

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Stella Maris Nursing Home
Centre ID:	OSV-0000396
Centre address:	Cummer, Tuam, Galway.
Telephone number:	093 41944
Email address:	martinahaverty@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Stella Maris Residential Care Limited
Provider Nominee:	Sarah Ann Maloney
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	8

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: 02 October 2014 13:45 To: 02 October 2014 18:45

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

Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused mainly on two outcomes, End-of-Life Care and Food and Nutrition. Providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in preparation for inspection of both outcomes. Prior to the inspection, the Authority received unsolicited information which was also considered on this inspection. No required actions were identified by the inspector regarding this information.

The inspector reviewed policies and analysed questionnaires which relatives submitted to the Authority prior to the inspection. The inspector observed practice on inspection and met with residents, the provider, person in charge and staff. Documents were reviewed such as training records and care plans. Prior to the inspection, the provider in conjunction with the person in charge completed the provider self-assessment tool and had assessed that the centre was compliant in relation to food and nutrition and in minor non-compliance regarding end of life care.

The inspector found that overall there was substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. There were many examples of positive outcomes for residents, which were confirmed by residents and/or their representative and evidenced throughout the inspection. Residents also expressed satisfaction with the service provided.

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

The inspector found that residents' end-of-life needs were well managed and a good standard of nursing care was provided at this stage of life. The person in charge and staff demonstrated in-depth knowledgeable and sensitivity towards the needs of residents and families. Relatives of deceased residents expressed a high level of satisfaction with the care provided to their loved ones by the centre. Some improvement was required to the associated documentation to adequately capture residents' end-of-life wishes and requirements.

A high standard of evidenced based practice was found in relation to food and nutrition and this resulted in residents' nutritional needs been appropriately met.

The provider continued to make available resources for staff training and the person in charge had facilitated staff to attend this training. Records viewed and staff spoken with confirmed that ongoing training had been provided in end-of-life care and nutritional management. The inspector also noted that in response to the previous action plan, the person in charge and provider had allocated additional nursing staff and a care assistant during specific shifts. The provider and person in charge confirmed that staffing levels and skill mix would remain under review.

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 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

Findings:

The inspector reviewed the assessment and care planning for residents' nutritional needs and end of life care and found that some minor improvement was required as described under Outcome 14.

Other aspects relevant to this Outcome were not reviewed during this inspection.

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

Findings:

This Outcome had not been inspected on the previous inspection.

The inspector was satisfied that the person in charge had ensured that caring for a resident at end of life was regarded as an integral part of the care provided. The inspector found that residents received person centred care at end of life which was of a high standard and respected the individual.

The inspector found that the centre specific end-of-life care policy and had been kept under review and was most recently updated during February 2014. The inspector viewed the policy and noted that it included detailed guidance to staff on the provision of care before, during and after end of life. Staff that spoke with the inspector were familiar with centre practices regarding end of life.

The inspector reviewed the arrangements for capturing residents' end-of-life wishes including the records of two deceased residents. From the sample of residents' files reviewed by the inspector, residents' end-of-life wishes and pain management had been assessed for some residents but this had not been consistently completed. An end-of-life care plan was in place for each resident although some care plans did not contain sufficient details to direct staff practice and future health care decisions. While this required information had not been documented in some residents' files, the person in charge knew the residents and their wishes well and confirmed that she had discussions around end-of-life preferences.

There was documentary evidence that the care plans were developed in consultation with the resident and/or their family members but this had not been consistently completed. A required action relating to this matter is included under Outcome 11.

The inspector found that the strong links which the person in charge had established with the hospice care team had remained in place. The person in charge and staff described how this service had been utilised in the past when required.

Residents that spoke with the inspector described how their religious and spiritual requirements were supported and promoted. Residents' spiritual needs had been assessed and used to inform a specific care plan that had been developed for each resident on their spiritual care. The inspector noted that appropriate arrangements on previous inspections, had remained in place including daily rosary and a weekly mass. At the time of inspection all residents were Roman Catholic and residents were supported to attend the large oratory located in the centre. The person in charge confirmed that any future residents from other religious denominations would be supported and respected to practice their beliefs. Staff confirmed that residents were facilitated to pay their respects to a deceased resident and residents at end of life had access to a priest as required.

The inspector read questionnaires that were returned by relatives of residents who had deceased in the centre. The relatives reported a high level of satisfaction with the care provided at end of life and give feedback that residents' wishes, with regard to their place of death, was respected and their dignity promoted. Relatives that returned questionnaires were very complementary of the care and respect shown by staff and management before and after the death.

While the majority of residents resided in two-bedded rooms the provider, person in charge and staff reported that to date most residents that died in the centre where in a bedroom on their own except in the event of an unexpected death. Relatives that had completed questionnaires on end of life reported that residents had access to a single room at this time and that they could stay overnight and be present with the resident. The policy on end of life care and those spoken with during the inspection confirmed that measures were in place for relatives/friends including overnight facilities and refreshments were made available to residents' loved ones at this stage of life.

Staff had completed formal training on end-of-life and the person in charge also continued to provide instruction and guidance to staff on this area. A number of staff had previously received formal training on end of life during 2012 and more recently on

15 and 24 April 2014. The person in charge and provider had arranged for this training to take place over 2 days to facilitate staff to attend and the inspector noted that they also completed this additional training. Staff that had attended training in April 2014 outlined clearly areas that were covered and how they applied this learning to support the care provided at end of life.

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

Findings:

This Outcome had not been inspected against on the previous inspection.

The inspector was satisfied that residents were provided with food and drinks at times and in quantities adequate for their needs. Food was suitably prepared, cooked and well presented. Residents were offered a variety of foods as part of a four-week menu cycle that included choice at mealtimes and in a way that met their needs. Residents who spoke with the inspector confirmed that there were daily meal choices and that staff asked for their preferences and if they changed their mind that this would be facilitated. The inspector saw that staff provided assistance to residents in an appropriate manner.

The nutrition policy that had been implemented provided comprehensive guidance to staff. The centre specific policy had been kept under review and most recently updated in February 2014. There was also a folder which included evidenced based research material and guidance documents on nutritional management. Staff that spoke with the inspector demonstrated knowledge of the nutritional policy and guidance documents that had been maintained.

Residents were offered a varied diet that provided choice at each meal time including those residents on specialised diets. Residents gave positive feedback on their meals and service provided by staff and confirmed that they could request additional snacks or drinks at any time.

A four-week day menu cycle was in place which had been developed in conjunction with the dietician and the inspector saw that snacks and drinks were readily available throughout the inspection. The inspector observed and residents confirmed that the chef continued to produce a wide range of home-baking including a variety of scones, cakes and home-made desserts. Some residents and a relative spoke also to the inspector about a recent landmark birthday that had been celebrated and the beautiful cake that the chef had made to celebrate the occasion.

The inspector joined residents during the main lunch time meal and evening tea. The inspector sampled the meal options and found that the food was very flavoursome and suitably heated, where required. The dining experience was relaxed and unhurried. Staff were respectful in their interactions with residents and consulted with residents regarding their meal choices and their preferences. Meals were well presented including meals for residents on modified diets. Residents were supported to have their meals in the dining room or in their bedrooms or day room if they preferred and the inspector saw that the majority of residents had their meals in the dining room.

The inspector noted that the person in charge in conjunction with a number of other staff supervised the meal times. Staff served meals in accordance with the wishes of the resident and offered and provided assistance to residents who required it in a respectful and discreet manner.

The person in charge had implemented an effective system to monitor residents' nutritional requirements. Adequate measures were in place to ensure residents' dietary requirements were met and up to date information was kept on their dietary requirements and preferences. The inspector read that timely input had been obtained from allied health services including the speech and language therapist (SALT) and dietician where necessary and that recommendations were kept in residents' files regarding the consistency of meals. Residents also had access to dental services when required. Staff spoken with including the chef were knowledgeable of residents' special dietary requirements and referred to nutritional and SALT guidelines. The chef showed the inspector a folder containing information on residents' dietary assessments and special dietary requirements. The chef also kept guidance on areas including modified consistencies for individual residents, fortification of foods to enhance the nutritional value of food and practical tips for helping with weight loss.

A recognised nutritional assessment tool was used to develop informative care plans that directed staff practice. Residents' weights and body mass index (BMI) were regularly monitored. A formal process remained in place to ensure that residents, who had poor food and fluid intake, were closely monitored and afforded additional drinks and snacks throughout the day. The inspector read that input obtained from residents' general practitioner had also been sought and medication records showed that nutritional supplements were administered as prescribed.

Other measures had also been taken to monitor and review food and nutritional management. The person in charge monitored residents' weights on a monthly basis and residents' meetings which continued to take place regularly were used as an opportunity to discuss the standard of food directly with residents. The inspector noted that these meetings had also been used to inform residents of the services available from the dietician and SALT.

The inspector visited the kitchen and noted that it was kept in a very clean condition. There were ample supplies of fresh and frozen food to facilitate choice at mealtimes and there was a selection of snacks including fresh fruit.

Staff had completed formal training on different areas of nutritional management. For example, staff had attended training on the essential elements of nutritional care during

March 2013 and kitchen staff had completed food safety training in the past. During 2014, relevant staff had completed training on the nutritional assessment and related areas including wound healing. A staff member had also completed food safety training in April 2014.

The daily menu was displayed on a black board in two separate locations in the dining room. These menus showed the choices available, although the details of the menu could not be easily viewed from some areas of the room. The inspector discussed options that the provider and person in charge could consider to enhance communication of the menu to residents.

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:

Nan Savage
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:	Stella Maris Nursing Home
Centre ID:	OSV-0000396
Date of inspection:	02/10/2014
Date of response:	04/11/2014

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:

There was documentary evidence that the care plans were developed in consultation with the resident and/or their family members but this had not been consistently completed and some care plans did not contain sufficient details to direct staff practice and future health care decisions.

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

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.

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

Residents care plans are in the process of review and will be reviewed at intervals not exceeding 4 months to ensure a comprehensive assessment is captured and clear guidelines are documented to direct staff practice so that residents needs that are reasonable practical are met.

Proposed Timescale: 31/12/2014

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:

Some residents' end-of-life wishes had not been fully assessed and some care plans did not contain sufficient details to direct staff 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:

Residents end of life care plans are in the process of review to ensure all information regarding their preference and wishes that are reasonable practical are provided. These wishes will be documented to give clear guidelines to direct staff.

Proposed Timescale: 31/12/2014