

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kilrush Nursing Home
<b>Centre ID:</b>	OSV-0000452
<b>Centre address:</b>	Kilimer Road, Kilrush, Clare.
<b>Telephone number:</b>	065 906 2686
<b>Email address:</b>	managerkilrush@mowlamhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mowlam Healthcare Services Unlimited Company
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	9

## **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:
26 June 2017 09:00	26 June 2017 17:00
27 June 2017 09:00	27 June 2017 16:00

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 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaint logs, policies, procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland. All areas for improvement identified at the previous inspection had been addressed.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspector found it to be well maintained and nicely decorated. It was warm, clean and odour free throughout.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff. Residents spoken with and those that had completed questionnaires in advance of the inspection stated that they felt safe and well cared for in the centre.

On the day of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. There was evidence of timely access to general practitioners and allied health services. Nursing documentation was completed to a high standard. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

There were no actions following this inspection.

**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:**

The inspector reviewed the recently updated statement of purpose dated 8 May 2017. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

**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 provider had established a clear management structure, there was evidence of consultation with residents and their representatives, reviews were carried out of the quality and safety of care.

There was a full time person in charge who was supported in the role by two clinical nurse managers. A clinical nurse manager deputised in the absence of the person in charge.

Management supports included a home care manager who visited the centre on a weekly basis and director of care services who visited the centre on a quarterly basis. The management team were in regular contact. Formal home management meetings took place on a monthly basis and were attended by representatives from all grades of staff and the home care manager. Minutes of these meetings along with an action plan were recorded and made available to all staff. The inspector reviewed the minutes of the last meeting, issues discussed and reviewed at the meeting included resident profiles, clinical documentation, clinical risk, health and safety, human resources and staffing, facilities and premises, audits, resident and relative involvement, complaints, occupancy and actions from the last HIQA inspection.

Systems were in place to review aspects of the safety and quality of care, including monthly, quarterly and annual reviews. The inspector was shown the annual review for 2016 and noted that audits of areas including complaints, incidents, infection control, catering, health and safety, clinical documentation, medicine audits as well as feedback from residents and relatives were used to inform the review. The action plan for 2017 included revision of the audit programme to include person centered care, health and well being and effective and safe services. The inspector noted that these areas were now being reviewed.

**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 resident's guide which was available to residents and visitors. It was displayed in prominent locations in the centre and was available to residents in their bedrooms. The guide contained all information as required by the regulations.

Contracts of care were in place for all residents. The inspector reviewed a sample of contracts of care. They included details of the services to be provided, fees to be charged and details of additional charges were clearly set out.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. He was in the role since April 2015 and normally worked Monday to Friday. He was on call out-of-hours and at weekends. A clinical nurse manager (CNM) deputised in the absence of the person in charge and supervised the delivery of care.

The person in charge continued to engage in on-going professional development. He had completed training on healthcare associated infection prevention, a leadership course and a management development programme. He had recently completed care homes early warning system training. He had attended all in-house mandatory training.

The inspector observed that the person in charge was well known to staff, residents and relatives. Residents and staff told inspectors that he encouraged them to raise issues of concern and felt that they were listened to.

**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:**

The provider and person in charge had taken measures to safeguard residents from being harmed and suffering abuse, and all issues identified at the previous inspection had been addressed.

The policies on safeguarding vulnerable adults at risk of abuse, responding to allegations of abuse and the management of whistleblowing had all been recently updated. The person in charge confirmed that all staff and persons who provided services to residents on a regular basis had Garda Síochána (police) vetting in place. The inspector reviewed a sample of staff files and noted Garda vetting in place.

Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse and more recently on safeguarding. Residents spoken with told the inspector that they felt safe in the centre.

The inspector was satisfied that accountable and transparent systems were in place for the management and safeguarding of residents' finances and valuables. There was a policy in place for the protection of residents' accounts and personal property. Small amounts of money were kept for safe keeping on behalf of a number of residents. The inspector saw that these accounts were managed in a clear and transparent manner. Individual balance sheets were maintained for each resident and all transactions were clearly recorded. Two signatures were recorded for each transaction. A sample balance check carried out by the inspector was found to be correct. The accounts were audited by the person in charge and annually by the financial officer of the company. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items. The finances of some residents were managed in the centre. The provider outlined how the company were in the process of setting up individual nursing home resident accounts to further safeguard residents' finances.

The inspector reviewed the policies on meeting the needs of residents with challenging behaviour and use of restraint. The policy on managing responsive behaviours outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenge. The inspector reviewed a sample of files of residents who presented with responsive behaviour and noted detailed, person-centered care plans outlining clear guidance for staff. Staff spoken with knew the residents well and were clearly able to outline strategies for dealing with individual resident's responsive behaviour issues. There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services. For some residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. The inspector noted that there was no over reliance on these medicines.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment. At the

time of inspection there was one bed rail in use at the residents own request. The inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents. Risk assessments, consent and two hourly checks were recorded. Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke highly of staff and stated that they were happy and felt safe living in the centre.

**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):**

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

**Findings:**

There was an up-to-date health and safety statement available and risk management policies in place. Issues identified at the previous inspection had been addressed.

There was a recently updated risk register in place that included risks specifically mentioned in the Regulations. Systems were in place for the on-going review of risks. All risks were discussed and reviewed at the monthly management meetings. Residents and staff could raise any health and safety issues, the names of the health and safety committee members were displayed on the notice board. The clinical nurse manager had recently attended a health and safety training awareness day.

The inspector reviewed the manual handling training records which indicated that all staff members had up-to-date training. All manual handling equipment including hoists were recently serviced. The inspector noted good practice in relation to moving and handling of residents.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in May 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in April 2017. Daily, weekly and monthly fire safety checks were being carried out and recorded. Fire safety training took place annually and included evacuation procedures and use of fire equipment. Training records reviewed indicated that all staff had received up-to-date formal fire safety

training. Fire drills were carried out regularly with the last fire drill taking place in June 2017. The inspector noted some inconsistencies in the fire drill documentation records. While the last fire drill included comprehensive details of what worked well, future actions and learning, this had not been recorded in some previous drills. All staff spoken with confirmed that they had received recent fire safety training.

There was a recently updated emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

There was a comprehensive infection control policy in place. Hand sanitising dispensing units were located at the front entrance and throughout the building. The inspector observed that the building was maintained in a clean condition throughout. All staff had received training on infection control procedures. Regular hygiene and infection control audits were carried out. The inspector spoke with housekeeping staff who were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. Cleaning staff confirmed that additional hours had been allocated to cleaning since the previous inspection. Staff had recently undertaken training in the use of chemicals.

**Judgment:**

Substantially 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:**

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. Issues identified at the previous inspection had been addressed.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure

refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicine prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners. All medicines including medicines that were required to be crushed were individually prescribed. The inspector reviewed prescription and administration records and observed that they were completed in accordance with best practice guidelines. Regular audits of the prescription and administration records were carried out by nursing staff.

Systems were in place to record checks carried out on the receipt of medicines from the pharmacy and for unused or out of date medicines returned to the pharmacy.

Nursing staff had completed medicines management training. Recently recruited nursing staff had completed medicines management competency assessments following their training.

Systems were in place to record medicines errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems. The person in charge reviewed all errors and they were discussed at the monthly management team meetings. Medicine errors were also reviewed on a quarterly basis and lessons learnt were documented.

Regular medicines management audits were carried out by nursing management, nursing staff and the pharmacist. Nursing management and staff were now responsible for completing twice weekly medicines audits. Nursing staff spoken with stated that compliance had greatly improved. Audit findings and action plans were documented. The inspector noted high compliance with the most recent audits completed.

**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):**

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

**Findings:**

The inspector was satisfied that records of all incidents were being recorded on the computerised nurse documentation system. All notifiable incidents had been notified to the Chief Inspector since the previous inspection.

**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:**

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Nursing staff told the inspector that services such as speech and language therapy, dietetic services, occupational therapy and physiotherapy were available. The inspector noted that residents had been referred to these services and recommendations were reflected in residents' files. The chiropodist visited regularly, and the inspector found that records of visits were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, with wounds, nutritionally at risk, presenting with behaviours that challenge and at risk of absconsion. The management of restraint and behaviours that challenge is covered in detail under Outcome 7: Safeguarding and Safety.

A range of up-to-date risk assessments had been completed including in nutrition, falls, dependency, manual handling, restraint, continence, skin integrity, pain and meaningful activities.

Care plans were found to be person-centred, individualised and clearly described the care to be delivered. A comprehensive and informative daily life care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and

dressing, elimination, eating and drinking, mobilisation and safe environment, communication, breathing, social, mental and emotional well being, controlling body temperature and end of life care. Detailed focused care plans were in place for specific issues such as pressure area care, nutrition, falls and responsive behaviour. Care plans had been reviewed and updated on a regular basis. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. There were two residents with pressure ulcers at the time of inspection. The inspector reviewed the file of a resident with a wound and noted adequate wound assessment and wound care charts in place. There was evidence of recent review by the surgical team in the local acute hospital and an appointment had been arranged with the vascular consultant.

The inspector was satisfied that changes to residents' weights were closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly and more frequently if nursing staff had concerns. Nursing staff told the inspector that that if there was a change in a resident's weight, nursing staff would reassess the resident and liaise with the GP. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

A meaningful activities assessment and 'key to me' was completed for all residents. There was an activities coordinator employed for 25 hours, five days a week. The weekly activities schedule was displayed. The activities coordinator carried out both 1:1 and group activities. She had completed training in behavioural and psychological aspects of dementia, and was a licensed Sonas(therapeutic programme specifically for people with Alzheimer's disease) practitioner. She had attended training workshops in arts and community, go for life pals, engaging activities as well as physical activity leader training. During the inspection, the inspector observed many residents enjoying quizzes, arts and crafts, light exercises programme, dog therapy and a Sonas session. Other activities scheduled included baking, gardening, flower arranging and bingo. Musicians visited regularly, the local priest visited and celebrated mass weekly and the rosary was recited each evening. There were many photographs of residents enjoying recent events including a day trip to the Vandeleur walled gardens, the Alzheimer's fundraising tea day, Transition year students and local national school children visiting and sports day. Many of the residents proudly displayed their winning trophies from the recent sports day. While residents spoken with confirmed that they had enjoyed sitting out in the enclosed court yard during the recent spell of fine weather, some residents and relatives indicated in the completed questionnaires by way of feedback to HIQA that they would like more opportunity's to go outside for fresh air and walks. Residents had also indicated at a recent residents meeting that they would like more activities in the evening time. These issues were discussed with the person in charge who advised that they will continue to strive to improve activities to ensure that the individual needs of residents are met.

**Judgment:**

Substantially 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):**

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

**Findings:**

The centre was two storey in design, purpose built and suited its intended purpose. Issues identified at the previous inspection in relation to cleaning, repairs, maintenance and bed linen had been addressed.

There was a variety of communal day spaces on both floors including day rooms, dining room, smoking room, quiet room, visitors' room, oratory and seating provided in the front entrance area. The communal areas had a variety of comfortable furnishings and were domestic in nature. The first floor day room had recently been redecorated.

Bedroom accommodation met residents' needs for comfort and privacy. There was adequate numbers of assisted toilets, bath and shower rooms. Assisted toilets were located beside the day rooms. There was a nurse call-bell system in place. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken to stated that they liked their bedrooms.

Suitable signage had been provided throughout the centre. The signs were in word and picture format with a primary colour background. The signs reminded and assisted residents to find their way more easily around the centre. There was a photograph or picture on some bedroom doors to assist residents find their own room.

Residents had access to an enclosed garden area, which was paved and had raised flower beds. The garden area was colourful with an abundance of summer flowering plants, hanging baskets and containers. There was a variety of outdoor furniture provided for residents use. Residents spoke of enjoying spending time in the courtyard during the recent warm weather. The garden area was easily accessible and some residents were observed accessing the area independently.

There was appropriate assistive equipment provided to meet the needs of residents,

including hi-low beds, hoists, specialised mattresses and transit wheelchairs. There was a lift provided between floors. The inspector viewed the maintenance and servicing contracts and found that equipment was regularly serviced.

The inspector noted that the building was secure. The front external door had a key coded security system in place. All external doors were fitted to the fire alarm and CCTV cameras were installed at the external door exit and corridor areas to ensure additional safety of residents.

**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):**

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

**Findings:**

The inspectors found that the management team had a positive attitude to receiving complaints, and issues identified at the previous inspection had been addressed.

There was a recently updated complaints policy in place. The complaints procedure was prominently displayed in large print on both floors of the building.

The inspector reviewed the complaints log which was recorded on the computerised documentation system. There were no open complaints at the time of inspection. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to. The complainants satisfaction with the outcome was recorded.

**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:**

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit and what they would like to eat and drink. The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the centre. A minister of the Eucharist visited the centre on a weekly basis and offered holy communion to residents. The rosary was recited each evening. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections.

There was an open visiting policy in place. The inspector observed visitors coming and going throughout the inspection. Relatives spoken with and those that completed questionnaires indicated that they were always made to feel welcome by staff. There was a visitors' room available should residents wish to receive visitors in private.

The centre was part of the local community and residents had access to radio, television, magazines, daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers. The activities coordinator was observed reading and discussing news articles from the daily newspaper with residents in the day room.

Staff outlined to the inspector how links were maintained with the local community. Some residents went out on day trips with their families, some residents attended local day care services. Some residents were supported in the community to visit the post office and bank. Local musicians and school children visited regularly, the local priest and minister of the Eucharist visited weekly. Many of the staff were from the local area and chatted with residents about local news and sporting topics. Day trips were arranged during the summer months and residents spoke about having enjoyed trips to places of local interest.

**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:**

On the day of inspection, the inspector noted sufficient staff on duty to meet the needs of residents, additional hours had been allocated to cleaning staff following the last inspection. There were normally two nurses and five care assistants on duty during the day and evening time, one nurse and four care assistants on duty from 20.00 hours until 22.00 hours and one nurse and three care assistants on duty at night time. The person in charge was normally also on duty during the day time. There were two clinical nurse managers who also worked shifts on the floor, one clinical nurse manager was allocated 15 hours to clinical supervision. The activities coordinator was employed from 10.30 am to 15.30 pm Monday to Friday. The inspector reviewed the staff rotas and noted that these staffing levels were the norm.

The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement also included the administrator, maintenance, catering and housekeeping staff.

There were robust recruitment procedures in place. A sample of staff files reviewed were found to contain all documentation as required by the Regulations including evidence of Garda Síochána (police) vetting. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files. There were no volunteers attending the centre. The person in charge confirmed that Garda Síochána vetting was in place for all staff and persons who provided services to residents in the centre.

The management team were committed to providing on-going training to staff. All staff had completed up-to-date mandatory training. Staff had access to a range of on-line training courses. Recent training completed included dementia - end stage of life, falls - managing risk, fluids and nutrition, assessing risk in everyday care, clinical assessment and dysphagia.

**Judgment:**

Compliant

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<b>Closing the Visit</b>
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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:***

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority