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St. Joseph's Supported Care Home, Kilmoganny, Kilkenny.

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Joseph's Supported Care Home
Centre ID:	OSV-0000555
Centre address:	Kilmoganny, Kilkenny.
Telephone number:	051 648 091
Email address:	info@stjosephshome.net
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St. Joseph's Supported Care Home
Provider Nominee:	Nicholas Flavin
Lead inspector:	Ide Batan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	5

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: 29 July 2014 08:20 To: 29 July 2014 13:45

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

Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection the nurse manager, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as care plans, medication management charts, complaints log, minutes of residents' meetings and audits of meals and meal times.

The person in charge had only taken up post just a week before the inspection. Therefore the previous person in charge had completed the provider self assessment tool judged that the centre was compliant with regard to end-of-life-care and was also compliant with regard to food and nutrition.

This centre caters for low dependent and independent residents and offers non nursing care. The inspector found that meals were varied and of an adequate standard. Given the low dependency of residents, few of the assessment or monitoring procedures that one would expect with more dependent residents were required. In addition, as no residents were accommodated once their level of dependency increased, procedures for end-of-life care were limited to sudden death.

The inspector found a minor non compliance in the area of food and nutrition and compliance in the area of end-of-life care 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.

Residents voiced how happy they were in the centre and were very complimentary of the care provided.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre caters for low dependency/independent residents and provides non-nursing care. In the event that a resident's dependency increases to a level where more than minimal assistance is required with activities of daily living, their transfer to alternative accommodation is arranged in liaison with the relevant health professionals. The inspector noted that this practice was reflected by the fact no residents had died in the centre within the past twenty four months. There was therefore no cohort of relatives available to complete questionnaires in respect of residents who had died while living in the centre.

The person in charge told the inspector that residents did have the option of returning home for end of life care if they wished, and this was reflected in the centre's policy and in the end of life care plans viewed by the inspector. The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date having been reviewed in January 2014. The policy had been read and signed off by staff.

Staff with whom the inspector spoke were familiar with policies. The policy outlined that upon the death of a resident, his/her family or representatives were offered practical information on what to do following the death of their relative. The manner in which personal belongings are returned to the relatives was also reflected in the policy. A sample of residents' inventories of personal property were reviewed. There was a policy on residents' personal property and possessions as required by legislation.

The inspector observed that suitable space was available should it be required. All rooms were single occupancy with the exception of two double rooms which had adequate space for relatives to stay overnight should the need arise.

The person in charge said that staff had not received any training in end of life care and not all staff were trained in cardiopulmonary resuscitation in the event of a sudden death occurring. The inspector saw that there was no staff support or debriefing

arrangements in place following the death of a resident.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre as observed by the inspector. Residents had access to ministers from a range of religious denominations should these services be required. The Health Service Executive (HSE) home care team offers guidance as required in respect of appropriate management of illness should the need arise. The inspector saw evidence of this in a care plan.

The inspector reviewed a sample of care plans. A review of this sample of care plans of current residents evidenced that the care plans did address the topic of spirituality and dying. The inspector observed that there was evidence of engagement and consultation regarding spirituality and dying. The care plans reviewed reflected that this issue was addressed or discussed with the resident, where possible.

There was a protocol for the return of personal possessions which was also reflected in the end of life care policy.

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 reviewed the person in charge's self-assessment questionnaire and the overall self assessment of compliance with Regulation 20 and Standard 19. The person in charge had assessed the centre as being compliant. The centre had up-to-date policies on food and nutrition.

Residents had the option of having their breakfast served in bed, in the dining rooms or at their bedside and at a time of their choosing. Snacks and hot and cold drinks including soup, tea/coffee and fresh drinking water were readily available throughout the day. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes.

Given the low dependency of residents, none required assistance with eating or modified diets and the need for referral to allied health professionals in respect of food and nutrition had only arisen on one occasion. The inspector saw an appropriate referral to

dietetic services.

The inspector observed that two residents were taking nutritional supplements which had been appropriately prescribed. Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified, including weekly weights and referral to the appropriate allied service.

Of a sample of care plans reviewed by the inspector all contained records of relevant monitoring with regard to nutrition and weight. All residents were weighed regularly and nutritional assessments were reviewed on a monthly basis.

The inspector reviewed records of residents' meetings. It was evident from minutes of these meetings that residents were satisfied with the food and choices provided. This was supported by the complaints log which did not include any concerns with regard to food. The inspector viewed results of a recent survey carried out by the previous person in charge in relation to meals and mealtimes. Overall, there was a positive response from residents who were complimentary in relation to food and choices provided.

The inspector spoke with the assistant cook. Up-to-date information with regard to residents' dietary requirements was available on a white board in the kitchen. The inspector saw that a swallow care plan was in place for a resident. Staff had in-depth knowledge of residents' likes and dislikes. The cook told the inspector that meals were kept refrigerated for residents who may miss a mealtime on occasions.

There was evidence that choice was available to residents for breakfast, lunch and tea. Residents confirmed that they were always asked what they wished to have for main meals.

Documentation submitted to the Authority indicated that:

2 residents was on a diabetic diet

2 residents were using supplements.

There were no residents on fortified diets.

Lunch was served from 12.30pm. The inspector saw that a resident had a glass of wine with his meal. The dining room was pleasant and inviting and care was taken with condiments and table settings. There was one sitting for each main meal. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Evening tea was served from 5pm.

There was access through community services to allied health care such as dieticians or speech and language therapy. All referrals were made through the general practitioner (GP). GPs were available in the community and residents saw their GP and went out to the dentist.

Residents' with diabetes were provided with the appropriate diet and had a care plan guiding their care as observed by the inspector. The catering staff had completed food hygiene training.

The inspector was satisfied that residents received a varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. However, the centre currently has no input from a dietician to ensure the nutritional value of resident's meals.

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:

Ide Batan
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. Joseph's Supported Care Home
Centre ID:	OSV-0000555
Date of inspection:	29/07/2014
Date of response:	25/08/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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:

The centre currently has no input from a dietician to ensure the nutritional value of resident's meals.

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:

I plan to have a dietician visit the centre and assess the nutritional value of the food. I plan to have achieved this action plan by October 31 October 2014.

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

Proposed Timescale: 31/12/2014