an en suite facility.
- One three bedded room (without an en suite) adjoins the dining room entrance.
- The number and location of assistive shower/bathrooms was inadequate for the number of residents accommodated.
- One single bedrooms adjoins a sitting room which impacts on privacy and the space available for support equipment.
- The size and space in the designated dining room did not accommodate all residents to dine at the one sitting provided.

The inspector was informed that plans to address deficiencies had been deferred but were now progressing and building work was expected to commencing in February 2015 with a view to meeting the Health Act 2007 requirements within the specified time frame.

**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:**
Residents received person centred care which met their physical, emotional, social, psychological and spiritual needs of the resident and those close to them. There was a written End of Life policy in place since 2009 which was reviewed in April 2013 and training was provided to all staff to ensure they understood and implemented the policy. The policy included guidance on assessing palliative care needs and planning for the care of the resident prior to and after death. The provider described good access and support from Palliative care services. All staff had completed the ‘hospice friendly’ training programme in end of life care and two nurses were trained as link nurses to provide end of life training.

The inspector analysed questionnaires completed by relatives of residents who had recently died. Families indicated that they were facilitated to be with the resident when they were ill or dying and were very positive in their descriptions of the care provided to their loved ones and the support they received during and after the death.

The inspector reviewed 5 care plans including the end of life care plan of a recently deceased resident which captured information on the residents’ end-of life care wishes in relation to issues such as their preferences for place of death, who they would like to have with them, their spiritual wishes and funeral arrangements. The PIC acknowledged that this was sometimes a difficult area to broach with residents and one which had to be handled sensitively.

The inspector found that care practices and facilities were in place so that residents received end-of-life care to meet their needs. There was evidence that staff discussed residents preferences with them or with their family regarding end of life wishes. Where residents had chosen not to discuss the subject, this was noted in their care plan. A single room is offered to residents receiving palliative care and the PIC said a sign is used to denote when a residents is receiving end of life care. The room adjoins the centres visitors’ room which allows families to spend time with their loved ones. Tea and coffee making facilities are available to relatives. Feedback from relatives who returned questionnaires indicated that they were very happy with the care provided to their loved one and the support offered to the families.

A revised care plan template had been introduced by the PIC. Care plans reviewed which were completed on the new template focused on ensuring residents wishes were maintained, ensuring pain and physical symptoms were appropriately managed, that the privacy and dignity of residents was maintained and their spiritual and psychological...
needs were addressed. The PIC said that these care plans would be rolled out for all residents in the coming months.

 Relatives are provided with a support leaflet with information such as how to register a death and how to access local bereavement support services. The centre had sourced door signs with the end-of-life symbol and also special bags to collect residents’ belongings and return them to relatives after the resident had passed away.

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:
Residents’ nutritional needs were met to a high standard and there was ongoing monitoring of residents nutritional needs. The inspector reviewed a self assessment tool completed in advance of the inspection and found that practices and procedures were in place as described in the questionnaire. There was a centre specific food and nutrition policy available which was reviewed in June 2013 to provide detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy and they had received training to support its implementation. A planned menu was rotated every three weeks and all food was cooked on the premises. A copy of the menu was included in the centres statement of purpose. A food safety management plan (HACCP) was in place to assure food safety. The menu had been reviewed and found to be nutritionally balance by a dietician. The inspector was satisfied that the residents were provided with a varied and nutritious diet that met their individual preferences and requirements.

Processes were in place to ensure residents received good nutrition and hydration. A nutritional assessment was completed for all residents on admission using an evidence-based screening tool. This was reviewed every four months or more frequently if there was a change in the residents needs. There was good access to the General Practitioner (GP) and to allied health professionals. The inspector saw that the advice of a dietician and a speech and language therapist (SALT) was sought for residents identified as at risk of poor nutrition or hydration or who had swallowing difficulties or food related problems such as diabetes. Oral assessments were also completed and there was evidence of access to occupational therapy and to a dentist as required. The inspector saw that a focused nutritional care plan was developed and implemented for each
resident. This included the advice of the specialist.
All residents were weighed monthly and those identified as at risk of weight loss were weighed weekly. Detailed records of dietary intake were recorded following each meal.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of resident’s specific requirements. Modified consistency meals, such as minced or pureed, were presented in individual portions and these residents had the same choice as other residents.

Meals were fortified with butter, cheese and cream in accordance with the advice of the dietician who attends the centre every 8 weeks to review residents. Additional snacks, drinks, smoothies and milk puddings were also offered to residents who were at risk of poor nutrition. The inspector reviewed the medication prescription and administration records of residents were prescribed nutritional supplements and found that residents were provided with their supplements at the prescribed times.

Drinking water was provided in each resident’s bedrooms and in communal areas. Breakfast was served daily between 8 am and 10 am. The majority of residents choose to have breakfast in bed in their rooms.
The dining room does not currently provide enough space to allow all residents to eat together. An action was included in the last inspection report for the provider to address this. The provider told the inspector that she has acquired planning permission to extend the centre and plans include additional dining space however the building works are not scheduled to commence until spring 2015.

The inspector joined residents in the main dining room which had been recently redecorated. Dinner was served between 1.p.m and 2.30 pm and residents came to the dining room in stages during this period as they preferred. Although spacious, not all residents could be accommodated in this room. An adjoining day room was also used by residents who required more assistance or who required specialised chairs for their posture. Some residents told the inspector they preferred to have their meals on a tray in their bedrooms.

The provider had recently introduced a protected meal time policy. This did not prevent family members wishing to assist their relative from doing so and several relatives were observed assisting residents during the lunch and evening meal period.
Satisfactory numbers of staff were present to supervise and assist residents. Staff members were observed to reassure and encourage residents during the meal.

Residents were supported to eat independently and their clothing was appropriately protected. Tables were well presented with appropriate condiments and napkins were provided. There was a pleasant atmosphere and residents chatted with staff members during the meal. Assistance was provided in a discrete dignified manner by staff who sat with individual residents. On the day of inspection residents were offered a choice of beef stew or breaded chicken with potatoes and vegetables for dinner. The meal was hot and attractively presented. Staff interviewed said that residents could choose to have something different if they didn’t feel like the choice offered and the inspector observed that several residents chose items not displayed on in the menu.
The inspector visited the kitchen and found that it was stocked with adequate supplies of fresh and frozen food. There was clear, documented system of communication between nursing and catering staff regarding residents’ nutritional needs and preferences. The inspector spoke with the centres’ catering manager who was knowledgeable about residents with special diets. A folder containing detailed records of each resident’s special dietary requirements and preferences was maintained in the kitchen. Minutes of catering meetings were also available which indicated that they were attended by the catering manager, nursing and care staff and by PIC and the Assistant Director of nursing.

The inspector observed that there was a range of home-made bread, cakes and desserts available. Fruit was incorporated into each meal and the catering manager said that food was fortified with butter, cheese and cream in accordance with the advice of the dietician. Staff members who spoke with the inspector were aware of residents’ food preferences, likes and dislikes.

The evening meal was served between 4.30 and 6 pm. Staff members said that meals were held for residents who had a hospital appointment or alternatively petty cash provided to buy the resident a meal. Residents who spoke with the inspector were very positive regarding the quality and choice of food and told the inspector that snacks and drinks were offered between meals. One resident who was having her evening meal in her bedroom told the inspector that this was her own personal choice as she was used to living on her own and preferred the quietness of her own room. A supper was served to residents between 7.30 and 9 pm.

The inspector reviewed staff training records which showed that staff had been supported to attend a wide range of training in relevant areas such as nutrition and dysphasia screening, therapeutic diets and safe feeding practice for older people and therapeutic diets. Records indicated that staff had completed training in food hygiene by the Assistant Director of Nursing who is an accredited trainer.

Tea and coffee making facilities were available in the dining room should residents wish to have a drink between meals however the inspector observed that this room was locked between meals as a safety precaution which impacted on the residents ability to use these facilities independently. The PIC said that staff were always on hand in this event however she agreed to explore less restrictive options.

**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:*

Marie Matthews  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Phelim’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000395</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>16/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07/11/2014</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 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:

the premises does not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre in that:
- multi-occupancy bedrooms resulting in limited privacy and personal space around beds.
- the number and location of assistive shower/bathrooms was limited in parts
- the purpose and function of a single bedrooms including the bedroom adjoining a

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
sitting room required review to ensure residents needs, support equipment and privacy was facilitated
- the size and space in the designated dining room did not accommodate all residents to dine at the one sitting provided.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Building works are scheduled to commence in February 2015 with a view to meeting the Health Act 2007 within the specified time frame.

**Proposed Timescale: 01/02/2015**

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**Outcome 15: Food and Nutrition**

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The dining room does not currently provide enough space to allow all residents to eat together.

**Action Required:**
Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

**Please state the actions you have taken or are planning to take:**
We actively encourage residents to dine in the dining room. Some residents choose to have tray service in their bedrooms or in the sitting rooms. Some residents enter and leave the dining room at various times during meal time. Some residents like to dine in the dining room at quieter times. Two sittings will be arranged if necessary to ensure residents who wish to use the dining room can be accommodated according to their wishes.

**Proposed Timescale: 10/11/2014**