

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhathair Phoil
Centre ID:	OSV-0000652
Centre address:	Castlerea, Roscommon.
Telephone number:	094 962 0506
Email address:	nora.beirne@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

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: 12 September 2014 09:00 To: 12 September 2014 15:30

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

Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
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 (EOL care) and Food and Nutrition. The inspector also followed up on the progress of six action plans from the previous inspection in January 2014. With regard to the action plans from the previous inspection, five actions were found to be complete and one, on auditing and review of service provided required further work in order to fully comply with regulatory requirements and standards.

In preparation for this thematic inspection the provider and person in charge received evidence-based guidance and undertook a self-assessment in relation to both outcomes. Prior to the inspection the inspector reviewed the EOL care policy and food and nutrition policy and the self-assessments. The inspector met residents, the person in charge and staff and observed practice on inspection. Other documents reviewed included staff training records, care plans, medical files file of a deceased resident, medication management charts and the complaints log.

The person in charge completed the self-assessment and judged the centre as being in minor non compliance regarding food and nutrition and end-of-life care. The inspector found that the provision of choice of foods at tea time required review. Additionally where food and fluid intake was being monitored staff need to ensure

that they document what is eaten by the resident not what was served. The food and fluid volumes need to be accurately recorded so that they are a reliable therapeutic tool. The inspector observed a pleasant dining occasion for the breakfast and lunch time on the day of inspection. Residents spoken with were complimentary of the food.

Staff spoken with by the inspector could relay a comprehensive exhibited knowledge about the residents and their care needs, and this was reflected in their care plans. The inspector found that the centre was in compliance with end of life care and was moderately non compliant with the Outcome on Food and Nutrition.

The actions necessary 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 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the time of the last inspection inspectors found that there was no overall report completed on the quality and safety of care and quality of life in accordance with Regulation 35. This action had not been completed.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

At the time of the last inspection inspectors found that many policies required review. The policy on the prevention, detection and investigation of alleged abuse and the medication policy were both due for review in September 2013 but had not been reviewed at the time of the inspection. This action had been completed. Both these

policies had been reviewed and an on-going process was in place with regard to policy review.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

At the time of the last inspection inspectors found that the policy on prevention detection and response to elder abuse required revision to include guidance to staff as to the action to take in the event of an allegation of abuse involving senior staff of the centre. The inspector found the policy had been reviewed and guidance to staff as to the action to take in the event of an allegation of abuse involving senior staff of the centre has been included.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

At the time of the last inspection inspectors found that there was one resident using a five point chair strap. There was regular monitoring of the use of this strap and staff stated that it was used as a safety precaution for the resident. Inspectors discussed with staff the rationale and assessment for the use of this measure. An occupational therapy assessment had not been undertaken to ensure a specialised assessment had been completed to ensure optimum safety of the resident and that a consensus opinion was obtained with regard to the use of this. Staff assured the inspectors that the resident would be referred for a seating assessment as a matter of priority. This action had been

addressed. The resident was seen by the occupational therapist and the five point chair strap is no longer required.

At the time of the last inspection inspectors found that fire drills were simulated by staff, residents were not involved in the drills. The only recording of these was who attended. There was no recording of the time taken, whether an evacuation had been completed and if so how this occurred. The procedure with regard to fire drills had been reviewed and staff now document who involved and what occurred. Also at the time of the last inspection inspectors found that there was no individual evacuation plan in place for each resident detailing how they would be evacuated and what equipment or assistance would be required should evacuation be required. This has been completed. A designated area for storage of equipment required should evacuation be required on night duty has been set up.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Arrangements to meet residents' assessed needs were set out in individual care plans. The inspector reviewed three residents' care assessments and care plans. There was good evidence of appropriate referrals to specialist professionals such as a dietician, speech and language therapist, occupational therapist and dentist. Care plans reviewed for nutrition and end of life were person centred. The inspector reviewed end of life care plans for four residents.

As discussed in Outcome 14 resident's end of life care plans, documented residents wishes. In some cases residents had requested that staff speak to their next of kin with regard to this aspect of their care and the inspector saw that this had occurred.

Assessments were based on the activities of daily living and care planning was based on problems identified following these assessments. These were comprehensive and person-centred. Other risk assessments were evidenced-based and there were a core suite of risk assessments in place, for example, a scale for predicting pressure sore risk, dependency levels, skin integrity, nutritional risk and falls.

Analgesic medication was prescribed for pain relief, and a recognised pain assessment and monitoring tool to assess pain levels and monitor the effectiveness of the prescribed analgesia was in use. There was good evidence available on files reviewed of collaborative work between palliative care team, the general practitioner and the centre staff.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Person-centred care and support

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

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

Findings:

This centre has multi occupancy rooms and the provider has met with the authority to discuss proposals to ensure that this centre will be in compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013. and the National Quality Standards for Residential Care Settings for Older People in Ireland. A final plan is to be submitted to the Authority with regard to compliance in this area post July 2015.

This outcome was reviewed in the context of food and nutrition on this inspection. The environment of the dining room was conducive to making the dining experience pleasant. The dining room was bright clean and airy. There was low level noise, tables were set with condiments and napkins available. The dining room was of a sufficient size to provide adequate space for residents including those with mobility equipment to sit at dining tables and to move around safely.

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 policy was comprehensive and guided staff to give a good standard of evidence-based appropriate care to residents and their significant others with regard to end-of-life care. Five staff had attended the 'final journey' programme in March 2014. 13 staff had attended communication, pain management and supporting families in 2011. An annual memorial service is held for all resident who pass away throughout the year. Residents and staff are given time to pay their respects to the deceased , their family and friends.

The inspector read the records of two recently deceased residents and found evidence of good practice, including regular review by the (GP) and the palliative care team to monitor and ensure appropriate comfort measures. The inspector found that each resident had an end of life care plan and resident's end-of-life care wishes were respected and facilitated. Family discussions were held with the GP and nursing staff. Four files of residents currently living in the centre were reviewed and they were all found to have end of life care plans which were regularly reviewed. This was evidence of consultation with the resident and their significant other in this process.

While specific accommodation for families to stay overnight was not available, families were supported to be with the resident and facilitated to stay overnight in the visitors' room where a couch was available and refreshments were provided. Residents' cultural and religious needs were supported. Mass took place in the centre generally once a week. Other religious ministers were welcomed and visited.

As some residents were accommodated in shared rooms it was difficult to ensure the privacy and dignity of these residents. Curtains were in place and provided some privacy however, staff stated that where possible, when residents were receiving end of life care they were offered the option of transferring to a single room. In one of the questionnaires returned to the Authority the relative commented that a single room was not available for her loved one.

Four completed questionnaires were received from relatives by the Authority. All stated that they were very satisfied with the care provided and were complimentary of the staff. Residents who the inspector spoke with and, from analysis of relative questionnaires relayed positive feedback with regard to their care, access to the staff, palliative care personnel and the general practitioner. Evidence was available to show that planning of care was done in consultation with the resident and/or their significant other. Medical notes were reviewed and residents were regularly reviewed by their GP had regular access to their chosen General Practitioner (GP).

The centre-specific medication management policy was in place and this was reviewed. Residents' prescription charts were examined and the inspector noted that supplements recommended by the dietician were prescribed by the GP.

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:

There was a food and nutrition policy in place which provided detailed guidance to staff and was supported by a suite of allied documents including nutritional intake and screening, oral care and diabetes management. Staff members spoken with by the inspector were knowledgeable regarding these policies. The inspector noted that residents had access to drinking water at all times, jugs of water and glasses were available in the sitting room and residents' bedrooms. The inspector observed the breakfast and mid-day meal on the day on inspection. The menu choices were clearly displayed on a board in the dining room.

Residents were facilitated to maintain their independence with eating. On observation of the mid-day meal the inspector noted that the normal diet food was wholesome and nutritious. The food and nutritional needs of residents was met to a good standard for most residents, however; residents who were on puree modified diets did not have a good choice of food at their evening meal. The relative of one of the residents expressed concern at the lack of choice for residents on modified diets and that modified consistency meals were not presented in an appetising and appropriate way. For example residents did not know the difference between beef or lamb or pork that was on a modified diet. This was confirmed by staff. Home-made soup was regularly on the menu as the main course at tea time for this resident group.

The inspector spoke to the chef who stated that he had difficulty in ensuring, an interesting appetising diet at tea time was served, to residents on pureed diets taking into their consideration their likes and dislikes. He stated he did not have moulding equipment to make the food look more appetising. The inspector spoke with the PIC who confirmed that there had been a complaint made with regard to presentation and content of modified diets and she had spoke to the chef, the resident and the complainant with regard to this issue.

There was evidence of this available in the complaints log. The PIC also stated that she had enlisted the help of the provider who had organised a catering expert to come to the centre for two days to observe all aspects of the catering service. This had occurred and a report was to be made available within two weeks. The PIC confirmed that she would enact any recommendations made by this expert. The inspector requested that the resident on the pureed diet should be seen by the dietician and advice should be sought with regard to presentation and content of nutritious modified diets.

The inspector noted that there was adequate staff who gave appropriate assistance to residents to ensure their nutritional care needs were met. Staff had received training in relation to food and nutrition, 19 staff had attended in 2011 and five in 2013 and 14 in 2014. They demonstrated good knowledge of how to provide optimal nutritional care for residents. Snacks were available as required. Nutritional care assessments using an evidence-based screening were completed on admission and reviewed at four monthly intervals or as required by the changing needs of residents. Where a need was identified a corresponding care plan was enacted which detailed the nursing care, medication/food supplements prescribed and any recommendations made from specialist personnel.

The inspector reviewed four residents care files which contained assessments, care plans and daily nursing progress notes. Residents had care plans for nutrition and hydration in place. Nursing and clinical documentation was of a good standard. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. These included dietician speech and language therapy, and occupational therapy. A dentist was also available who attended the centre as required.

While staff monitored the food and fluid intake of all residents who were at high risk nutritionally by the use of food and fluid monitoring charts however, these required review to ensure that they document what is eaten by the resident not what was served. The food and fluid volumes need to be accurately recorded so that they are a reliable therapeutic tool with regard to assessing nutritional intake and weight maintenance.

There were nutritious snack options available between meals to ensure sufficient or extra calorific intake. Staff had access to the kitchen to prepare snacks for residents when catering staff were off duty. Residents' dietary preferences and dislikes were recorded and served meals in accordance with their preferences and dietary restrictions. The inspector saw that there was adequate staff available to assist at mealtimes. Staff sat with residents who required assistance with meals, were respectful with their interventions and encouraged residents to be as independent as possible. There was a protected meal time arrangement in place. While visiting was not facilitated in the dining room at meal times if families requested to come in and provide assistance to their loved one at meal times this was facilitated by staff.

Judgment:

Non Compliant - Moderate

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:

Mary McCann
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:	Aras Mhathair Phoil
Centre ID:	OSV-0000652
Date of inspection:	12/09/2014
Date of response:	17/12/2014

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was no overall report completed on the quality and safety of care and quality of life in accordance with Regulation 35.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Annual Report to be completed by December 20th 2014

Proposed Timescale: 20/12/2014

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:

Residents who were on puree modified diets did not have a good choice of food at their evening meal.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

We will review our menus to provide a greater variety of food for residents who are on a puree modified diet. We will also consult with the dietician for further input and advice on a greater choice for our residents. We will source moulding equipment to help make the food look more appetising

Proposed Timescale: 15/12/2014

Theme:

Person-centred care and support

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

The use of food and fluid monitoring charts required review to ensure that they document what is eaten by the resident not what was served. The food and fluid volumes need to be accurately recorded.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Fluid and Food monitoring charts will be updated to ensure that the quantity of food and fluid taken by residents will be accurately recorded.

Proposed Timescale: 31/10/2014