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St. Brendan's High Support Unit, Mulranny, Westport, Mayo.

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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. Brendan's High Support Unit
Centre ID:	ORG-0000389
Centre address:	Mulranny, Westport, Mayo.
Telephone number:	098 36027
Email address:	don.stbrendans@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mulranny Day Centre Housing Limited
Provider Nominee:	Susan Moran
Person in charge:	Susan Moran
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	30
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 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.

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: 21 May 2014 11:30 To: 21 May 2014 18:30

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

Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two outcomes, End-of-Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

The inspector reviewed policies and analysed surveys 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 care plans and training records. The person in charge had completed the provider self-assessment tool and judged that the centre was compliant in relation to both outcomes.

While evidence of good practice and positive outcomes for residents were identified in both areas the inspector identified some non-compliances with 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 was good access to the general practitioner (GP) and other allied health professionals including the dietician and the speech and language therapist (SALT). The person in charge had established links with the local palliative care team. The provider and person in charge were knowledgeable and sensitive to the needs of residents and families. Residents and relatives were satisfied with the service provided in relation to end-of-life care and nutrition. Relatives of deceased residents

expressed satisfaction with the care provided to their loved ones. Arrangements were in place to manage residents' end-of-life needs although some improvement was required to ensure a high standard of evidence based practice was provided at this stage of life.

Good practice was also observed in relation to food and nutrition, however, some improvement was required to promote continuity of care and ensure that all residents' needs were consistently met. The inspector found that the dining room was not maintained to a suitable standard of décor. Prior to the inspection, the provider and person in charge had put plans in place to redecorate the dining room.

While some training had been provided on nutritional management and end-of-life care this was limited. Staff had attended training on aspects of nutritional management and two nursing staff had received training on end-of-life care.

These and other matters are discussed further in the report and in the Action Plan at the end of 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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:
Effective Care and Support

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

Findings:
The inspector reviewed the assessment and care planning for residents' nutritional needs and end-of-life care and found that some improvements were required as described under Outcomes 14 and 15. Other aspects relevant to this outcome were not reviewed during this inspection.

Judgement:
Non Compliant - Minor

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that the dining room was not kept to an appropriate standard of decoration. The dining room was sparsely furnished and there was evidence of paint flaking in some areas. The inspector found that some repainting had commenced and the person in charge outlined plans that were in place to make the dining room more homely. The inspector read that during a residents' meeting held on 23 October 2013, residents were asked their views on how to make the dining room more homely and the provider and person in charge were acting on their suggestions.

Other areas relevant to this outcome were not reviewed on this inspection.

Judgement:

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector noted that systems had been developed to ensure residents received a good standard of end-of-life care although improvements were required to the care planning process to ensure residents' wishes and needs were fully met as referenced under Outcome 11. There was evidence that residents' spiritual needs were met and their dignity was respected.

The end-of-life care policy had been updated in January 2014. The inspector reviewed the policy and noted that it provided guidance to staff on the provision of care before, during and after end of life. However, the policy did not provide guidance on the

procedures in place for the use of medical interventions. Staff that spoke with the inspector were aware that there was a centre policy on the end-of-life but some were not sufficiently aware of the content. Staff had signed that they had read the content of the policy in 2013 but there was no written confirmation that they had read and understood the most up to date policy. Training is refereced under Outcome 18.

The inspector reviewed the arrangements for capturing end-of-life wishes and the associated care plans that had been developed for residents. Residents' wishes were generally captured as part of the comprehensive assessment that was completed for each resident. From the sample of files viewed all residents had a care plan in place for end-of-life care that had been recently developed during April 2014. These care plans gave respectful guidelines to staff on the resident's requirements. However, in some cases the assessment and care plan had not been used to adequately capture residents' preferences and future health care decisions including any specific medical interventions that had been agreed. There was documentary evidence that the care plans were developed in consultation with the resident and/or their family members but discussions with the residents' GP had not been consistently documented. A required action relating to end-of-life is detailed under Outcome 11.

The inspector found that the provider and person in charge had established strong links with the palliative care team. The person in charge and staff explained how this service had been used in the pass. The inspector read residents' files which verified the valuable expertise that had been provided by the palliative care team and residents' GP.

Some residents that spoke with the inspector expressed how their religious and spiritual needs were supported. This included the administration of Holy Communion and monthly mass in the centre. At the time of inspection all residents were Roman Catholic. The person in charge confirmed that any future residents admitted from other religious denominations would be supported and facilitated to practice their beliefs. The person in charge and some staff confirmed that residents at this stage of life had access to a priest as required. The inspector also found that an oratory area was provided in the centre.

The inspector reviewed three questionnaires returned by the relatives of residents who had passed away in the centre. Relatives indicated that they were very satisfied with the care provided by the centre during end-of-life. Relatives indicated that they were made to feel welcome and could be present with the resident when they were at the later stages. Relatives responded that residents' wishes were respected and their dignity promoted. Relatives scored highly the care and respect shown by the person in charge and staff members before and after the death.

Most residents resided in two-bedded rooms. The person in charge and staff reported that to date all residents that died in the centre where facilitated with a bedroom on their own as the centre was never at maximum capacity. Relatives that returned questionnaires also reported that residents had access to a single room at this time.

Two staff had completed formal training on end-of-life in during 2013, however, staff spoken with during the inspection reported that they had not received education in this area. The person in charge confirmed that she had arrangements in place to provide

information and guidance to all staff on end-of-life during the next three months.

The person in charge had not yet implemented a system to review practices in relation to end-of-life. As detailed in the provider self assessment on end-of-life care the person in charge confirmed that she planned to carry out post death audits.

The inspector viewed arrangements in place for management of deceased residents' personal belongings and found that while good practice was noted some improvement was required. The inspector viewed records which demonstrated that resident's items such as monies had been appropriately returned to the next of kin. The inspector also noted that in the provider self assessment property bags had been ordered for deceased resident's belongings and on inspection these bags had been obtained.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were provided with food and drinks adequate for their needs. Food was appropriately prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and in a way that was catered for their needs. The inspector noted that staff provided assistance to residents in a sensitive and discreet manner. Some of the residents that spoke with the inspector confirmed that there were daily meal choices and that staff asked for their preferences. Some improvements were required to the care planning process to ensure all residents' nutritional needs were consistently managed as referenced under Outcome 11. The inspector also found that the dining room was not kept to an appropriate standard of decoration. This is discussed further under Outcome 12.

There was a nutrition policy in place which provided guidance to staff on most aspects of nutritional management. However, there was no instruction to staff on the centre procedure for monitoring residents' weights as described by the person in charge. The inspector also noted that while the policy had been kept under review and most recently updated in November 2013 this current version was not kept in the policy folder and therefore was not readily accessible to staff. The person in charge addressed this matter during the inspection. Staff that spoke with the inspector demonstrated awareness of this policy, however, as noted under Outcome 14 not all staff had signed that they had

read and understood the current policy.

The inspector was satisfied that residents received a varied diet that offered choice including those residents on modified diets. A four week menu cycle was in place which had been reviewed by the dietician and recommendations had been implemented by catering staff. The inspector saw that a variety of snacks and drinks were readily available throughout the inspection and residents confirmed that this was normal. Residents could have meals in the dining room or in their bedrooms if they preferred and the inspector found that most residents had their meals in the dining room.

The inspector joined residents during the main lunch time meal and evening tea. The dining experience was pleasant and unrushed. A menu was displayed on each table showing the choices available to residents. Staff were very familiar with residents preferences from documentation viewed and residents that spoke with the inspector. Meals were suitably heated and nicely presented and the inspector noted that there were adequate staff present and supervising 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 sensitive manner.

Residents spoken with and who completed the Authority's questionnaire on food and nutrition gave positive feedback on their meals and service provided by staff, person in charge and provider.

The person in charge had put in place a system to monitor residents' nutritional requirements, although some improvements were required. Measures were in place to facilitate residents' dietary requirements and information was kept on their dietary requirements and preferences. The inspector read that input obtained from residents' general practitioner (GP), dietician and SALT was documented in residents' files. The inspector also read that medication records demonstrated that nutritional supplements were administered as prescribed.

The speech and language therapist's (SALT) recommendations were maintained in residents' files regarding the consistency of meals. The inspector saw that residents received meals in accordance with these recommendations although some documentation maintained in the kitchen did not accurately describe the type of specialised diet that had been recommended by the SALT for some of these residents. Residents had access to other allied health professionals including dietetics and dental services when required. The inspector noted that residents that required their meals fortified received this in accordance with the dietician's recommendations. Suitable meals and choice were provided for residents with conditions such as diabetes.

Nutritional care plans had recently been developed during 2014 for most residents. A nutritional assessment tool had been used to inform these care plans and guide staff practice. However, from the sample of files reviewed one resident that required a special diet did not have a care plan on nutrition management which is referenced under Outcome 11. While there was evidence that most residents' weights were monitored monthly and in some cases more regularly when necessary the inspector noted that this had not been consistently implemented for all residents. A formal process was implemented to monitor residents' food and fluid intake although the quantities of food

consumed by some residents that required close monitoring were not sufficiently documented.

Other systems were implemented to monitor and review food and nutritional management including the completion of resident questionnaires and satisfaction surveys. Residents were facilitated to complete questionnaires and surveys regarding the catering service and the inspector viewed those that had taken place recently. The inspector read that the majority of feedback was very positive and where suggestions for improvement had been identified these had been action upon by the person in charge and chef. Input had been sought from resident's representatives for residents that were unable to communicate their views. Areas rated by residents or their representatives included the quality of food, menu choices and times of meals. The inspector noted that residents' meetings which took place regularly were also utilised as an opportunity to discuss food and the dining experience directly with residents.

Since the last inspection, staff had completed some formal training on aspects of nutritional management. A number of staff including the person in charge had attended training on best practice in dysphasia on 25 February 2014 and catering staff had completed food safety training during 2013. Prior to the inspection, the person in charge had scheduled staff to attend training on nutritional assessment. The person in charge confirmed that she would arrange for this training to include education on modified diets.

The inspector visited the kitchen and found that there was a high standard of cleanliness. There was an ample supply of fresh and frozen food to enable choice at mealtimes and there was a variety of snacks including fresh fruit available for residents who wished to eat between meals.

Judgement:

Non Compliant - Minor

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed processes in place for the use of closed-circuit television (CCTV) in the centre. Other aspects relevant to this outcome were not reviewed during this inspection.

The use of CCTV required some improvement to ensure residents' privacy and dignity was fully supported. The inspector noted that CCTV cameras were in use in the dining room. While there was a policy in place on the use of CCTV there was no reference in the policy to the use of CCTV in the dining room. The inspector also found that there was no signage in this area to remind residents that CCTV was in use.

Judgement:

Non Compliant - Minor

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Training and education that had been provided in relation to nutritional management and end-of-life care were reviewed on this inspection, as described in Outcomes 14 and 15. Other areas of this outcome were not reviewed on this inspection.

While some training had been provided on nutritional management and end-of-life care this training was limited. Staff had attended training on aspects of nutritional management and two nursing staff had received training on end-of-life care.

As detailed in Outcome 14, some staff were not sufficiently aware of the content of the end-of-life policy.

Judgement:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

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:	St. Brendan's High Support Unit
Centre ID:	ORG-0000389
Date of inspection:	21/05/2014
Date of response:	30/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Some resident's end-of-life wishes and needs had not been captured in the care planning documentation as described under Outcome 14.

A nutritional care plan was not developed for all residents, as required, and this is outlined under Outcome 15.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Nutrition care plans have now been completed for all residents.

End of life care plans will be further discussed with residents, next of kin and the GP.

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

This will ensure specific medical intervention; including resuscitation is documented for all residents, ensuring clarity for nursing and medical staff.

Proposed Timescale: 30/08/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

The dining room was not suitably decorated.

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

Work has commenced in the dining room to make it more homely and pleasant for the residents. A new colour scheme is being introduced and the décor updated.

Proposed Timescale: 30/08/2014

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:

A comprehensive policy on nutritional management had not been fully implemented.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

The nutrition policy has been updated to include guidelines on resident's weight management. A new form has been implemented to ensure that resident's weights are monitored and recorded effectively.

Proposed Timescale: 30/06/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

CCTV cameras were in use in the dining room but there was no signage displayed in this area and there was no reference in the policy to the use of CCTV in the dining room.

Action Required:

Under Regulation 10 (f) you are required to: Put in place arrangements to facilitate residents in the exercise of their civil, political and religious rights.

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

New signage has been put up around the unit and the CCTV policy has been updated to include all areas where CCTV is in operation.

Proposed Timescale: 30/06/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

While some training had been provided on nutritional management and end-of-life care this training was limited.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

End of life training is booked for all disciplines of staff for 12 August 2014.
The SALT is providing a training session for staff on the 30th of June 2014 to ensure that all staff are clear on the specific types of modified diets that residents require.
Ongoing training sessions by the dietician and SALT will continue.

Proposed Timescale: 30/06/2014

Theme:

Workforce

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

Some staff were not sufficiently aware of the content of the end-of-life care policy.

Action Required:

Under Regulation 17 (3) you are required to: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

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

The policies folder has been updated and a new form implemented to ensure that staff read and are knowledgeable on all policies. Policies will be discussed at staff meetings to ensure that staff are aware of the content.

Proposed Timescale: 30/06/2014