

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sonas Nursing Home
Centre ID:	OSV-0000097
Centre address:	Cloghanboy, Ballymahon Road, Athlone, Westmeath.
Telephone number:	090 647 9568
Email address:	athlone@sonas.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sonas Nursing Home Management Co. Limited
Provider Nominee:	Seamus Crawley
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	6

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: 03 September 2014 07:45 To: 03 September 2014 14:00

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

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 were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The deputy person in charge was on duty on the day of inspection. The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority prior to the inspection. During the inspections residents and staff were met with in addition to the inspector observing practices and the serving of two meals breakfast and lunch. Documents were also reviewed on the day, including but not limited to, training records, internal audits and care plans.

The person in charge, who completed the provider self-assessment tools, had judged the centre to have a minor non compliance under both outcomes, end of life care and food and nutrition. Three actions had been identified with the self-assessment questionnaire to assist the centre move towards full compliance under both outcomes. The inspector noted these actions were due for completion at the end of October.

The inspector found the management of end of life care to be of an adequate standard, staff were knowledgeable and training had been provided. Residents told the inspector their wishes were known and recorded by staff.

The inspector found that food and nutrition was of a minor non compliance. Food was varied and presented adequately. The mealtime experience was pleasant; staff

were observed to engage respectfully with residents. Residents told the inspector of their choice regarding food and beverages in addition to the choice regarding their preferred location for their meals.

Access to health professionals and specialists for both outcomes was timely and well managed. Improvements were identified regarding assisting residents with meals and the nutritional evaluation of meals required further development. Further improvements were required regarding both policies.

The findings, in addition to the minor non compliances, will be outlined further in the body of the report and in the action plan at the end.

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 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

Findings:

As outlined in outcome 14 and outcome 15 improvements were required in relation to the policies outlining end of life care and nutritional management. Both policies had been reviewed November 2013 but there was no evidence on the day of inspection to suggest that all staff had read and understood the revised policies.

The policy on end of life care was not wholly reflective of the actual practice in the centre. There was a discrepancy in the actions taking by the centre preceding a death from what the policy outlined. This required a review. In addition the policy on nutrition management was not wholly reflective of the actual practice in relation to nutritional management. The policy identified the use of two clinical audit tools, however there was evidence that these were not used in practice.

Judgment:

Non Compliant - Minor

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:

End of life care at the centre captured the individual needs, preferences and wishes of each person residing there. The centre's end of life care policy, reviewed November 2013, reflected this and staff were also found to be familiar with the policy. On completion of the self assessment questionnaire, the centre deemed themselves to be of minor compliance.

During the inspection, the inspector spoke with a number of residents. Residents' told the inspector they had had a conversation with nursing staff regarding their end of life preferences and their preferences regarding specific treatments and interventions should this eventuality arise. The inspector viewed a sample of care plans and saw that it corresponded with the residents wishes as told to the inspector. Each sample care plan reviewed had an end of life care plan and for those that had recently passed away there was a newly developed end of life review. The end of life care plans were sufficiently detailed and individual to each resident to reflect their wishes. Areas that the care plan outlined included their preferred location at that time of their life, their religious and spiritual wishes and their wishes in relation to medical interventions. Residents who had experienced the loss of a friend in the centre had the opportunity to say goodbye and also to pay their final respects if it was appropriate.

Over the past two years, a total of 29 residents had passed away. The inspector reviewed the care plans for a recent passing and saw that there was an end of life care plan in place that was adhered to. The nursing notes for this time were clear. Ongoing and consistent input had been given by their general practitioner and the family were kept informed and communicated with as documented in the progress notes. After the passing of the resident feedback on the experience had been sought from the family and the nursing staff completed an end of life review.

The inspector reviewed the questionnaires that were returned and completed by family members. The feedback on their experience of the nursing home, during end of life, was commended. Family members stated the dignity of their loved one was maintained and that staff were professional. Some responses stated they were not afforded the opportunity to provide feedback. As a result there was a newly introduced form to capture the feedback from next of kin. The centre did not have an allocated guest room. However, if there was an unoccupied room they could avail of this or failing that a recliner chair was offered.

The nursing home used an end of life symbol that was placed on the residents door should it be required. Neighbouring residents were also informed as too visitors to the centre to ensure as little disruption to the resident and their visitors. When a resident passed away, the body was removed from the centre in a respectful manner and staff provided a guard of honour. There was a small oratory in the centre, however if residents wished to be reposed in the centre this was done so from their bedrooms. The deputy person in charge told the inspector that a card was sent to the family acknowledging the passing of their relative. A member of staff also endeavoured to attend the funeral ceremony. The actual practice of the nursing home preceding the passing of a resident did not reflect the policy, this required attention as outlined in Outcome 5. As told by the deputy person in charge personal possessions were returned

to the families once the families were ready to do so. The nursing home had specific bags that were used for this purpose.

Staff had received training on end of life care, the inspector saw this in staff files and in training records provided on the day of inspection. The nursing staff also received instruction from the palliative care team. The nursing staff at the centre used subcutaneous fluids and there was a policy in place to guide nursing staff in this practice. However nursing staff had not received training in the subcutaneous fluids and the inspector observed this as an area for improvement. This will be further outlined in Outcome 18. The nursing staff told the inspector that the palliative team provided good support to the nursing staff; the nursing staff told the inspector of their flexibility and availability when required .

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 received a varied and nutritious diet that was tailored to meet resident's individual assessed needs and their preferences. There was a nutrition management policy and a hydration policy in place which was centre specific and provided guidance to staff. The practice as observed by the inspector reflected the policy. Each resident had a food and nutrition assessment on admission Communication regarding changes in resident's food and nutritional requirements was transparent. The inspector observed breakfast and lunch being served and identified areas for improvement as further detailed below.

The policies on nutrition management and hydration were reviewed November 2013. The inspector found the policies to be suitably detailed to provide clear guidance to staff. The nutrition management policy identified a nutrition team who had oversight to ensure nutritional information was accurate and to ensure that any actions resulting from audits were followed up on. The inspector saw that the policy was, for the most part, being adhered to and used to guide practice. However the policy stipulated that two forms of clinical audit tools were used and completed every three months. This was not happening in practice as confirmed by the deputy person in charge and there was no evidence of same on the day of inspection as further outlined in Outcome 5. The policy also stated that Nutritional care meetings took place of which there was no

evidence on the day of inspection. The inspector did however see that at times food and nutrition was minuted subsequent to staff and management meetings. Staff had not signed off on reading and understanding the recently revised policies of nutritional management and hydration.

The inspector reviewed the training records and saw that staff had received training in food and nutrition. Recent training to staff included training on food and nutrition and food safety and hygiene. Staff also attended training on the use of the Malnutrition Universal Screening Tool (MUST score). A chef, who specialised in preparing meals for residents with swallow difficulties, also provided a day's training to the two chefs at the centre. Staff spoken with were knowledgeable on the individual needs of residents and told the inspector about the guidelines for assisting an individual with their meals, how to support residents with specific requirements due to dysphasia, diabetes and weight loss amongst others. The centre used fluid and food intake charts for some residents where the need was identified. Fluid and food intake charts were also used for three days for new residents entering the centre. The inspector saw a fluid and food chart that was recently used for a resident.

The inspector reviewed a sample of care plans and saw that each resident had a food and nutrition assessment that was completed at the time of admission. In addition residents that had more specific food and nutrition needs had a detailed food and nutrition plan that was completed in conjunction with a dietician. The care plans were up to date and relevant to the resident's requirements and preferences. The information within the residents care plan corresponded with the information the chef held in the kitchen. The inspector observed that the meals served at lunch time reflected their individual assessed needs. The inspector saw in their care plans and progress notes referrals to specialist allied healthcare professionals such as speech and language, dietician, dentist and occupational therapy. Access and referrals was timely. The centre was able to call on the dietician should they require further instruction or training for staff. Should changes occur as a result of a referral to a specialist, staff told the inspector that these changes were communicated at handover and also documented in the communication folder in addition to the nutrition folder which was placed in the kitchen. The chef received a new diet sheet for residents notifying the kitchen of the change. The inspector saw a notice board in the kitchen that clearly outlined resident's specific requirements regarding their food preferences and needs such as thickened fluids. The inspector concluded that changes in food and nutrition for residents were effectively communicated.

Residents and staff told the inspector they had options and choices provided to them in advance of meal times. The inspector saw minutes of the residents meetings where residents raised any issues regarding food. A survey was also completed in 2013 regarding resident's satisfaction with meals in the centre. Overall the results were positive and where there were areas for improvement actions had been identified to rectify the shortcomings. The inspector reviewed a number of menus and saw that there were daily options available to residents. The inspector also reviewed the tea lists and saw that special requests from residents that were not itemised on the menu were catered for. At breakfast time the inspector saw a resident ask for a boiled egg which was promptly prepared for them. The menus, at the time of inspection, had not been nutritionally assessed; however the chef stated that this was an intention of the centre.

Post inspection the person in charge provided a menu evaluation that had been completed by the centre's dietician.

The inspector observed the breakfast routine. Residents had their breakfast in their bedrooms or in the dining room, depending on their preference. For those that had breakfast in their rooms an individual tray was prepared for them. The tray contained individual condiments, milk and tea pot. The catering staff were familiar with the resident's preferences and needs but referred to the information in the kitchen for confirmation. Residents' also had individual cards outlining their name, room number, needs and preferences including specialised equipment such as cutlery and beakers. Once the trays were prepared by the catering assistants, the care staff brought the trays to the resident's rooms. The inspector observed staff knocking on residents doors prior to entering. Some residents had their breakfast in bed while others had it at a table in their bedroom. Care assistants provided support to those that required assistance with their breakfast. Residents, who had breakfast in their room, told the inspector they enjoyed this experience. Residents also ate breakfast in the dining room. The atmosphere was pleasant and the radio was gently playing in the background. Care staff remained in the dining room to provide assistance to those who required it. Residents breakfast were varied including a variety of cereals, with an option of cold and hot milk, porridge with the option of a fortified fruit pulp, fruit, toast and a selection of beverages. Breakfast commenced at 08.00 hours and did not finish until shortly after 10.00 hours. It was a relaxed affair that was not rushed.

Lunchtime was also observed by the inspector. Lunch was served in resident's bedrooms and the main dining rooms; there was one on each level of the centre. The dining rooms were of adequate bright, tables had adequate space for residents to navigate around and there was adequate staff on duty to supervise and assist where necessary. There was a menu displayed outside of the dining room and each table was nicely decorated. There was a selection of cold beverages available to residents also. Residents who required specialist equipment were provided with this. The food was presented well and was served hot. Those who had a soft diet were served the same food and it was presented well. However, moulds were not used for those on softened diets; the inspector formed the judgment that this would enhance the dining experience for those residents on soft diet. Residents were assisted with their meals respectfully and were given time to enjoy it. Staff were observed communicating with residents regarding their meal and their readiness to continue eating. Residents who ate in their bedrooms were happy to do so and enjoyed their lunch. The inspector saw an area for improvement. A care staff was observed thickening a drink with a glass and a small whisk. Shakers were available to the care staff member and recommended that the care staff thicken the drink using the shakers that were available.

A snack and beverage was offered to residents at 11am. At this time residents were offered a beverage, soup or some homemade wheaten bread. If residents preferred biscuits or baked goods this was also made available. Tea and coffee and a snack were served at 15.00hours. Tea was served between 16:00 hours and 17.30hours. The inspector saw that there was variety in the tea time options. Super was then provided at 19.00 hours. Access to tea/coffee and snacks was available to residents and relatives/visitors. Each dining room had a water dispenser and residents were given fresh jugs of water and cold beverages throughout the day.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:

The centre, had a policy on the use of Subcutaneous fluids and the centre availed of the practice in the centre. However nursing staff had not been provided with training on this while employed with the centre. To minimise risk and ensure safe and correct practice this was required.

In addition the inspector spoke to a staff member regarding thickened fluids. They were familiar with the different grades that residents were prescribed and were also aware of how to assist a resident with drinks. However, the inspector saw the staff member thicken a drink, in a glass with a small, whisk as opposed to following the correct instruction of using the shakers provided. Using the shaker improves the experience for the resident but also ensures the liquid is thickened to the correct consistency.

Judgment:
Non Compliant - Minor

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:

Ciara McShane
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:	Sonas Nursing Home
Centre ID:	OSV-0000097
Date of inspection:	03/09/2014
Date of response:	03/10/2014

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.

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

As outlined in the body of the report the practice in the centre was not wholly reflective of the policies relating to end of life care and nutritional management.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

Action taken

Staff have now signed that they have read and understood the revised policies.

Planned action

1. Clinical Audit tools re: nutrition will be reviewed and updated by 31st October 2014

2. End of life Policy section re: bereavement support now states that arrangements will be made for flowers or card to be sent to the relatives.

Proposed Timescale: 31/10/2014

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:

Although a recliner or spare bedroom, when available, was offered to relatives there was no designated guest room for relatives to avail off in the designated centre.

Action Required:

Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

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

End of Life Policy states "Relatives should be made aware of the existence of the availability of rest area and refreshments. The relatives may use unoccupied single room (or other designated area) can be used if required on arrangements with the nurse in charge."

Family members are also offered the use of vacant independent house adjacent to the nursing home.

The coffee dock is available to relatives with tea and coffee making facilities scones, biscuits and sandwiches are made available.

Proposed Timescale: 03/10/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The centre has not provided the nursing staff with training regarding the use of subcutaneous fluids which is practiced by nurses at the centre.

A care staff failed to follow the correct instruction while thickening fluids for a resident.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

1. Training regarding the use of subcutaneous fluids will be organised and completed by 31st March 2015
2. Training regarding the correct instruction while thickening fluids for a resident has been organised for 9th October 2014 and a further date to be organised by 30th November 2014

Proposed Timescale: 31/03/2015