

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cuil Didin Residential & Nursing Care
Centre ID:	OSV-0000219
Centre address:	Skahanagh, Tralee, Kerry.
Telephone number:	066 711 9090
Email address:	catriona.oconnor@cuildidin.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cuil Didin Limited
Provider Nominee:	Catriona O'Connor
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
19 August 2014 08:30	19 August 2014 17:30
20 August 2014 08:30	20 August 2014 16:00

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

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

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection and it was the fifth inspection undertaken by the Authority. The provider applied to renew the registration which will expire on 06 December 2014. This renewal of registration inspection took place over two days. The provider also held the position of person in charge and as part of the inspection the inspector met with the provider/person in charge, and the clinical nurse manager (CNM2), residents, relatives, and staff members. The inspector observed practices and reviewed all governance, clinical and operational documentation to inform this re-registration application.

The provider/person in charge displayed an excellent knowledge of the standards

and regulatory requirements and was found to be committed to providing quality person-centred evidence-based care for residents. She was proactive in response to the action required from the previous inspection and the inspector viewed a number of improvements throughout the inspection which will be discussed throughout the report.

A number of completed questionnaires (12 residents and 4 relatives) were received and the inspector spoke with many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged and this was observed throughout the inspection.

Overall, the inspector found that residents' well-being was central to service provision in the nursing home. There was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with divergent needs. Visitors interviewed concurred with this and gave positive feedback regarding care and welfare. The activity staff provided a wide variety of social and recreational activities as well as community involvement.

All staff had received training in elder abuse prevention and protection to safeguard residents in their care. Staff levels and skill-mix were adequate to meet the assessed needs of residents. Residents were encouraged to exercise independence, choice and personal autonomy on a daily basis. Their views were sought informally on a daily basis and formally in the residents' council, which were held monthly; 'Partners in care – A Relatives Support Group' meetings were held regularly and all of the questionnaires submitted from families relayed the value of these meetings.

The physical environment was suitable for its stated purpose and was comfortable, homely, bright, and well maintained with many areas newly decorated. Issues which were identified relating to the premises were remedied on inspection and will be discussed in the report. Independence of residents was promoted and many were observed mobilising throughout the centre.

All staff had received training in fire safety and evacuation. Some residents attended many of the study days facilitated in the centre.

In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre. The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection.

These improvements include:

- 1) the layout of twin bedrooms
- 2) staff files
- 3) aspects of fire safety.

The action plan at the end of this report sets out the actions necessary to ensure

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

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

Outcome 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 Statement of Purpose (SOP) was reviewed and updated in August 2014. It described a service which aimed at providing individualised care for all residents. Services and facilities were described accurately. All items listed in Schedule 1 of the Regulations were detailed in the SOP. A copy of the SOP was given to residents on admission and a copy was displayed at main reception. It was identified that the conditions of registration were not included in the SOP, and this was remedied whereby the conditions of registration were now listed. The organisation structure diagram was difficult to read and was enlarged to enable residents to follow it more clearly. The SOP was reviewed annually.

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):

No actions were required from the previous inspection.

Findings:

There was an embedded quality assurance dynamic programme in place which was continuously reviewed and updated to include additional areas for addressing. The provider stated that this system was based on the Authority's National Standards for Safer Better Healthcare. Audits were completed regularly and a process review was initiated when a corrective action was identified. Processes were established to ensure quality and safety; projects to inform these processes were not closed off until such time as the quality assurance cycle was completed. Responsibility was assigned to appropriate staff members to lead on projects pertinent to their expertise and area of work with weekly meetings convened to relay progress. The provider/person in charge outlined the project on governance and responsibility had just been completed. It involved all nursing staff members, whereby staff had to align their job description and duties to the Regulations and National Standards. This project enabled staff to acknowledge and take ownership of their responsibilities in line with best-practice. Both staff and provider stated this was a great learning curve and systems were much more effective with better outcomes for residents reported which was evidenced by their key performance indicators (KPIs). The 'policy review programme' was rolled out with weekly meetings convened to relay progress; senior staff reviewed policies pertinent to their role and responsibilities and gave feedback to management. All policies listed in Schedule 5 were up-to-date and additional policies were being revised.

The auditing programme was well established with key performance indicators reviewed monthly. Two – four audits were completed monthly as well as 'compliance spot checks'. Staff members were involved in auditing as part of the governance and responsibility process.

Residents were consulted on a daily basis and their input into the daily running of the centre was encouraged, for example, in activities and social events. This was evidenced during both days of inspection where a culture of openness and transparency was observed in a relaxed atmosphere. Relatives spoken with also gave positive feedback regarding communication and involvement with their relative's care and welfare and the ease of access to 'Catriona' and staff to discuss matters. Family meetings were held four-monthly in conjunction with care plan reviews as well as when the need arose and this was evidenced in care plan documentation.

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:

Contracts of care were securely maintained by the officer manager. The contracts detailed fees to be charged as well as additional fees. Samples of contracts of care for residents were examined and were signed and dated by either the resident or their next of kin in line with best practice. Contracts were renewed with change of fees and/or change of conditions and services provided.

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 post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. She demonstrated excellent knowledge and understanding of the Regulations, National Standards and Safer Better Healthcare as well as clinical knowledge to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. There was evidence that the PIC had a commitment to her own continued professional development and had completed many courses such as person-centred care, leadership and management. The person in charge along with support staff demonstrated a clear commitment to delivering quality care to residents, continually striving for excellence.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records required in Schedule 3 (residents' records), Schedule 4 (general records), Regulation 25 (medical records), Regulation 21 (provision of information to residents) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, Schedule 2 (staffing records) required attention as full employment history and two professional references were not in place in two staff files examined. The register of residents was reviewed and while it contained most of the information required by legislation, the cause of death was not always documented here; a record of the cause of death of a resident was part of the individual reports submitted to the coroner. This was remedied during the inspection, whereby the cause of death was recorded in the register of residents. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:

Non Compliant - Minor

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:

The PIC was aware of her responsibilities relating to Regulation 37 and 38 regarding notification to the Authority should the occasion arise. Appropriate deputising arrangements were in place to ensure care and welfare of residents, whereby the CNM2 assumed responsibility when the PIC was on annual leave. Senior nurses were part of the staff complement to support the PIC and CNM2 and take charge of the centre in the absence of the management team. The CNM2 demonstrated a good awareness of her regulatory responsibilities as well as excellent clinical and risk management knowledge.

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):

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. The training matrix detailed completed training for staff. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward.

The person in charge spoke with residents on a daily basis and with relatives also; many of the returned questionnaires stated that they would speak with 'Catriona' if the need arose. A comprehensive induction programme for new staff was demonstrated which included safeguarding and safety of vulnerable adults. Staff were supervised to ensure safety of residents. Feedback from residents was positive and many stated they felt 'safe, secure, and happy' in the centre. Relatives' questionnaires stated that 'tremendous respect' was shown to their relative; they were 'welcome' to visit any time. One relative spoke of the end of life care her relative received and stated it was 'an exceptional experience' and felt she 'couldn't praise the staff enough, they were wonderful', where staff displayed 'old-fashioned values' regarding care of the dying person and the after care.

Photographic identification required for each resident as part of safe medication management, unexplained absence of a resident and other legislative requirements, was in place. Consent for such photographs was necessary and was obtained from residents or their next-of-kin.

Residents' finances were maintained by the office manager. Petty cash was securely maintained in line with best practice for three residents.

There was an up-to-date policy for adult protection which contained the information as stipulated in Regulation 36 regarding immediate notification of an allegation of abuse. The policy was reflective of the knowledge and practice demonstrated by management and staff of this Regulation.

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 risk management policy contained comprehensive details on the identification and prevention of risks in conjunction with the recording, investigation and learning from serious or untoward incidents or adverse events. The emergency plan was available with alternative accommodation detailed, should the need arise. As part of the continuous monitoring of safety of services, the health and safety committee met once a month with senior staff members from each speciality. A comprehensive health and safety checklist audit was undertaken daily/weekly/ monthly for the protection of residents and staff. Responsibilities were assigned for each issue identified in the audits and these were followed up in the subsequent meeting.

There was a current policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over hand wash sinks. There were hand hygiene gel dispensers available throughout. Advisory signage for best practice use of hand hygiene gels was displayed and the inspector observed that opportunities for hand hygiene were taken by staff. Staff, including cleaning staff, had completed training in infection prevention and control and hand hygiene. Each member of staff had a hygiene pocket indicator to detect if hand hygiene was performed in compliance with best practice. This was synchronised with a software application and recordings that were reviewed by the provider/person in charge as part of the KPIs quality assurance programme. The designated areas for storage of chemicals were secure to prevent unauthorised access. The inspector identified that a hand hygiene dispenser was necessary at the entrance to the kitchen and this was addressed before the end of the inspection.

A fire safety register was in place which demonstrated that daily, weekly and monthly

checks were completed to ensure fire safety precautions. All staff had completed their mandatory fire training. Fire drills were completed six-monthly and this was evidenced by fire training records reviewed. Current relevant fire certification for maintenance and servicing was evidenced. Residents' doors were designated fire doors and some had rubber door wedges to maintain the fire doors ajar. This was highlighted to the provider/person in charge who discussed the findings with the fire safety engineer. A programme of works was initiated to remedy the fire doors to enable residents to keep their doors ajar while maintaining fire safety precautions. The provider gave assurances that this programme of works would be submitted with the action plan.

All staff had completed their mandatory moving and handling of residents.

A current insurance policy was demonstrated which included residents personal property.

A record was maintained of incidents and accidents' and these were reviewed by the inspector. They correlated with notifications submitted to the Authority and residents' care plans were reflective of interventions documented in the incidents and accident forms completed.

Laundry was segregated at source and alginate pages were available for contaminated items. Workflows to prevent cross contamination with appropriate use of protective equipment such as disposable plastic aprons and gloves were demonstrated. The kitchen was inspected. Advisory signage indicating designated areas for preparation of different foods was in place to ensure safe food preparation practices and mitigate risk of cross contamination. Placement of food in the fridge was compliant with food safety and food items were labelled and dated appropriately. The inspector identified several areas in the kitchen that required attention and these were all remedied before the end of inspection; these included:

- new shelving underneath the wash-up sink
- replacement of skirting board underneath one of the hand-wash sinks
- cleaning around both hand-wash sinks
- cleaning underneath shelving and units in the kitchen
- placement of domestic waste bin underneath one hand-wash sink for disposal of paper towels
- increase distance between a hand-wash sink and shelving unit.

Guidance was in place for staff in relation to how staff should manage residents' cigarette lighters and matches or observation of residents' who wished to smoke. The smokers' room was inspected and contained an extractor fan as well as adequate natural ventilation, fire safety equipment and call bell alarm.

Judgment:

Non Compliant - Minor

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:

There was a centre-specific up-to-date medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Nursing staff with whom the inspector spoke, demonstrated best practice regarding administration of medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely maintained within the nurses' station. A nurses' signature sheet was in place as described in professional guidelines. Medication management audits were completed regularly and these were evidenced during inspection. Medication reviews were completed at least every three months and this was evidenced on residents' prescriptions.

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:

Notifications received by the Authority were reviewed upon submitted and prior to this inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely and comprehensive. A record was maintained of incidents occurring in the centre and these correlated with residents' care plans. Appropriate interventions were documented as well as a risk analysis post the intervention to ensure the risk of recurrence was mitigated.

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:

Residents had timely access to GP services and allied health services including physiotherapy, dietician, speech and language therapy, optician, occupational therapy, dental and chiropody services. The inspector reviewed a sample of care plans with associated risk assessments of residents which were completed on admission, four-monthly and more frequent if their condition required. The information documented in the plan of care was robust, resident-centred and reflected an in-depth knowledge of each individual. Residents' weights and other observations were completed on a monthly basis and more frequent if their clinical condition warranted and there was evidence of this. A daily activities flow chart and narrative was maintained on each resident documenting progress. Consent was obtained from the resident or in the case of those with cognitive impairment, discussion with their next of kin. Resident and relative feedback forms indicated that care planning was discussed with them.

Residents had opportunities to participate in meaningful activities appropriate to their interests and needs. As part of residents' documentation their life story 'Getting to Know Me' informed activities and recreation. Returned questionnaires stated that staff were aware of their next-of-kin personality and encouraged them to attend activities or facilitated one-to-one sessions in their bedrooms. Residents' art, poetry and photographs were viewed throughout. Several residents relayed to the inspector that they enjoyed the 'morning coffee club' which was held each morning from 09:30 – 10:45hrs. There was an extensive activities programme facilitated by the full-time activities person.

There was an enclosed secure garden to enhance outdoor activities. Residents had painted murals on the external walls and there were seating areas and walkways around the landscaped garden. There was a chicken coup and chickens could be seen from residents' bedrooms and a sitting room. There were seating areas and walkways around the landscaped gardens at the front of the premises; this area was unsecured.

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 design and layout of the centre fitted with the aims and objectives set out in the statement of purpose and the residents' profile. It promoted residents' independence, dignity, and well-being. The premises was purpose-built and could accommodate a maximum of 64 residents. Residents' accommodation comprised 46 single and nine twin bedrooms, all with toilet, shower and hand-wash basin en suite facilities. While the size of the twin rooms was adequate, the layout required review as there was unequal distribution of space which compromised the accessibility of personal storage space and/or bedside chair for one of the residents occupying a shared bedroom. This was discussed with the provider/person in charge who agreed that a review and action was necessary to ensure the layout was appropriate for each resident. Other rooms consisted of a dining room, two sitting rooms, one visitors' room and one meeting room, seating area by main reception as well as occasional seating areas throughout, kitchen, a large arts and crafts room, large oratory, a gym, staff facilities, and additional assisted toilets throughout as well specialist baths. Many of the areas throughout were recently redecorated and were bright, clean, well maintained and safe. A programme of painting and decorating was in progress and issues identified regarding décor were being remedied. Safe secure outdoor spaces were provided for residents enjoyment and these were well maintained with level walkways and seating. The entrance and front of the building had landscaped gardens with seating and walkways for residents'.

Judgment:

Non Compliant - Minor

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 synopsis of the complaints procedure was displayed prominently at main reception. The inspector noted that recourse to the Office of the Chief Inspector was included here and this was removed from the complaints process. The provider/person in charge monitored complaints and endeavoured to resolve issues as soon as they arise. The complaints policy was up-to-date and detailed the complaints officer as well as the independent appeals process. Complaints were reviewed and comprehensive documentation was evidenced including whether the complainant was satisfied or not with the outcome.

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

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

No actions were required from the previous inspection.

Findings:

Some residents were receiving end of life care during the inspection; care practices observed and the layout of the centre ensured residents received end of life care in a way that met their individual needs, wishes and preferences with respect for individual's autonomy. Care plans demonstrated that end-of-life care wishes were discussed and documented to ensure care would be delivered in accordance with their desires and requests. Divergent spiritual needs were facilitated and Mass was held in the centre weekly. Residents had access to palliative homecare team as well as the hospice services. Staff had completed professional development regarding end-of-life care, 'What matters to Me' and palliative care.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place for risk assessment, monitoring and documentation of nutritional status and residents care plans reflected this whereby diabetic and coeliac diets were documented. Catering staff discussed specialist diets with inspectors and demonstrated their knowledge regarding specialist diets and consistency for residents. Staff had completed training in modified consistency food preparation. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted. Residents had access to fresh water and other fluids throughout the day and feedback from residents spoken with concurred that meals and meal time was a positive experience. Choice of fluids, meals, snacks was provided. Most residents had their breakfast in their bedrooms. The inspector observed breakfast and lunch time in the dining room and this appeared to be a pleasant and relaxed experience. Residents were assisted in an appropriate manner, respectful of residents' dignity. Menu with choice was displayed in large print at the entrance to the dining room.

Upon admission to the centre the chef/cook visited the residents and compiled a food plan of the residents' likes, dislikes, speciality and consistency; following discussion with the next-of-kin this plan was enhanced to ensure the information was comprehensive. The chef then relayed the information to the nursing staff for inclusion in the overall food and nutrition care plan.

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:

The inspector reviewed minutes of the residents' committee meetings which were facilitated by the activities person. This committee offered residents the opportunity to participate and engage in the running of the centre; residents made suggestions about meals, activities and outings. Residents were observed reading news papers and local magazines. Residents had televisions and music centres in their bedrooms; large flat screen televisions were available in the sittings rooms and there was an additional projector for movie showing which projected images onto a huge screen for easy viewing for residents.

The open visiting policy was observed throughout the inspection. Completed relatives questionnaires commended staff on how welcoming they were to all visitors. The manner in which residents were addressed by staff was seen by inspectors to be appropriate and respectful. The inspector observed the residents' privacy and dignity being respected and promoted by staff in the provision of personal care.

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:

The inspector saw, and residents confirmed, that residents were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were personalised with residents' own cushions, ornaments, armchairs, furniture, pictures and photos. One resident invited the inspector to her bedroom where every available wall space was covered with photographs, many were of the resident and celebrities who had visited the centre as well as concerts she had attended. Appropriate storage space was provided in residents' bedrooms for their clothing and belongings. Locked storage space was provided for residents and small fridges upon request.

There was a policy on residents' personal property and possessions and completed resident's property lists were seen to be completed in resident's notes.

The laundry system was seen by the inspector and found to be satisfactory. Positive feedback was relayed in completed questionnaires regarding laundry services. Clothes were discreetly marked and residents reported that clothes generally did not go missing and were always returned in a timely fashion.

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):

No actions were required from the previous inspection.

Findings:

The numbers and skill-mix of staff was adequate to meet the assessed needs of residents. A staff roster was in place which identified management as well as staff speciality. Staff were supervised appropriate to their role and responsibilities and this was enabled through the CNM2, senior nurses, supervisors and senior carers. The inspector joined the staff for handover during the inspection. This handover report was comprehensive and contributions were given by nurses and carers as well as updates relating to food and nutrition status.

Current registration with regulatory professional bodies was in place for all nurses. The staff training matrix examined demonstrated that mandatory training was extensive and undertaken. A needs analysis was completed as well as staff appraisals to inform further

staff training. Other staff training completed in the last year comprised of end of life care, manual handling, dysphagia (swallowing difficulties), challenging behaviour, infection prevention and control, venepuncture (blood tests), wound management, falls prevention, provision of information to residents, end-of-life medication management, maximising the ability of older people and fire. All nurses had completed the programme 'Leading an Empowered Organisation'. The CNM2 had enrolled to undertake her BSc in Leadership and Management.

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:

Breeda Desmond
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:	Cuil Didin Residential & Nursing Care
Centre ID:	OSV-0000219
Date of inspection:	19/08/2014
Date of response:	01/10/2014

Requirements

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

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

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Schedule 2 (staffing records) required attention as full employment history and two professional references were not in place in two staff files examined.

Action Required:

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

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

the Chief Inspector.

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

The CV's have been reviewed in consultation with the 2 employees concerned and updated to reflect accurate employment history. Both have now forwarded professional references to replace one of three existing on file since recruitment.

Proposed Timescale: Immediately actioned and now closed out

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Residents' doors were designated fire doors and some had rubber door wedges to maintain the fire doors ajar, making their fire safety mechanism ineffective.

Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

We have completed a trial of Electro Magnetic Door closers which has proved appropriate and compliant. A schedule of works has been prepared for the installation of these closers throughout our facility which should be completed within the next 6 months. Our Fire Consultant has approved same.

Proposed Timescale: 31/03/2015

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:

While the size of the twin rooms was adequate, the layout required review as there was unequal distribution of space which compromised the accessibility of personal storage space and/or bedside chair for one of the residents occupying a shared bedroom.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

To ensure that both residents sharing the semi private rooms have equal space

distribution - an upgrade & refurbishment of furniture with equal space allocation has commenced.

Proposed Timescale: 31/12/2014