

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	San Remo Nursing and Convalescent Home
<b>Centre ID:</b>	OSV-0000093
<b>Centre address:</b>	14/15 Sidmonton Road, Bray, Wicklow.
<b>Telephone number:</b>	01 286 2328
<b>Email address:</b>	info@sanremo.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	San Remo Nursing and Convalescent Home Limited
<b>Provider Nominee:</b>	Ronan Willis
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	47
<b>Number of vacancies on the date of inspection:</b>	4

## 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: 23 October 2014 11:40 To: 23 October 2014 16:40

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

Outcome 04: Suitable Person in Charge
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 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 was compliant in relation to both outcomes.

The inspector found compliance 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. This was reflected in positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

Questionnaires were received from 9 relatives of deceased residents which showed that families were very satisfied with the care given to their loved ones at the end of their lives. Care plans were reviewed and found to discuss and record residents' preferences in this area. On speaking with relatives on the day of inspection, the inspector was satisfied that conversations regarding residents' wishes, should their health deteriorate had been discussed and consented with. This was a comfort to relatives and residents, who were happy that the centre fully understood their wishes in this regard.

The nutritional needs of residents were met to a good standard. Food was nutritious, varied and in ample quantities. 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 allied health professional such as the dietician and speech and language therapist, when required. Residents provided feedback to the inspector, regarding food and nutrition, which was very positive. The inspector was present for two meals, and found that the mealtime experience was observed to be an unhurried, social occasion.

The inspector carried out a fit person interview with the person in charge, who was in post since April 2014, and found that she had settled into her role well. The inspector was satisfied that the person in charge met the requirements of the Regulations.

Findings are discussed further in the report. There are no actions as a result of this inspection.

**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 04: Suitable Person in Charge***

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector carried out an interview with the newly appointed person in charge. The person in charge had been involved in the centre since November 2012, where she worked as a clinical nurse manager. Since April 2014, the person in charge had taken on the role as director of nursing. The inspector was satisfied that the person in charge was a registered nurse, had the required experience in the area of care of the elderly, and was suitably qualified in her role. The person in charge fully met the requirements of the Regulations.

**Judgment:**

Compliant

***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 care at the end of his/her life which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy.

There was an operational policy in place for the delivery of End of Life care which had been reviewed in June 2014, which was found to be sufficiently detailed to guide staff in the delivery of holistic care at the end of a resident's life.

The inspector reviewed the nursing notes of three recently deceased residents and found that appropriate care had been given at the end of their lives to meet their needs. The nursing notes and care plans evidenced good access to the General Practitioner (GP), speech and language therapy and a palliative care team where necessary. The inspector found evidence of contact with residents' representative of their chosen faith in their final days. For example, evidence of sacrament of the sick, and anointment.

On review of a number of care plans for current residents, the inspector found that residents preferences in relation to their end of life wishes were noted and discussed, and included their preferred place of death, their psychological, religious and spiritual preferences and any other wishes or requests. Information gathered also included practical aspects of care. For example, if they would consider subcutaneous fluid. The inspector was satisfied that a culture of discussion and recording of end of life preferences had been established in the designated centre. On speaking with relatives during the course of the day, the inspector was satisfied that families were fully involved in discussing the future care needs of their loved ones. Relatives spoke of their comfort in knowing what would happen should the residents' needs change, and that the nursing home would facilitate their wishes as far as possible. Documentation in relation to residents' wishes not to be transferred to hospital, or not to be resuscitated in the event of cardiac arrest were clearly outlined, and consented by the residents' GP.

The inspector found that the operational policy provided guidance to staff on the practical care of a resident's body following death, and also included the arrangements for the return of personal belongings to their next of kin. There was a checklist in place for when a resident died, to ensure the procedure was followed.

The inspector reviewed a display of correspondence from relative and friends of residents who had deceased offering their thanks and appreciation to the management and staff of San Remo.

San Remo is made up of a mix of single and shared rooms. There is no single room specifically available for use at a resident's end of life. However, if there are vacancies, the option of a single room is offered to a resident if they wish. On the day of inspection there were four vacancies in the centre. The inspector noted the majority of residents out of their rooms for most of the day, choosing to spend time in the communal areas. The centre did not have facilities to offer families a designated room in which to stay overnight. However, families were encouraged to stay with residents as much as they wished. The inspector reviewed the files of residents who had died, and found evidence that families had been supported to stay by their bedside throughout the night, and were offered support and refreshments. Relative questionnaires reflected this also. The centre had a quiet reflection room in the front of the building, with tea and coffee making facilities, and snacks available. This space is available to relatives if a resident is at their end of life, or has passed away. The reflection room contained prayer books, religious artefacts and pamphlets on grief and bereavement support.

Of the 27 deaths that had occurred over the past two years, 20 of these had been facilitated within the designated centre, with seven deaths occurring in acute hospitals, and no resident dying at home in the community. Staff had received training in subcutaneous fluids, syringe driver and palliative care to enable them to assist residents

to die at home in the centre.

On review of the training records, the inspector found that staff had received training in end of life care in February 2014, and end of life care planning in September 2014.

**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 were provided with food and drink at times and in quantities adequate for his/her needs. There was a selection of operational policies in place to address nutrition and hydration for residents which had been reviewed in June 2014. These included policies on nutrition, food and mealtimes in dementia care, hydration, dysphagia, weight reducing diets and ethereal feeding. These policies were centre specific and clearly guided staff in practice.

On review of residents' files and observation of two meal times, the inspector was satisfied that this policy was evident in practice. Residents had access to drinking water at all times, with water filter systems available and accessible throughout the centre.

The centre had a rolling menu in place, with a set menu for a four week period. This menu had been reviewed and audited by the dietician, which overall highlighted a good standard of nutrition was met. Minor recommendations that had come about as a result of this audit had been put into practice. Along with this audit, the person in charge ensured a food and nutrition audit was completed every three months, along with a lunch service audit on a regular basis. This service audit looked at all aspects of the dining experience, and included the atmosphere, the noise levels, the consistencies of meals etc. The inspector was satisfied that the area of food and nutrition was constantly being discussed and reviewed to ensure positive outcomes for residents. Satisfaction surveys had been completed on a regular basis and analysed to ensure continual improvement and consultation.

On meeting with the chef and kitchen staff the inspector was satisfied that they were kept informed of all the dietary needs of residents, and was provided with information sheets on a regular basis which identified the consistency of meals, and any special requirements. The inspector checked this information against residents care plans and

was satisfied that the information was up to date and correct. For example, a recent change by allied health care professional for a resident's diet had been reflected in the information to the kitchen in a prompt manner. The chef/ kitchen staff had a good understanding of the residents likes and dislikes, and had a knowledge of individual wishes. Residents expressed satisfaction with the menu options and the quality and quantity of the food available. The inspector was present for two meals, lunch and tea, and found a pleasant atmosphere in the dining room. The inspector dined with residents for lunch, and found that food was properly prepared, cooked and served, and was wholesome and nutritious. Residents were provided with assistance in a dignified way and individual, with staggered meal times in place to ensure ample time to support all residents in a relaxed manner. Relatives spoke highly of the support residents received with their meals and nutritional needs.

On review of the residents' care plans, the inspector was satisfied that there was a strong system in place to capture any risks of malnutrition for residents with the use of an appropriate assessment tool. Depending on the results of this assessment, referrals were made to the appropriate health care professional if required, and evidence of this was noted in the medical notes. The designated centre had good access to speech and language therapy (SALT) and dietician services. The inspector reviewed a sample of care plans for residents with particular nutritional needs. For example, non-insulin dependent diabetes, gallbladder, risk of malnutrition, and obesity and found for any identified need, there was a care plan in place to guide the care. The care plans reviewed were person centred, and included individual approaches to supporting residents to achieve the best outcome with regards to their nutrition. Records of food and fluid intake were kept for residents where the policy indicated this was required.

There were no facilities for residents to prepare their own food in the designated centre. The inspector spoke with residents who expressed satisfaction with this, as they enjoyed the service on offer, and could ask for drinks and refreshments at any time throughout the day and their requests were facilitated by staff.

On review of the training records, the inspector found that staff had received training in food and nutrition for older people in April 2014.

**Judgment:**  
Compliant



## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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