

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Fionnan's Community Nursing Unit
Centre ID:	OSV-0000650
Centre address:	Achill Sound, Mayo.
Telephone number:	098 45043
Email address:	michael.fahey@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michael Fahey
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	7

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: 17 September 2014 10:30 To: 17 September 2014 19:00

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

Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
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 and food and nutrition and reference is also made to care planning and assessment in Outcome 11. In addition, the person in charge, physical environment and management of elder abuse were reviewed.

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 inspector met residents and staff, observed practice in the centre and reviewed documents such as menus, care plans and medical records. The inspector also read survey questionnaires completed by relatives and received by the Authority following the inspection.

The person in charge, who completed the provider self-assessment tools, had judged the centre to be in compliance with food and nutrition requirements and in minor non-compliance with end of life care and some of the deficits she had identified had been addressed by the time of inspection.

The inspector found that residents' end-of-life care was well managed and there was good access to medical and specialist palliative care. Records indicated that residents received a good standard of care in their final days and families expressed a high level of satisfaction with end of life care their relatives had received. Improvement, however, was required in the assessment of residents' wishes regarding resuscitation

at end of life.

Residents' nutritional needs were well met and residents were complimentary of the food provided. The menu was varied and suited to residents' specific needs. Food appeared wholesome and nutritious and residents requiring assistance were supported in a respectful and appropriate manner. Residents had regular nutritional assessment and monitoring and were reviewed by dieticians and speech and language therapists as required. Some improvement, however, was required in the documentation of special dietary needs and nutritional care planning.

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 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a person in charge who was suitably qualified and experienced in care of older people and management. She had been appointed as person in charge in March 2014. The inspector spoke to her at length during the inspection and she displayed a clear knowledge her legal responsibilities. The person in charge was found to be experienced and committed and she demonstrated a full awareness of the accountability and responsibility attached to her role. She was involved in the centre every weekday and had a person-centred approach to caring for residents.

Staff and residents knew the person in charge and they informed the inspector that she was approachable and accessible. She shared her plans for the ongoing provision of evidenced based care, staff training and improvements to the physical environment.

Judgment:

Compliant

<p>Outcome 07: Safeguarding and Safety</p> <p><i>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.</i></p>
<p>Theme:</p> <p>Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings:</p> <p>There was an abuse policy available to staff to provide guidance on the assessment, reporting and investigation of any allegation of abuse.</p> <p>Training records indicated that all staff had received elder abuse training within the past year. Staff confirmed this to be the case and staff who spoke with the inspector were very clear on what constituted abuse and on how they would respond to any suspicion of abuse.</p> <p>The person in charge outlined a multidisciplinary approach to investigating any suspicion or allegation of abuse and she was clear on the requirement to notify such allegations or suspicions to the Authority.</p> <p>Since the last inspection an in-depth investigation had been undertaken into some previous suspicions of abuse and learning from the final investigation report had been implemented. The inspector read the investigation and findings which were found to be thorough and comprehensive.</p> <p>The management of residents' finances was not reviewed on this inspection.</p>
<p>Judgment:</p> <p>Compliant</p>

<p>Outcome 11: Health and Social Care Needs</p> <p><i>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.</i></p>
<p>Theme:</p> <p>Person-centred care and support</p>

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

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

Findings:

During this inspection, the inspector viewed the processes in place for the assessment and management of nutritional care and end of life wishes. Other aspects of health care were not reviewed at this inspection.

On reviewing end of life assessments the inspector was concerned that the issue of resuscitation had not been suitably considered and assessed. In a sample of files viewed it was documented that the majority of residents were not to be resuscitated in the event of their becoming ill. This decision had been signed by the GP but there was no rationale recorded for the decision. In addition there was no record of consultation with the resident or with their next of kin and there was no evidence that the consequence of this decision had been explained to them. In addition, an end of life care plan for a deceased resident was not completed in sufficient detail to direct residents in the delivery of care and did not include guidance on issues such as oral care, tissue viability and hydration.

Although there was a good standard of nutritional assessment and review noted which is discussed in outcome 15 of this report, the inspector found that some of the nutritional care plans viewed had not been suitably updated to provide guidance to staff. For example, a care plan had not been developed to address an identified nutritional risk and recommendations of dieticians and speech and language therapists were not consistently included in care plans.

Judgment:

Non Compliant - Moderate

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):**Findings:**

The centre was purpose-built in 2000 and was found to clean, bright, comfortable and well maintained throughout.

Residents' bedrooms, communal bathrooms, kitchen, sluice rooms, gardens, sitting rooms and dining areas were inspected and were generally found to be suitable with a good standard of décor. The environment was bright and clean throughout. The person in charge told the inspector of planned upgrades to some areas of the building.

There were 14 single bedrooms, three two-bedded rooms and four three-bedded rooms. At the time of inspection three of the three-bedded rooms were being occupied by two to increase the privacy and comfort of these residents. The bedrooms were bright and comfortable with adequate storage space. Each resident had a bedside locker with a lockable drawer for valuables. All bedrooms had spacious en suite facilities containing toilets, wash hand basins and showers.

The sitting room and dining room were adjoining and were separated by interconnecting doors which could be opened to create a larger communal space when required.

A designated smoking room was provided in the centre although none of the long term residents smoked at the time of inspection.

There was a call bell system in place at all beds and also in the bathrooms. Residents confirmed that there was easy access to the bells and that they were answered promptly by staff. The building was maintained in a clean condition and there were supplies of hand sanitising gels sited in convenient locations throughout the building for staff, residents and visitors to use. Access to any areas where hazardous materials were stored were secured by key-pad locking systems.

It was identified during previous inspections that improvements were required to the ground surface in the enclosed internal garden to render it safe for residents and staff to walk there. The inspector noted that this work had not been completed and the surface underfoot was uneven. The person in charge confirmed that an upgrade of the garden had been approved and that this work would be carried out in the near future.

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):

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

Findings:

The inspector was satisfied that caring for residents at end-of-life was regarded as an

important part of the care service provided. The inspector found that care provided to residents approaching end of life was to a good standard. However, assessment of treatment options for future events required improvement and this is discussed in outcome 11 of this report.

There was an up to date end of life care policy, with provided guidance to staff on many aspects of end of life care including palliative care, spirituality, dignity and care after death.

The provider and person in charge submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 14 and Standard 16, which address end-of-life care. The non-compliances related to care planning and staff training and had not been completed but were in progress at the time of the inspection.

Questionnaires had been sent to relatives of deceased residents, by the person in charge, prior to the inspection and two completed questionnaires were returned to the Authority. These relatives stated that they were very satisfied with the care which had been provided before, both during and after the death of their loved ones. They stated they were made feel welcome and were facilitated to stay overnight and be with the resident during his/her last days. A relative commented that the family "were treated with compassion, dignity and respect" and that the resident's "end of life care needs were met to the highest standards". Relatives reported that residents' wishes, with regard to their place of death were respected and confirmed that their relative had received care in a single room. The person in charge and staff had stated during the inspection and it was documented in the pre-inspection self-assessment questionnaire that residents in shared rooms nearing end of life would be transferred to single rooms.

There was an open visiting policy and family and friends were facilitated to be with the resident approaching end of life. There was ample communal and private space and there was a visitors room available for relatives who wanted to stay overnight. Tea and coffee making facilities were provided in this room and the furniture included a sofa bed and a reclining armchair.

The person in charge and staff stated that the centre maintained strong links with the local palliative care team, who guided staff in areas such as care of symptoms and pain management and provided support to families. The person in charge had identified a need for staff training in end of life assessment/care and staff concurred that training in assessing end of life wishes would be beneficial. The person in charge had prepared suitable training material which she planned to deliver to all staff in the near future.

Residents' spiritual needs were well met at end of life. Residents' spiritual preferences and wishes had been assessed and were recorded in their files. The sacrament of the sick was administered as required. Religious ministers were freely available to support residents at end of life and their families.

The provider and person in charge had taken measures to respect residents' dignity at end of life. A range of bereavement support information was available in the reception area. Staff supplied families with discreet zipped bags for the removal of deceased

residents' belongings.

The inspector viewed a sample of end of life care records. Records indicated that residents were comprehensively assessed on admission and at regular intervals thereafter. The person in charge and staff had been focusing on assessing residents' end of life care wishes, by discussing this with residents or if this was not possible, with their next of kin. The inspector saw that issues such as end of life care preferences and treatment options for future events were recorded in residents' files. While the wishes of most residents had been established, some had declined to comment at time of assessment.

No deficits were identified in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life.

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:

The inspector was satisfied that residents' nutritional needs were well met and that residents received a nutritious and varied diet that offered a range of suitable choices. Food was suitably prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and in a way that met their needs. The inspector noted that staff provided assistance to residents in an appropriate and discreet manner. However, improvement was required to the recording of modified consistency dietary needs. Improvement in documentation of nutritional records was also required and this is discussed in outcome 11 of this report.

There was a comprehensive policy for the monitoring and documentation of nutritional intake which included processes to prevent malnutrition and dehydration.

The inspector visited the kitchen and noticed that it was well organised and there was a plentiful supply of fresh and frozen food. The chef showed the inspector the daily menu plan. There were two main meal choices each day, although alternatives would be arranged for residents who wanted something else to eat. The chef prepared a supply of each meal option and residents made their choices at mealtimes. The chef told the inspector of residents' likes, dislikes and dietary needs. Up-to-date dietary information

which had been supplied by nursing staff was also documented in the kitchen. Some residents required special diets or a modified ion and consistency diet and this was provided for them. The chef adjusted meals with regard to health issues such as diabetes and weight control. Staff were aware of residents' special dietary requirements and were knowledgeable of how these meals would be served to residents. The inspector noted that they had the same choices as other residents and the food was suitably presented. For example, the chef made confectionery and desserts with sugar substitutes for residents on diabetic or low calorie diets. The inspector noted that residents were offered a variety of snacks throughout the day, including drinks, soup, fruit and baked products. In addition, snacks were available to residents if they wanted something to eat in the evenings or during the night.

The inspector joined residents in the dining room for lunch and evening tea and observed the dining experience, which was found to be pleasant and relaxed. Most residents opted to take their meals in the dining room, which was bright and comfortable. There were sufficient staff present in the dining room at mealtimes to support and encourage residents with dining and staff chatted with residents throughout the meals. Staff were attentive to residents, offering drinks and asking if they had enough to eat or wanted more. The inspector noted that all residents were appropriately seated throughout the meals. To aid communication of choices to residents, the staff had developed a range of clear, coloured pictures of the available meals and the appropriate cards were available in the dining room for each meal. The person in charge had also produced a leaflet containing the calorific contents of the most popular foods, which was also kept in the dining room to inform residents or staff as required.

The inspector reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were routinely monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files.

There was a communication deficit in that the language used to describe levels of modified consistency foods was inconsistent and unclear. Nursing staff supplied this information to catering staff based on the recommendations of the speech and language therapists. However, in some of the records viewed, the terminology used by catering staff to describe various food consistencies differed this information supplied by the nurses. Although staff were familiar with residents' needs this presented a risk of food being inappropriately prepared.

Residents' views of the catering system were gathered through a recent satisfaction survey and the chef spoke with residents daily to establish their preferences. The inspector read a food and nutrition audit based on the outcomes of the resident survey which indicated a high level of satisfaction with the catering arrangements. Residents who spoke with the inspector were complimentary of the food received and said that there was a plentiful supply of food available throughout the day, including snacks as required. They also confirmed that they were offered choice and that the food was well cooked and tasty.

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:

Jackie Warren
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. Fionnan's Community Nursing Unit
Centre ID:	OSV-0000650
Date of inspection:	17/09/2014
Date of response:	13/10/2014

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 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

The issue of resuscitation had not been suitably considered and assessed.

Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the

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

<p>person's admission to the designated centre.</p> <p>Please state the actions you have taken or are planning to take: All resident's care plans shall be reassessed in relation to issue of resuscitation. This shall be carried out with the resident and family as appropriate. This shall also be addressed in respect of all future residents on or prior to admission to the unit.</p>
<p>Proposed Timescale: 18/11/2014</p>
<p>Theme: Person-centred care and support</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Some nutritional care plans and an end of life care plan for a deceased resident had not been suitably completed and updated to provide guidance to staff.</p> <p>Action Required: Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p> <p>Please state the actions you have taken or are planning to take: All the nutritional and end-of-life care plans have been reviewed and updated</p>
<p>Proposed Timescale: 13/10/2014</p>

Outcome 15: Food and Nutrition
<p>Theme: Person-centred care and support</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Communication of modified consistency dietary requirements was inconsistent and unclear. Some of the terminology used by catering staff to describe various food consistencies differed from the assessed information supplied by the nurses, which presented a risk of food being inappropriately prepared.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take: Communication of modified consistency dietary requirements has been readdressed and the terminology used has been standardised between kitchen staff and Health Care</p>

staff.

The Speech and language Therapist has been approached to give further education to staff on modified diets on the next visit to the unit.

Proposed Timescale: 18/11/2014