

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Teresa's Nursing Home
Centre ID:	ORG-0000293
Centre address:	Friar Street, Cashel, Tipperary.
Telephone number:	062 61 477
Email address:	carmel.mccormack@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cashel Care Limited
Provider Nominee:	Michael McCormack
Person in charge:	Ans Joseph
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	5

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 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.

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: 04 June 2014 07:15 To: 04 June 2014 14:15

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

Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed questionnaires which relatives had submitted to the Authority prior to the inspection.

As part of the inspection the inspector met with the providers, the acting person in charge, residents, relatives, nurses, relatives and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaints log, policies and procedures and records of residents' meetings. The person in charge had completed the self-assessment tool and had noted some areas for improvement in respect of both food and nutrition and end of life care, and had devised an action plan to address these.

The inspector found substantial compliance 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, in the area of food and nutrition, and in end of life care but improvements were identified to enhance good practice. The required improvements are set out in detail in the action plan at the end of this 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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Only the component in relation to care planning processes around food and nutrition and end of life care were considered as part of this thematic inspection. As stated under outcome 15, the nursing staff did not demonstrate an understanding of the relevance of weight loss when computing the Malnutrition Universal Screening Tool (MUST). Based on a sample of care plans examined, the inspector noted that the MUST score was not calculated where a resident experienced significant weight loss.

Judgement:

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:

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

Findings:

The centre-specific policy on end of life care was made available to the inspector and had been reviewed in April 2013 as requested by the Authority to include guidance on unexpected death, caring for residents in shared rooms and completion of nursing documentation. This policy was augmented by a centre-specific policy on pain

management, which had been updated in March 2013. The inspector noted that these policies were comprehensive and evidence based.

In completing the self-assessment prior to the inspection, the person in charge had not identified any actions to ensure compliance.

Questionnaires, asking relatives' opinions regarding end of life care, were sent to the relatives of deceased residents. The response rate was 50%. All responses received reflected a high level of satisfaction with the care provided.

The inspector reviewed a selection of care plans of deceased residents, some who had died suddenly, and noted that residents had received appropriate care and their emotional, physiological and spiritual needs had been met.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. The acting person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. The inspector saw that reference materials were available in the nurses' station to guide in the facilitating and engaging of cultural practices at end of life.

Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

The inspector spoke with a number of residents throughout the inspection, and it was identified that many residents had not been spoken to about their end of life care wishes, including place of death. Review of a selection of care plans, and discussions with the acting person in charge confirmed this to be the case. The inspector saw that some residents had expressed a wish to remain in the centre if they became unwell; this information was documented in the relevant plan and was seen to be respected. The acting person in charge stated the end of life care plan was developed and implemented in the event of a resident approaching end of life. However, the inspector saw evidence that end of life needs and preferences had not been ascertained for a resident who had been identified as being in the palliative stage of illness.

All residents who had died in the centre over the past two years had been provided with a single room if they were not already in one as they reached their end of life. The centre-specific policy stated and staff confirmed that, if possible, the option to go home for end of life care was facilitated.

Family and friends were facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

The inspector noted that practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Residents were offered the opportunity to pay their respects to the deceased resident and were

facilitated to attend the funeral.

Practical information was made available to family members with regard to bereavement services and registering a death. There was a list of all personal possessions maintained within each resident's file and the end of life policy stated that personal possessions were returned in a sensitive manner. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Records were made available to the inspector which confirmed that staff had received training in end of life care in April 2014.

Judgement:

Non Compliant - Moderate

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:

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

Findings:

There was a centre-specific policy in place in relation to meeting the nutritional needs of residents which had been reviewed in January 2013. The inspector noted that the policy informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had not identified any actions to ensure compliance.

The report from an environmental health inspection in January 2014 was made available to the inspector which demonstrated compliance. The inspector reviewed results of audits had been completed by the person in charge in relation to meals and food preparation. The minutes of relatives' and residents' meetings were made available to the inspector and reflected satisfaction with the quality of food and beverage. The inspector noted that suggestions made by residents in relation to food choices were acted upon promptly. Of the complaints recorded in the complaints log, none were concerned with food quality.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of an adequate standard. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal choices and preferences. The inspector spoke with the catering staff on duty who demonstrated comprehensive knowledge of residents' preferences and dietary needs.

There was evidence that choice was available to residents for breakfast, lunch and evening tea with respect to menu options and dining location.

A selection of prescription charts were reviewed by the inspector and nutritional supplements were prescribed and administered appropriately. It was observed that every effort was made to present modified diets in an attractive manner.

Breakfast was served to residents between the hours of 08:00 hrs to 09:00 hrs. Residents had a choice for breakfast; hot/cold cereals, breads, toast and beverages. The inspector observed that residents chose to have a leisurely breakfast in bed or at their bedside.

Lunch was served at 13:00 hrs and the inspector observed the meal to be unhurried and a social occasion. Dining tables were attractively and invitingly set and a menu for the day was displayed. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required. The inspector observed that a resident, who had been away from the centre over lunchtime, was offered a meal on return.

Evening meals were served at 16:00 hrs with a further supper at 21:00 hrs. In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times. Snacks were also seen to be provided. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

The inspector noted some staff appropriately assisted dependant residents in a dignified manner. However, the inspector also observed that staff did not provide suitable assistance as staff stood beside the resident whilst assisting. The dining experience was not enhanced in this case.

Residents with whom the inspector spoke were complimentary of the meals and snacks served, especially the home baked breads, desserts, birthday cakes and confectionery. Residents were provided with adequate dining space with the majority of residents choosing to attend the dining room for lunch and evening meal.

On reviewing the staff roster and from observation on inspection, the inspector noted that there were sufficient staff to meet the needs of residents during mealtimes.

Based on a sample reviewed by the inspector, care plans reflected assessment of nutritional needs on admission. Residents' weights were monitored monthly. The Malnutrition Universal Screening Tool (MUST) was also utilised in practice. However, the nursing staff did not demonstrate an understanding the relevance of weight loss when computing the MUST and this is detailed under outcome 11 Health and Social Care Needs. Food and fluid record charts were maintained if needed with exact food and fluid intakes documented in a timely manner. Staff demonstrated knowledge in using the charts to recognise deterioration in residents and how to respond accordingly. The inspector saw that the advice of occupational therapist, dentist, dietician and speech and language therapist was accessed, documented, communicated and observed.

The inspector noted that staff had received training in specific training in food and nutrition in March 2014.

Judgement:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Louisa Power
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. Teresa's Nursing Home
Centre ID:	ORG-0000293
Date of inspection:	04/06/2014
Date of response:	27/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Nursing staff did not demonstrate knowledge of the relevance of weight loss when computing the Malnutrition Universal Screening Tool (MUST).

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

To satisfy any concerns and to continue providing a high standard of evidenced based nursing practice, there will be an information seminar about the MUST tool and its uses held in the Nursing Home for all Nursing staff.

Proposed Timescale: 30/08/2014

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

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:

The resident's choice as to place of death had not always been ascertained in all cases.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

We will endeavour to get this information from all of our residents but will wait to ask residents in a dignified and private manner when it is opportune to discuss such a delicate and distressing topic.

Proposed Timescale: ongoing

Proposed Timescale:

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:

The inspector observed that staff did not provide suitable assistance as staff stood beside the resident whilst assisting.

Action Required:

Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

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

Training will be provided to the one staff member who stood beside a resident while assisting at mealtime.

Proposed Timescale: 30/08/2014