

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mystical Rose Private Nursing Home
Centre ID:	OSV-0000367
Centre address:	Knockdoemor, Claregalway, Galway.
Telephone number:	091 798 908
Email address:	info@mysticalrose.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mystical Rose Limited
Provider Nominee:	Eileen McLoughlin
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	2

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: 22 August 2014 12:30 To: 22 August 2014 19:00

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

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 outcomes, End-of-Life Care and Food and Nutrition. 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 surveys, which relatives submitted to the Authority prior to the inspection and also questionnaires completed by residents during the inspection. The inspector observed practice on inspection and met with residents, provider, person in charge and staff. Documents were reviewed such as training records and care plans. In advance of the inspection, the provider completed the self-assessment tools and had assessed that the centre was minor non-compliant in relation to both outcomes. In response to these assessments the provider put in place an action plan to address areas for improvement that she had identified.

On this inspection, the inspector found that there was substantial compliance under the two outcomes reviewed 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. There were examples of positive outcomes for residents, which were confirmed by residents and evidenced during the inspection.

There was good access to the general practitioner (GP) and other allied health professionals including the speech and language therapist (SALT) and dietician. The inspector also noted that links remained in place with the local hospice team.

The inspector noted that residents' end-of-life needs were well managed. Some improvement was required to ensure all residents' wishes and needs were

adequately recorded and where applicable agreed with the multi-disciplinary team to inform future health care decisions. The person in charge and staff demonstrated knowledge and sensitivity regarding the needs of residents and families. Relatives of deceased residents expressed high satisfaction levels with the care provided to their loved ones by the centre.

Good practice was observed in relation to food and nutrition. The nutritional needs of residents were met and there was a good standard of evidenced based practice noted in this area.

The provider continued to provide resources for staff training in areas including end-of-life care and nutritional management and in her dual role as person in charge she had facilitated staff to attend training.

Overall, residents and or their representatives were very satisfied with the service provided in relation to end-of-life care and nutrition and this feedback was discussed with the provider.

These matters are discussed further in 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 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):

Findings:

The inspector found that caring for a resident at end-of-life continued to be perceived by the provider and staff as an integral part of the provision of care. Residents received person-centred care at end-of-life which was of a good standard and respected their dignity and autonomy. The inspector found that the links which had been established with the hospice care team had remained in place. The person in charge and staff described how this service had been used and the inspector reviewed a sample of residents' files which confirmed the important support and expertise that had been provided by the local hospice team.

The person in charge had kept the end-of-life care policy under review and the inspector noted that the policy had been recently revised in February 2014. The policy provided detailed guidance to staff on the provision of care approaching, during and following end of life. Staff that spoke with the inspector were familiar with the end-of-life policy and there was a system in place for staff to confirm that they had read and understood the content. In addition to the policy, the person in charge and senior staff nurse had developed a reference folder which contained evidenced based research material on end-of-life matters and other relevant information including essential contact details and information on bereavement counselling.

The inspector noted on the previous inspection that residents' end-of-life wishes were discussed. However, the residents' wishes were not consistently documented in residents' care plans and some residents had not an end-of-life care plan in place. Since that inspection the person in charge and nursing staff had sought additional information on end-of-life wishes from all residents and/or their representatives. This information was used to develop end-of-life care plans for the resident although, some further improvement was required.

The inspector reviewed a sample of residents' files including the records of deceased residents and found that residents' end-of-life wishes had been assessed and an end-of-life care plan implemented to guide care. The inspector found that most care plans gave sufficient guidelines to staff on the residents' requirements. There was documentary

evidence that a number of care plans were developed in consultation with the resident and/or their next of kin. However, in some cases the assessment process and associated care plan had not been adequately used to record residents' preferences and future health care decisions including any specific medical interventions that had been agreed.

The centre policy on end-of-life care detailed how residents' religious, spiritual and cultural wishes were accommodated at this stage of life and these guidelines had been used to inform practice. Residents that spoke with the inspector confirmed how their religious and spiritual needs were supported and management reported that any future residents from other religious denominations or cultures would be facilitated and respected to practice their beliefs. The inspector also found that an oratory was provided in the centre and residents were assisted to pay their respects to a deceased resident, if requested.

The inspector reviewed questionnaires returned by the relatives of residents who had passed away in the centre. Relatives reported a high level of satisfaction with the care given by the centre during end-of-life. The person in charge had introduced an end-of-life care audit during 2014 to review practices and procedures in relation to the service provided at end-of-life. The inspector noted that she had used the findings to develop the system for recording resident's wishes and this had resulted in improvements in this area.

Measures were in place to facilitate resident's choice as to the place of death including the option of a single room or returning home. The inspector noted that the majority of residents resided in single rooms and the person in charge and staff reported that to date all residents that passed away in the centre where in a bedroom on their own. In response to previous action plans the provider confirmed that plans were at draft stage to complete required improvements to the physical environment including the provision of suitably located sluicing facilities, a bath and additional toilets for residents' use. The provider also stated that additional single bedrooms were planned as part of these renovations.

Arrangements were in place to provide meals, refreshments and overnight accommodation to family members and close friends during the resident's end stage of life. This was confirmed by staff and also by relatives that completed questionnaires and who spoke with the inspector during the inspection. The inspector also noted that since the last inspection additional internet facilities and other items including comfort packs had been set up to provide additional support and comfort to families and others.

The provider had made available resources for continuous training on end-of-life care and the inspector noted that further training which had been planned at the time of the last inspection on end-of-life care had been delivered to staff. Staff had attending formal training on this subject in April and May 2014. Nursing staff had also completed training on palliative care in March 2014 and on the management and assessment of pain in June 2014. Staff confirmed that the person in charge and senior staff nurse also gave instruction and guidance to staff on end-of-life and palliative care.

Judgment:
Non Compliant - Minor

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):**Findings:**

Residents were provided with food and drinks adequate for their needs and the inspector found that food was suitably prepared, cooked and presented to residents. Residents were offered a range of food choices and in a way that met their needs. The inspector noted that staff provided assistance to residents in an appropriate and discreet manner. Residents spoken with and who completed questionnaires on food and nutrition during the inspection confirmed that there were daily meal choices and gave positive feedback on their meals. All feedback was discussed with the provider.

There was an evidenced based policy on the management of residents' nutritional status, which provided comprehensive guidance and was used to inform staff practice. There were also other policies implemented that related to nutritional and hydration management including specific policies for monitoring the provision of therapeutic and modified consistency diets and planning and facilitating residents' choices for meals and mealtimes. Staff that spoke with the inspector demonstrated knowledge of these policies and a system had been implemented to ensure staff understood their content.

The inspector saw evidence that residents received a varied diet that offered choice including those residents on modified diets. A two week menu cycle was implemented and kept under review and feedback from the dietician had been used to inform the development of this menu. Snacks and drinks were readily available and staff encouraged residents to have both throughout the inspection. Residents could have meals in the dining areas located on the ground or first floor or in their bedrooms if they preferred. The inspector saw that most residents opted to have their meals in the dining areas.

The inspector joined residents during meals and noted that the food was suitably heated where applicable and the dining experience was pleasant. Staff were respectful in their communications with residents and promoted social interaction during the meals. Staff consulted with residents regarding their meal choices and their preferences and served meals in accordance with the wishes of the resident. Supervision arrangements were in place during the meal times and staff offered and provided appropriate assistance to residents.

The person in charge had implemented measures to monitor residents' nutritional requirements. The inspector read that timely input had been obtained from the speech

and language therapist (SALT) where necessary and that recommendations were kept in residents' files on the consistency of meals. Residents also had access to the dietician and dental services when required.

A recognised nutritional assessment tool and oral hygiene management review were used to develop care plans that guided staff practice. These assessments and care plans were kept under review to reflect the changing needs of residents. Residents' weights and body mass index (BMI) were monitored regularly. A formal process remained in place to ensure that residents, who had poor food and fluid intake, were closely monitored and offered additional drinks and snacks regularly throughout the day. The inspector read that input obtained from residents' general practitioner (GP), dietician and SALT was maintained in residents' files and nutritional supplements were administered as required.

Other systems were in place to monitor and review food and nutritional management including the completion of a menu audit which took place in August 2014 and weekly audits of residents' food and fluid charts.

The inspector attended the kitchen and found that there was a good standard of cleanliness. There was a plentiful supply of fresh and frozen food to facilitate choice at mealtimes and there were snacks available for residents including fruit. A separate toilet for catering staff were provided to minimise the risk of cross infection.

Since the last inspection, the majority of staff had completed formal training on food hygiene and nutrition for the elderly. The inspector also noted that an additional session was scheduled for remaining staff in September 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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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Mystical Rose Private Nursing Home
Centre ID:	OSV-0000367
Date of inspection:	22/08/2014
Date of response:	17/09/2014

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.

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:

Some residents' end-of-life wishes and needs had not been adequately recorded in line with a high standard of evidenced based practice.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

As evidenced throughout the report we are providing a very high standard of evidence based care and support to all residents approaching End of Life. This level of care

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

addresses the physical, emotional, social, psychological and spiritual needs of our residents.

Our care plans are being reviewed to ensure all residents' wishes and needs are correctly recorded and where applicable agreed with the multi-disciplinary team to inform future healthcare decisions.

Proposed Timescale: 31/12/2014