

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Anthony's Nursing Home
<b>Centre ID:</b>	OSV-0000428
<b>Centre address:</b>	Kilduff Castle, Pallasgreen, Limerick.
<b>Telephone number:</b>	061 384 104
<b>Email address:</b>	info@stanthonysnursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Killduff Care Co. Limited
<b>Provider Nominee:</b>	Sean Fennessy
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	Paul Dunbar
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	59
<b>Number of vacancies on the date of inspection:</b>	1

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
30 November 2016 11:00	30 November 2016 18:00
01 December 2016 09:30	01 December 2016 15:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection, carried out over two days, for the purpose of informing a decision to renew the registration of this designated centre. Documentation required as part of the registration renewal process had been submitted in a timely and ordered manner. As part of the inspection process inspectors met with residents, the service provider and person in charge, staff nurses, visitors and other staff members. The inspectors reviewed a number of

policies and procedures in the centre and also examined documentation that covered areas such as: staff training, complaints, advocacy, healthcare and safety risk management.

Actions identified on previous inspections had since been addressed and any improvements required had been implemented appropriately by management. The person in charge and senior staff were found to be actively involved in the day-to-day running of the centre and were readily available and accessible to both residents, relatives and other staff. Management demonstrated a commitment to person-centred care and resources were made available to provide both services and an environment that were appropriate to ensure residents' personal comfort and choice in their daily routines. Observations and assessments throughout the inspection confirmed that management and staff supported residents in maintaining their level of independence and exercising choice appropriate to their assessed abilities and needs. This inspection identified good compliance against the areas assessed; residents' wellbeing and welfare was maintained by a high standard of evidence-based nursing care with access as required to appropriate medical and allied healthcare.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose that had last been updated on 13 September 2016. A copy was available for reference on entrance to the centre and contained all of the information required as per Schedule 1 of the regulations.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The centre was a well established nursing home in operation since 1969. The service was privately owned and operated by Kilduff Care Company Ltd. A director of the company acted as representative for the provider entity and also fulfilled the role of person in charge. A well established system of governance was in place. There was a clearly defined management structure with care directed through the person in charge

who was employed on a full-time basis. The service was effectively resourced; staffing numbers were at an appropriate level and the premises were well maintained throughout.

Action from the previous inspection had since been completed and audit procedures on the management of medicines were comprehensive and implemented regularly. This information is further detailed at Outcome 9. A quality management system was in place that included a schedule of audits set against the standards and undertaken routinely on areas of care such as health and safety, care planning and safeguarding. A clinical governance committee met regularly to review data from these audits and to monitor the quality of service in these areas. Members of management spoken with were clear in their understanding of the value of, and the processes involved in, reviewing and monitoring the quality and safety of care on a regular basis. The services of a consultancy firm were retained to support management in assessing systems of care and developing improvements. A comprehensive report on the annual review of the quality and safety of care had been completed that provided a schedule of actions for the coming year and included milestones for completion. This review also reflected consultation with residents and relatives. A copy of this review was available for reference in keeping with statutory requirements.

**Judgment:**  
Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The centre had a residents' guide that contained information on the ethos of the centre, staffing levels, services and advocacy. A copy was available for reference on entrance to the centre and there was also a copy in the bedroom of each resident. An inspector reviewed a sample of care contracts; these contracts clearly set out the rights of residents and the responsibilities of the service provider for residents' care and welfare. It included information on services and their costs as provided by the centre and also summarised any additional fees incurred for other services that could be made available. Each contract in the sample reviewed was dated and signed by both the resident and a representative of the centre.

**Judgment:**  
Compliant

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

**Findings:**  
There had been no change to this appointment since the previous inspection. The person in charge was employed on a full-time basis and was appropriately qualified with the necessary experience in clinical care in keeping with the requirements of the post. Throughout the course of the inspection the person in charge demonstrated a professional approach that included a commitment to a culture of improvement along with a well developed understanding of the statutory responsibilities associated with the role. The person in charge held appropriate authority, accountability and responsibility for the provision of service.

**Judgment:**  
Compliant

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

**Findings:**  
Since the previous inspection management had improved recording processes around monitoring resident transactions and the administration of medicines. Throughout the course of the inspection good practice was evident in relation to maintaining records and

documentation. Staff demonstrated an effective working knowledge of the electronic recording system and where information was requested by an inspector the record was accessible and readily retrieved; those records reviewed were accurate and current.

Records checked against Schedule 2 in respect of documents to be held in relation to members of staff were maintained in keeping with requirements. Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records. Other records to be maintained by a centre as specified by Schedule 4 were in place, including for example, a log of complaints, records of notifications and a directory of visitors. Policies, procedures and guidelines in relation to risk management were current and available as required by the regulations; these included fire procedures, emergency plans and records of fire safety training and drills. Maintenance records for equipment including hoists and fire-fighting equipment were available.

Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by an inspector and found to contain the relevant information as required by the regulations, including biographical information and relevant contact details for both relatives and the resident's general practitioner.

**Judgment:**  
Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
Management understood the statutory requirement to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. Arrangements were in place for the Assistant Director of Nursing (ADON) to cover any such absences by the person in charge; this member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to deputise in the role.



**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

*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.*

**Theme:**

Safe care and support

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

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

**Findings:**

Since the last inspection management had taken action as recommended to revise their recording system for managing residents' valuables and finances. A sample of records was reviewed and the administrator demonstrated the system of recording that included the double signing of transactions and retention of receipts. There was a policy on the management of residents' personal property and processes were in place for managing residents' belongings to ensure their safe storage and return. Residents had secure storage provided in their rooms. The centre acted as an agent for a small number of residents and procedures in this regard were appropriately set out in the associated policy.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse as required by the regulations. This policy referenced contemporary guidance on the safeguarding of vulnerable adults and was kept under regular review. As part of the inspection process inspectors met with a number of residents who spoke positively of their experience of living in the centre. Members of staff were also spoken with in the course of the inspection; these staff were clear in their understanding of what constituted abuse and in the event of such an allegation or incident, understood the procedure for reporting such information. Procedures also included appropriate directions for staff should an allegation be made against a member of management. A review of the training matrix indicated that an annual programme was provided on safeguarding and that all staff had received current training at the time of the inspection.

A policy and procedure was in place in relation to managing responsive behaviours and staff had received training as required in this area. A policy was also in place for the management of mood disorders dated January 2015. A review of care plans indicated that where an assessment had identified an area of need for a resident in relation to their behaviour, a relevant plan of care was in place that was individualised and appropriately considered the potential impact of the psychological symptoms of dementia. It was evident from observing interactions and speaking with members of

staff that they understood the behavioural cues of residents and were familiar with a repertoire of supportive responses to reassure residents in these circumstances. The policy on restraint provided directions in considering alternatives that reflected a commitment to a restraint free environment; for example where a relevant assessment indicated that their use was appropriate, low beds and sensor mats were in place.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had a safety statement and emergency plan which was comprehensive and updated regularly to reflect newly identified risks or hazards. The centre had also contracted a health and safety consultant to carry out an assessment of the centre in November 2015. The person in charge advised that all of the actions arising from that report had been addressed.

The centre had a risk management policy that included each of the four prescribed risks in the regulations. A risk register was maintained electronically. An inspector reviewed the recorded risks which were relevant to the centre and included related controls and reviews in keeping with requirements.

All staff had received refresher training in fire safety within the past year. Staff who spoke with inspectors demonstrated a clear and consistent understanding of what they would do in the event of a fire in the centre. The centre had a fire evacuation plan which took account of the centre's layout and specified the roles of staff. There was also a dedicated fire warden on each shift. All of the fire safety equipment in the centre had been serviced regularly and in line with regulatory requirements. The person in charge advised that the local fire service visited the centre annually.

Management in the centre had measures in place to manage infection control risks. Staff demonstrated an awareness of the use of personal protective equipment when caring for residents with a healthcare associated infection. There were alcohol dispensers for hand-hygiene in all bedrooms and throughout the centre. Household staff used colour-coded cleaning equipment. The person in charge also advised that random samples were taken regularly to monitor infection risks. Samples were taken from door handles, staffs' hands and other locations that might present a risk of contamination.

A record of incidents and adverse events was maintained electronically. An inspector reviewed these records and found that they were appropriately recorded and that there was learning from these incidents.

**Judgment:**  
Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Actions identified on previous inspections had been addressed and a comprehensive review of policies and procedures around the management of medicines had been undertaken in October 2016. Policies in place provided relevant guidance to staff in all areas of medicines management relating to ordering, prescribing, storing and administration. Processes in place for the management of controlled drugs were safe and in keeping with guidelines and legislation. Practice in relation to transcribing was in keeping with policy and procedure; the sample of those records that was reviewed had been appropriately signed and counter-signed by a nurse before being signed by the prescriber. A comprehensive audit schedule was in place that covered processes around ordering and storage and also practice in relation to prescribing and administration; the most recent audits in June and October had been fully compliant in the areas assessed. Relevant training was available to nursing staff and records indicated that these staff undertook updated training on a regular basis.

Where medicines were refrigerated the temperature of storage was recorded and monitored and these records were available for reference. Medicines such as eye drops had the dates of opening recorded on the product. A system was in place to record and monitor medicines related incidents and any learning from this process, along with audit outcomes, were reviewed during regular clinical governance meetings. The person in charge confirmed that the pharmacist visited the centre on a regular basis and was facilitated to meet their obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland. Residents could retain the services of their own pharmacist if they chose.

An inspector observed a round of medicines administration and noted that nursing staff followed appropriate protocols in relation to hand-hygiene and the security of medicines throughout. Medicine was administered in a person-centred manner. Prescription sheets contained the necessary biographical information, including a photograph of the resident. A sample of prescription records was reviewed and where PRN (as required)

medicines were prescribed, relevant maximum daily dosages had been indicated by the prescriber. Where residents required their medicines to be crushed prior to administration, this practice was appropriately authorised by the prescriber and documentation was in place to this effect. At the time of the inspection no residents were responsible for administering their own medicines.

**Judgment:**  
Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

An inspector reviewed the incident log which was well maintained and clearly recorded all the relevant information around the circumstances and impact of incidents. Incidents requiring formal notification were submitted in keeping with statutory timeframes. Quarterly returns were also provided in accordance with the regulations.

**Judgment:**  
Compliant

***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:**  
Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

No issues had been identified on the previous inspection in relation to the assessment of residents' needs and associated planning of care; this inspection returned a similar

conclusion with no areas for improvement identified in relation to the sample of care plans assessed. The person in charge explained that pre-admission assessments were routinely undertaken with further comprehensive assessments completed within 48 hours of admission. As a result of this process 'personal passports' were developed for residents that supported care and communication systems at times of transfer or discharge to other care facilities. Care plans were maintained electronically and recorded information against 17 domains of care, covering all areas of daily living such as mobility, cognition and personal hygiene for example. These records contained the necessary information to guide staff in their delivery of care and were updated routinely on a four monthly basis or where the needs of a resident might change, in keeping with the revised assessments. Care planning was informed by the use of validated tools to assess residents' individual needs in areas such as skin integrity, nutritional status, level of cognitive impairment and risk of falls for example. The person in charge explained that there was continuous contact and communication with relatives of residents when visiting; the communication notes on care plans also reflected consultation records. Relatives spoken with at the time of inspection spoke positively of the quality and standard of care their relative received.

Regular daily handover meetings were in place that ensured staff were provided with comprehensive information on the current circumstances and presentation of all residents. Care plans were sufficiently detailed and described care that reflected the assessed needs of residents; for example directions for those residents assessed as being at risk of falling specified how many assistants were required when mobilising and also described any recommended assistive equipment. Referrals for assessment in relation to physiotherapy or occupational therapy were arranged as required. Residents had access to relevant allied healthcare such as speech and language therapy and a dietitian. Records of routine observations were maintained and where results recorded a significant change, residents were referred for review. Arrangements were seen to be in place to support residents in accessing dental and optician services. Psychiatric and geriatric consultancy services were available on referral. Residents had the option of retaining the services of their own general practitioner (GP) on admission. The centre operated a system whereby key workers were nominated for individual residents on a daily basis to ensure consistency of care. Staff and management at the centre demonstrated a person-centred approach in their conduct of care during the inspection. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances of individual residents.

**Judgment:**  
Compliant

***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:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre was a two-storey building located on its own grounds near Pallasgreen in Limerick. Ample car parking facilities were available to the front of the premises. Residents had access to a paved area with seating at the front of the centre that overlooked open countryside and a local historic site. Items of old farming equipment that had been restored were around the grounds and were objects of interest that would be familiar to residents from a farming background. The centre was laid out over two floors and was very well maintained and decorated throughout. Facilities included a large communal sitting area on one side through which there was access to the dining area; on the other side of the entrance there was a quiet sitting room laid out with period furniture, a fireplace and a piano. The entrance area also had a reception and office area. Staff were provided with changing and storage facilities. There was a smoking room that had observation panels to support supervision; appropriate equipment such as an extinguisher and fire blanket were provided. The centre was very comfortable with appropriate heating and lighting throughout. Residents could use communal sitting areas on each floor. Natural light and enhanced views were a notable feature, particularly on the first floor where a space called 'The View' looked out over the countryside and could be used for visits or small social gatherings such as birthday parties. The centre also provided recreational facilities and residents had access to a small and secure putting green on an outside balcony area of the first floor.

The centre provided accommodation for up to 60 residents with 59 in occupancy at the time of inspection. Accommodation was laid out over two floors and comprised 36 single and 12 twin rooms, all en-suite. Accommodation overall was of a high standard and all bedrooms provided sufficient space to deliver care that might require the use of assistive equipment. Where rooms were shared, appropriate screening was in place to support privacy and dignity. Personal storage facilities included a bedside locker, chair and wardrobe. Assistive equipment was provided as required and maintenance certification was available for reference for items such as hoists and wheelchairs. The centre had adequate storage facilities and when not in use, equipment was appropriately stored. Access between floors was facilitated by a lift that was regularly serviced. An adequate number of toilets were available for use and residents also had access to an assisted bath facility. Bathrooms and circulation areas were equipped with grab-rails that supported residents to mobilise independently. Call-bells were fitted as required throughout.

The kitchen was well equipped with facilities laid out to support a service in keeping with the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage laundering processes. The design and layout of the premises was in keeping with the statement of purpose and fulfilled the requirements of the regulations in meeting the needs of residents in relation to privacy, independence and wellbeing.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**  
Person-centred care and support

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

**Findings:**

A site specific complaints policy and procedure was in place that covered both written and verbal complaints. A summary of the procedure was clearly on display at the entrance to the centre and on the lobby of the first floor. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for resolution. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer and also outlined the internal appeal process and the nominated individual with oversight of the complaint process. Contact information for the office of the Ombudsman was provided and the complaint procedure was also referenced in the contract of care, the statement of purpose and the residents' guide.

An inspector reviewed the record of complaints and noted that these records included entries for the complaint and complainant, as well as details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. The person in charge explained that there was daily communication with residents to ensure an opportunity to raise issues. Satisfaction surveys were completed and the minutes of resident meetings were regularly reviewed to identify any issues. The person in charge explained that learning from issues raised could be communicated through regular staff and management meetings.

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Written operational policies and protocols were in place that provided directions to staff on the delivery of care for residents who were at end-of-life; this guidance appropriately referenced the physical, emotional, social and spiritual needs of residents and how the care by staff might meet those needs. A sample of care plans that was reviewed included details on the specific instructions and preferences as expressed by residents and their families. Care practices were respectful and acknowledged the privacy and dignity of both residents and families at this time; for example a symbol of care was used to ensure staff observed appropriate discretions when undertaking duties in the vicinity of the resident's room. A record of staff having read and familiarised themselves with the policies was maintained and relevant training was made available to staff; records indicated such training had last been delivered in November of this year.</p> <p>The centre respected diverse religious beliefs and the provision of pastoral care was referenced in the relevant policy. Family and friends were facilitated to stay at the centre and management provided a 'comfort hamper' to support families in this regard. A review of records indicated that residents were supported by access to both GP services and a palliative care team, to ensure that their needs were met and to avoid any unnecessary transfer to acute services.</p>
<p><b>Judgment:</b> Compliant</p>

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Inspectors reviewed the systems and processes in place to cater for residents' nutritional needs and also observed the dining area during meal servings. Staff advised that most residents preferred to take their breakfast in their bedroom and this was facilitated by staff. There was a large, spacious dining area in the centre. Staff advised that they encouraged residents to come to the dining room for the midday and evening meals in order to promote socialising. However, residents were also facilitated to enjoy their</p>
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meals in their own rooms or in the communal areas. Residents who required assistance with meals were observed to be supported by staff in a discreet and dignified manner.

The kitchen was spacious and well equipped. Inspectors observed that foods were appropriately stored and separated. There were ample supplies of snacks and there was also a kitchenette on the first floor that was used to provide drinks and snacks to residents. Meals were observed to be wholesome and nutritious with efforts made to present puréed meals in an appetising manner. Staff advised inspectors that they used a diet sheet to record information on residents' dietary needs and preferences. This sheet was posted in the kitchen and information on dietary requirements was also discussed at handover with other staff.

The centre had a policy on managing nutrition and it detailed the procedure for documenting nutritional intake. Staff explained that residents were regularly weighed in order to identify any significant weight change that might indicate the need for a review of their nutritional and dietary intake. Staff also demonstrated an awareness of the various oral nutritional supplements available for residents in the centre.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Management articulated a commitment to engaging residents in processes of consultation and supporting a sense of empowerment at the centre; this commitment was reflected in both the statement of purpose and also the annual quality review. There was a policy on providing information to residents and inspectors noted that a copy of the residents' guide had been provided for each resident and was available in their room. Regular resident meetings took place every two months and minutes of these meetings, along with records of attendance, were available for reference. Advocacy services were in place and relevant contact details were displayed throughout the centre to support access. The centre promoted input by residents and their families through surveys and questionnaires; samples of this feedback reviewed in the course of the inspection were consistently positive. Where areas for improvement were identified

management were responsive and put measures in place to implement change, around menu options for example and increased shopping trips in the local area.

Routines and practices supported residents in their independence. The centre provided a transport facility for residents to visit the local town or attend day services. Residents were seen to have choice and also change their mind in relation to these arrangements. A policy on communication needs and supports was in place dated January 2016. Staff spoken with understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. Management provided appropriate assistive technologies for residents and internet supported telecommunications were in place and available for use if required. The centre was well integrated in the community with local volunteer services attending regularly. Pupils from local schools also partook in initiatives on-site. The care plans reviewed were person-centred and contained relevant information around the life and circumstances of residents. Members of staff, across all roles, demonstrated a good knowledge and understanding of individual residents' backgrounds and personal interests. Appropriate arrangements were in place to support residents in civic duties such as voting.

The centre had dedicated staff resources for managing the activities programme that included music, bingo, card games, painting and gentle exercise, for example. On the days of inspection there was live music in one communal room that residents clearly enjoyed. Residents were seen to enjoy a level of independence appropriate to their assessed abilities and could exercise choice around whether or not to participate in the activities on offer. The centre provided facilities for residents to meet with visitors in private and no restrictions on visiting hours were imposed. The centre also supported the celebration of personal occasions and relatives were encouraged to attend birthday parties and family gatherings.

**Judgment:**  
Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**  
Person-centred care and support

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

**Findings:**  
There was a policy on the management of residents' personal property and possessions dated 8 January 2016. An inventory of individual resident belongings was maintained

and available for reference in the 'personal passport' of each resident. The laundry facility was appropriately equipped to manage the service requirements and staff were able to demonstrate that effective laundering processes were in place. The system for identifying ownership of belongings observed considerations around privacy that also ensured residents clothing items could be returned to them safely.

**Judgment:**  
Compliant

***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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

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

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

**Findings:**

Management confirmed that a full complement of staff was in place and that staffing arrangements were consistent with those identified as compliant on the last inspection. The management structure included a director and assistant director of nursing. Action in relation to the provision of up-to-date manual handling training had been addressed and all mandatory training had been provided to staff. A training schedule had been developed that reflected the regime of care as set out in the statement of purpose and was in keeping with the assessed needs of the resident profile. Training programmes were available on: medication management, first aid, prevention of falls, infection control and end-of-life care. Staff who spoke with inspectors said that they were encouraged by management to take up training and professional development opportunities.

Inspectors reviewed the planned and actual staff rota and were satisfied that the staff numbers and skill mix could meet the assessed needs of the residents having consideration for the size and layout of the centre. Staffing levels were further supported by the on-call availability of the person in charge. There was a qualified nurse on duty at all times. There were robust recruitment procedures in place and the person in charge demonstrated a commitment to safeguarding measures, including the verification of references and ensuring vetting requirements were fulfilled.

Documentation was well maintained in relation to staffing records as per Schedule 2 of the regulations, including Garda vetting as required. No volunteers were engaged at the

centre at the time of inspection.

Systems were in place to support the identification of training needs including an annual appraisal process. Copies of the standards and regulations were readily available and accessible. Staff spoken with understood their statutory duties in relation to the general welfare and protection of residents. Inspectors noted that the interactions of staff with residents observed throughout the inspection were consistently positive; all staff in their various roles demonstrated person-centred care and attention when engaged with 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