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Holy Ghost Residential Home, Cork Road, Waterford.

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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:	Holy Ghost Residential Home
Centre ID:	OSV-0000591
Centre address:	Cork Road, Waterford.
Telephone number:	051 374397
Email address:	bridgetroche0@gmail.com
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Board of Trustees of Holy Ghost Residential Home
Provider Nominee:	Hilary Quinlan
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	0

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: 30 September 2014 12:00 To: 30 September 2014 17:00

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

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

Summary of findings from this inspection

This report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life care and Food and Nutrition. In advance of this inspection the provider had the opportunity to attend an information seminar and was issued with evidence based guidance. The provider also completed a self-assessment to determine their level of compliance.

The Holy Ghost Residential Home was a community service run on a voluntary basis and managed by a board of directors. The inspection was unannounced. On the day of inspection there were 60 residents in the centre. The inspector met with the nominated provider and the person in charge as well as other members of staff and residents. Documents reviewed by the inspector on-site included staff rosters and training records, residents' care plans and minutes of residents' meetings.

The inspector observed the experience for the residents, and the practices of the staff, and found evidence that the needs of residents around end of life care and nutrition were appropriately assessed and substantially met. The inspector was present at both lunch and evening tea and observed the residents in their experience of dining and the staff in their delivery of service. Residents spoken with were very satisfied with the service they experienced at the centre.

During the inspection there was evidence of good practice in relation to both outcomes. The inspector recognised that the required level of care around end of life was limited given the relatively independent profile of the resident population. Documentation required further development as the end of life policy was not fully developed and not all residents had end of life care plans. The person in charge explained that systems were being put in place to address these issues. In relation to

food and nutrition the centre had assessed itself as having a minor non-compliance with the regulations. The inspector concurred with this self assessment as the food and nutrition policy was also incomplete and did not fully detail the recording and documenting of residents' assessed nutritional requirements though this was evident in practice.

The actions in respect of these findings are recorded against outcome 5 in relation to both end of life and food and nutrition policies; this was the only aspect of documentation in that outcome inspected against the Regulations set out by the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a catering policy in place dated February 2014 which referenced food and nutrition in general terms. However, it did not cover the practices in place for the assessment and planning of care for residents in relation to nutritional needs. This finding is considered in more detail at outcome 15 of the report.

Whilst there was a current policy in place In relation to sudden or unexpected death, it required further development to reflect the implementation of processes to assess and record any specific instructions or preferences that an individual resident would wish to express should their health suddenly deteriorate. This finding is further referenced at outcome 14 of the report.

Judgment:
Non Compliant - Moderate

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 Holy Ghost Residential Home was a community service run on a voluntary basis and managed by a board of directors. The dependency profile of residents was relatively low and services were managed accordingly. On the day of inspection the occupancy level at the centre was 60 residents and there was an appropriate number of staff with a suitable skill mix to meet the assessed needs of the residents given the size and layout of the centre.

The person in charge was suitably qualified and had been in post for over 5 years. The person in charge demonstrated a well developed understanding of the centre's resident profile, had a clear commitment to person-centred care and understood the statutory requirements in relation to the provision of end of life care.

A current, centre-specific policy on sudden or unexpected death was in place which referenced the constraints around admission criteria in relation to the provision of nursing care. The residents' guide and statement of purpose also outlined the circumstances in relation to the delivery of nursing care where the needs of a resident changed and included provisions for assessment by a gerontology clinic with transfer to a service provider where appropriate nursing care, including palliative care, could be provided as required.

The person in charge confirmed that there had been no death at the centre since it had been registered and that there had been no instances where end of life care had been provided.

The policy referenced the observation of dignity and privacy in the event of a sudden death including the provision of a private room and appropriate consideration of other residents. Procedures referred to consultation with family and also consideration around the religious denominations of individual residents. Provisions were in place to accommodate families with hospitality and privacy.

The inspector reviewed the policy and found that further development was required in some areas. The policy did not provide sufficient detail around the process of capturing the wishes of residents, particularly in relation to pre-admission assessments and the opportunity for further review during a resident's stay. The person in charge explained that systems to address these shortcomings were in place but had yet to be fully implemented. For example there were records in some care plans of discussion with

residents and families in relation to their wishes though these records were not signed or dated. The policy also outlined procedures around verification and certification following the death of a resident though there was no reference to the management or return of personal belongings. Actions in relation to these findings are recorded against outcome 5.

Although specific training around end of life care had not been made available at the centre, staff were appropriately trained to deliver care in keeping with the centre's policy around sudden or unexpected death. Staff spoken with were competent to deliver care appropriate to the needs of the resident profile and demonstrated an awareness of the need to provide residents with an opportunity to discuss and express their personal wishes should there be a change in the circumstances of their health.

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 Holy Ghost Residential Home provides supportive care for those who have been assessed as not requiring full time nursing care. As such the care provided was appropriate to the assessed needs of a resident profile with relatively low dependency levels. Independent dining was encouraged and on the day of inspection there was no resident requiring assistance at mealtimes.

There was a current catering policy in place which also covered provisions in relation to food and nutrition. The inspector explained to the person in charge that the information pertaining to food and nutrition should form the basis of a separate policy that would reflect the monitoring, recording and managing of nutritional needs as were seen to be in evidence and part of daily practice during the inspection. The policy did not indicate how often or when weights were recorded though pre-admission assessments using a recognised evidence based assessment tool were in place and records of weight monitoring were in evidence on care plans. The action for this finding is recorded under outcome 5.

A communication system was in place between staff to monitor and record the routine of residents' daily activities including food and drink consumption. Where changes were noted which might require intervention these were reviewed by the person in charge.

The centre had access to allied healthcare professionals including a speech and language therapist, occupational therapist and physiotherapist. There was no community dietician available in the area though dietician services were available privately. Staff had not had specific training in supporting higher dependency needs in relation to nutrition and hydration.

Each resident's daily routine and preferences around diet were elicited as part of the ongoing care assessment process. Such preferences were seen to be recorded in care plans and accommodated as part of the daily dining routine. Where nutritional issues were identified residents were referred for assessment to the local gerontology clinic. Staff spoken with demonstrated an understanding of the residents and their individual circumstances and were observed attending to the needs of residents in a respectful manner whilst being mindful of residents' privacy and dignity. Staff spoken with had received training in nutrition awareness within the past 12 months. Catering staff had received appropriate training in food standards and hygiene. A communication system was in place that made kitchen staff aware of residents' individual needs and preferences. On the day of inspection only one resident required a modified diet and an appropriate care plan was in place that recorded input by both the GP and a speech and language therapist and was also subject to timely review.

Breakfast was available from 8.30am daily and included a choice of cereals, toast, porridge, fruit juice and tea or coffee. Lunch was available from 12.30 and on the day of inspection a choice of three main-courses as well as two desserts were available. Meals were freshly prepared on-site with fresh ingredients sourced locally and delivered daily. Residents spoken with by the inspector commented very favourably on the food provided. Tea was served at 4.30 and included choices such as cold meat cuts and salad, egg mayonnaise or sausage and chips. A supper of tea, toast and brown or white bread was served at 8.45pm. Residents were encouraged to attend the dining room for meals though they also had the option to eat in their room if they so wished. The dining area was clean and bright with tables well laid for small groups. The inspector observed lunch and tea on the day of inspection and found the dining experience was very pleasant with good communication and banter between residents and staff and, overall, a very convivial atmosphere. There were also facilities for the relatives of residents to participate in meal occasions by arrangement. Arrangements were in place for residents to prepare recipes which were then baked on-site by the kitchen staff.

Facilities were available for residents to have snacks and refreshments throughout the day. An annual resident satisfaction survey was in place and suggestions from these were seen to have been implemented, for example an additional drinks round had been put in place and cooled drinks were now made available particularly in warmer weather. Residents' meetings were also held regularly the last being on 6 September 2014. As part of a resident initiative an on-site snack shop was put in place, stocked and supervised by 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:

Mairead Harrington
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:	Holy Ghost Residential Home
Centre ID:	OSV-0000591
Date of inspection:	30/09/2014
Date of response:	22/10/2014

Requirements

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

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Policies in relation to both food and nutrition, and end of life, were not fully developed and did not reflect practice and procedures in place at the centre.

Action Required:

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

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

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

To review the Food/Nutrition Policy, it will be separated from environmental health food hygiene section and reflect the monitoring, recording and management of nutritional needs. To include integration with the care plan recordings of same.

To review the Sudden / Emergency death plan in order that it reflects our practice in the supportive care home in line with the Statement of Purpose and integrated with care plan recordings of each resident

Proposed Timescale: 30/11/2014

Theme:

Governance, Leadership and Management

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

Ensure details of plans relating to a resident's specific health care, in this instance at end of life, are appropriately recorded.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All resident's care plans are to be updated with completion of an end of life/emergency situation covering any concerns or wishes/preferences they would like to be addressed. To be signed and dated by both the resident and manager/nurse assessing care and the Emergency/Sudden Death policy will be updated to reflect same.

Proposed Timescale: 31/12/2014