

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Luke's Home
Centre ID:	ORG-0000290
Centre address:	Castle Road, Mahon, Cork.
Telephone number:	021 435 9444
Email address:	info@stlukeshome.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Lukes Home (Mahon) Limited
Provider Nominee:	David O'Brien
Person in charge:	Neil Mackay
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	128
Number of vacancies on the date of inspection:	0

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: 07 May 2014 08:00 To: 07 May 2014 15:00

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

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 person in charge attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. Prior to the inspection the inspector reviewed policies and analysed surveys which relatives submitted to the Authority. The inspector met residents, relatives and staff and observed practice on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, minutes of residents' meetings and documentation pertinent to deceased residents. The person in charge who completed the provider self-assessment tool judged that the centre had a minor non compliance regarding food and nutrition and was compliant with end-of-life care.

The inspector found compliance in the area of food and nutrition. Documentation in relation to end-of-life care required attention to ensure 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.

Overall, the inspector noted a warm and calm atmosphere throughout the centre. The centre was clean and furnishings and housekeeping were of a high standard. Residents voiced how happy they were in the centre and were very complimentary of the food. There was evidence of improvements arising from the findings of the self-assessment questionnaires and these will be discussed under the relevant outcomes in the report. Staff spoken with by the inspector exhibited an in-depth knowledge about the residents and their care needs and were observed caring for residents in a

respectful manner while maintaining residents' privacy and dignity. The person in charge, key senior manager (the assistant director of nursing), clinical nurse managers 2 and 3 (CNMs) displayed a commitment to the delivery of person-centred care and continuous improvement. Both the PIC and assistant PIC demonstrated an in-depth knowledge of the Regulations and National Standards.

The actions necessary to ensure 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 are detailed 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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:

Evidence relating to care planning documentation is discussed under Outcome 14, End of Life Care.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider's self-assessment and overall assessment of compliance identified compliance with Outcome 14 and Standard 16. However, on the day of inspection, following review of a sample of residents' care plans pertaining to end-of-life care, the inspector deemed the centre minor non-complaint.

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date, robust and comprehensive. The provider self-assessment identified that cultural and divergent religious needs were not captured in their policy; this was now remedied whereby an intra-cultural guide " Responding to the Needs of Diverse Religions, Communities and Cultures in Healthcare Settings " was introduced as a reference document for staff.

The centre was involved in the pilot study for 'Advance care directives' (ACDs). Residents' documentation folders reviewed had information regarding ADCs which included the residents' personal statement narrative and decisions relating to organ donation and cremation. These were signed by the resident, nurse and GP. As part of the ACD – Let me Decide - there was a screening instrument to assess competency to complete an advance care directive; this was scored with determinants of competency detailed. While the ACDs were implemented throughout the centre with input from resident and/or next-of-kin demonstrated, care plans pertaining to spirituality and matters relating to residents' wishes for the future were not addressed in the care plans reviewed. The PIC outlined that new end-of-life care plans were being introduced to capture residents' wishes, however, these were not in place at the time of inspection. Furthermore, evidence was not demonstrated to show that planning of care was done in consultation with the resident and/or their next-of-kin as described in the Regulations.

Staff training records indicated that staff had completed the Irish Hospice Training programme 'The Final Journey, What Matters to Me'. Staff spoken to confirmed they had attended this training but following review of care plans, further support was necessary for appropriate implementation of the learning from this education. This was discussed in detail at the feedback meeting by the inspector, person in charge, CNMs 2 and 3 who concurred with the inspector's findings regarding care planning. The person in charge also demonstrated recent audits of care plans which were completed in February and April 2014. The initial audit concurred with the inspector's findings with an improvement noted in the subsequent audit. Furthermore, while there was documented evidence of involvement of the resident in their advance care directive, there was no evidence as described in the Regulations, to ensure that the resident and/or their next-of-kin was involved in their overall care planning.

Questionnaires, asking relatives' opinions regarding end-of-life care, were sent to the relatives of deceased residents. The response rate was 40%. Feedback reflected a high level of satisfaction with the care received which met their physical, emotional, social and spiritual needs. Feedback questionnaires were also sent to relatives from the 'Advance Care Directive' pilot study so the person in charge thought that it may explain the relatively low return of questionnaires from relatives. Residents who spoke to the inspector spoke in a positive manner with regard to their care. One resident expressed that in the event of becoming unwell, they would like to go to the acute services while other residents relayed that they would prefer to stay in the centre.

Staff training records indicated that staff had completed the Irish Hospice Training programme 'What matters to me'. A number of staff had attended training on palliative care as well as FETAC 5 palliative care. End-of-life care and advance care directive training was completed by several staff. Staff had received training on the use of a

syringe driver (a mechanical pump used to administer medications) in symptom management as well as management of subcutaneous fluids.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre, and ministers from a range of religious denominations visited.

Family and friends were facilitated to be with the resident at approaching and at end of life. The centre had a majority of single bedrooms and single room occupancy was facilitated where possible during end-of-life care. There was a restaurant on-site which residents and relatives had open access. Overnight facilities for families were available, which included a kitchenette, toilet and shower, comfortable seating and bed. Open visiting was facilitated. There was ample provision of private sitting spaces, sitting rooms and conservatory, enclosed gardens and walkways.

The inspector reviewed a deceased resident's care plan and noted that the residents had timely access to general practitioner and specialist services. The person in charge confirmed that residents had access to the local specialist palliative care service, when required.

Documentation indicated that, within the last two years, 62 of 68 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.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally and in writing by means of a leaflet) on what to do following the death and on understanding loss and bereavement and that this included information on how to access bereavement and counselling services. These were evidenced on inspection.

There was a policy and protocol for the return of personal possessions following the death of a resident. There was a detailed resident's personal property form which was in the process of being implemented.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the person in charge's self-assessment questionnaire of compliance with Regulation 20 and Standard 19. The person in charge had assessed the centre as being minor non-compliant regarding food and nutrition training for staff. Following review of the staff training matrix as well as scheduled staff training, the inspector deemed the centre compliant with this outcome.

The centre had an up-to-date policy on food and nutrition.

Staff training in relation to food and nutrition was discussed with the person in charge. He stated that while staff had completed training in food and nutrition, a more comprehensive training was warranted following the self-assessment undertaken. Approximately half the complement of staff completed 'nutritional principles' in March and April, with the remainder of staff scheduled in May. The course content included

nutrition and swallowing difficulties
nutrition and hydration
nutritional screening tool
food fortification
specialist diets.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Breakfast was served from 08:45hrs and residents were observed arriving to the dining rooms at different times. Residents were given choice and meals were served in a respectful friendly manner. Residents had choice of where to have their meals. Some had breakfast in bed or beside their bed, others had it in the dining room in the unit while other chose to have their meals in the main dining room/restaurant. Mid-morning and mid-afternoon snacks and hot and cold drinks were served and fresh drinking water was replenished throughout the day. Lunch was served in the dining room in each unit as well in the main dining room/restaurant from 12:15hrs and residents were observed going to the restaurant throughout lunchtime. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents were appropriately assisted at meal time and received their meal in a timely manner.

There was evidence that residents were reviewed by a speech and language therapist, dietician and a nutritional assessment tool was part of documentation with current records maintained in residents' notes.

Information was relayed to kitchen staff on admission of a new resident, following review by the dietician or speech and language therapist with an update of the current status of the residents pertinent to their nutrition. Following the provider self-assessment a nutritional committee was initiated to further enhance their quality improvement strategy. This committee developed a new form which is to be completed at unit level for residents; this included specialist diets of diabetic, low fat, high calorific, coeliac and different consistency diets as well as residents' likes and dislikes and this

was evidenced. Staff had in-depth knowledge of residents' likes and dislikes and particular dietary requirements. The inspector observed staff asking residents their choice at each meal including portion size, and menus were on display. A four weekly menu was in operation and demonstrated with choice at each meal.

Food and nutrition audits were demonstrated and residents' feedback was sought at residents' meetings and minutes of these meetings were reviewed by the inspector. They demonstrated that feedback was valued and actions taken regarding feedback were discussed at subsequent residents' meetings.

Documentation submitted to the Authority indicated that 47 residents were prescribed nutritional supplements and 7 residents were on nutritional fortification:

- 2 were on a low fat diet
- 17 were on a diabetic diet
- 19 were on a modified consistency diet
- 7 residents were on a fortified diet
- 47 residents were on nutritional supplements.

Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal times were unhurried. Residents' relatives were able to assist their relative at mealtime and this was observed during the inspection.

Evening tea was served from 16:30hrs. The inspector was informed by staff that the residents had access to dietetic services, speech and language therapy services and there was evidence of this in residents' care plans. Advice from allied services was incorporated into residents' nursing notes.

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 the resident's condition warranted. Residents' weights were recorded monthly or more often if indicated. 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.

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 the residents, relatives, and staff during the inspection.

Report Compiled by:

Breeda Desmond
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. Luke's Home
Centre ID:	ORG-0000290
Date of inspection:	07/05/2014
Date of response:	06/06/2014

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While the advance care directives were implemented throughout the centre with input from resident and/or next-of-kin demonstrated, care plans pertaining to spirituality and matters relating to residents' wishes for the future were not addressed in the care plans reviewed.

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:

St. Luke's Home is reviewing the existing care plan structure and documentation and will be implementing a change to an electronic care plan platform. The need to

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

incorporate a care plan for all ADL's reflecting the Residents choices, wishes and abilities will be in place with the introduction of the new care planning system. The spirituality for each resident is currently assessed on the Chaplaincy Services Religious and Spiritual Assessment form on admission and at 3 monthly reviews. However, we note that this assessment is not a plan of care of which we will incorporate on change of our systems.

Proposed Timescale: 31/12/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Evidence was not demonstrated to show that planning of care was done in consultation with the resident and/or their next-of-kin as described in the Regulations.

Action Required:

Under Regulation 8 (2) (a) you are required to: Make each residents care plan available to each resident.

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

We will incorporate a Resident (or Relative where appropriate) consultation signatory section for the admission care planning process and 3 monthly assessments going forward.

Proposed Timescale: 31/07/2014