

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Elizabeth's Nursing Home
<b>Centre ID:</b>	OSV-0000167
<b>Centre address:</b>	Kells Road, Athboy, Meath.
<b>Telephone number:</b>	046 943 2457
<b>Email address:</b>	flynngrillet@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Gortana Limited
<b>Provider Nominee:</b>	Thierry Grillet
<b>Lead inspector:</b>	Michael Keating
<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>	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:
06 January 2015 10:00	06 January 2015 18:00
07 January 2015 10:00	07 January 2015 13:00

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 18 outcome inspection, which took place following an application to the Health Information and Quality Authority (the Authority) to renew registration of this centre. 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, accidents and incidents forms, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority during the inspection. These questionnaires were broadly positive of the service provided and highly complementary of the input of all staff and the quality of service provision in general.

The centre was last inspected on the 18/06/2014. During this inspection 12 Outcomes were inspected against, and a number of noncompliances were identified which resulted in 17 actions. However, the inspector found that all of these actions had since been addressed.

Overall, the inspector found that the provider and the person in charge met the requirements of 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. They promoted the safety of the residents, and monitored closely the quality of the service provided to residents as described throughout this report and in particular within Outcome 2: Governance and Management. Staff had completed training and training records viewed provided evidence that all mandatory training requirements had been provided to all staff. Staff were also found to be knowledgeable in relation to key policies and associated training such as the prevention of abuse of vulnerable persons.

Evidence of best practice was found across all outcomes, with all outcomes deemed to be in full compliance with the Regulations.

**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 inspector found that the statement of purpose met the requirements of the Regulations, containing all of the information as listed within Schedule 1. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents. Staff were found to be familiar with the statement of purpose.

**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:**

Overall it was found that the quality of care and experience of the residents were monitored and assessed on an ongoing basis. There was a clearly defined management structure that identified the lines of authority and accountability.

The provider and the person in charge worked together to address the needs of residents and together held the autonomy and authority to implement change in accordance with the assessed needs of residents. For example, recruitment was currently taking place to employ additional nurses to meet the changing needs of residents, and to ensure that there were sufficient protected hours available to the

person in charge to provide effective management of the centre.

There were systems in place to review and monitor the quality and safety of care and the quality of life of residents, with an overall annual review taking place, a copy of which was read by the inspector. In addition, the inspector read minutes of monthly meetings held between the provider(s), the person in charge and the deputising person in charge (assistant director of nursing) which focused upon key quality and safety data including incidences of pressure sores, incidences of the use of pro re nata (PRN) medications, and incidences where residents were spending most of their time in bed in any one week.

**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:**

A resident's guide was provided to all residents'. Each resident also had an agreed contract of provision of service, which included the fees charged for stay in the nursing home, as well as reference to additional fees to be charged such as for hairdressing services which were available in the centre.

**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 and worked full time within the centre. The person in charge had experience in the area of nursing older people as well as postgraduate qualifications in management. She had been working as director of nursing within the centre for almost two years and was well known to all residents.

The person in charge had been involved in developing policies as well as revising policies in line with best practice or the changing needs of residents. During the inspection she demonstrated her knowledge of the revised Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities.

**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 listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A number of staff files were checked and were all found to contain all of the documentation as required in Schedule 2 of the Regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under Regulation 19.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary. The person in charge was supported in her role by a deputising person in charge who had been deemed a fit person previously by the Authority. The deputising person in charge was met with during this inspection and provided assistance to the inspector throughout Day 1 of the inspection. The roster identified a nurse as in charge at all times if either persons in charge were not on duty.</p>
<p><b>Judgment:</b> Compliant</p>

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector found that measures were in place to protect residents from being harmed or abused. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated by a staff member.</p> <p>The person in charge assisted residents with the management of their finances, and arrangements were in place to safeguard residents from the risk of financial abuse. The inspector saw that money was stored in a locked filing cabinet, within a locked office and was satisfied that resident's finances were managed in a safe and transparent way.</p> <p>Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner.</p> <p>A restraint free environment was promoted with relevant policies and procedures in place. Physical restraint was not used in the centre and there was a small number of</p>
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enabling restraints in operation within the centre. Bed-rails were used for seven residents. The use of these had been appropriately assessed and had involved multi-disciplinary input as well as the assessment of the capacity of the residents in question to be involved in the decision. There was a policy on the use of Closed Circuit Television (CCTV) which was only used in communal access areas such as the porch and corridors. This policy identify the need for CCTV as being one of security, and efforts were made to inform residents, families and staff of its existence. A log book was also used to record all visitors to the centre and a receptionist was generally on duty to assist in the monitoring of visitors in and out of the centre.

Efforts were made to identify and alleviate the underlying causes of behaviour that is challenging. The inspector noted that there were comprehensive multi-disciplinary supports meetings taking place, where considerable efforts were made to identify the cause of increased patterns of behaviour for a very small number of residents who present with such challenges. Overall, this approach focused upon identifying the behaviour as a form of communication, finding ways in which to identify the cause of frustration for the individual concerned.

**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:**

The inspector found that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

The inspector noted that there was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards. A risk management policy was in place and met the requirements of the Regulations. Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire reels and fire alarm system were serviced annually. The inspector noted that the fire panels were in order, and the many fire exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. Regular fire drills were taking place and the fire alarm was tested every Friday morning. Personal emergency evacuation plans (PEEP's) had been developed since the previous inspection which provided clear guidance to staff, outlining the specific support

requirements for each resident. A certificate of fire compliance was also provided to the Authority as part of the application to register.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat or any other possible emergency. The emergency plan included a contingency plan for the total evacuation of residents to a local school in the event of an emergency.

A review of the training records evidenced that all staff had attended mandatory training in patient moving and handling. There was sufficient equipment provided for the safe moving and handling of residents such as hoists and electric beds, and the service records were viewed which confirmed they had been serviced as require. Staff were observed supporting residents to mobilise in a safe and consistent fashion, in accordance with individual moving and handling care plans.

**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:**

There were written operational policies in place relating to the ordering, prescribing, storing and administration of medicines to residents.

Medication was supplied to the centre using pre-packed 'blister packs'. A system had been put in place to ensure there were additional measures taken to check each blister pack as it was delivered to the centre to ensure it contained the medication as prescribed. Regular audits and reviews to monitor safe medication management practices were also taking place. A full medication review took place every three months for each resident and this involved nursing staff, the general practitioner (G.P) and the pharmacist. Medication reviews viewed by the inspector included reductions in the dose of medications, and changes to the type or frequency of pain medication, such as the introduction of Butrans (buprenorphine) transdermal patches for the management of severe pain.

From observing staff members administering medication it was found that they adhered to safe medication management practices. Staff were guided with a clear and up to date administration sheet, and all medication were signed for appropriately.

Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register

of controlled drugs. The stock balance was checked and signed by two nurses at the handover of each shift. This register was viewed by the inspector.

A locked fridge was provided for medication which required temperature control and the inspector noted from the daily record sheet on the side of the fridge that the temperatures were within acceptable limits. There were appropriate procedures for the handling and disposal of unused and out of date medication.

**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:**

The inspector found that a record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector.

The person in charge was aware of the legal requirements to notify the chief inspector regarding accidents and incidents. The inspector read the accidents and incidents log and saw that all relevant details of each incident were recorded together with actions taken.

**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):**

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

**Findings:**

The inspector found that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied healthcare. There

were also opportunities for residents' to engage in meaningful activity.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident involvement at development and review.

The inspector reviewed a sample of residents' health care plans which considered assessed need in relation to areas such as dental care, cognitive deficit, sleep patterns, short term medical interventions, skin care and wound management. Resident's could access medical specialists as required, for example plans evidenced recent visits to or by cardiac specialists, dieticians, physiotherapist (provided in house on a weekly basis) speech and language therapy, and a dentist. Residents' had access to a general practitioner (GP) as required, with a community GP attending the centre twice a week. Resident's were also supported to maintain their own GP as requested. Residents were also supported and encouraged to make healthy living choices such as the implementation of a 'better meals initiative' aimed to promote healthy eating for residents who choose to be part of the initiative.

Assessors used validated tools to assess levels of risk of deterioration, for example vulnerability to falls, dependency levels, nutritional care, cognitive impairment. There was evidence that care plans were reviewed every three months or more frequently if required.

On the day(s) of inspection two residents had been temporarily discharged from the centre for treatment in a hospital. The inspector was present for the return of one of these residents' and it was found that the person in charge had ensured that all relevant information had been obtained from the hospital prior to discharge. The person in charge had sourced an oxygen concentrate machine to ensure the resident could return to the centre as promptly as possible.

Each resident had opportunities to participate in meaningful activity and the activity programme was based upon the residents' interests and hobbies. Activity coordinators was employed and residents were observed enjoying various activities during the inspection, including playing music and singing, 'sonas' sessions, a writing session and one to one activity for some residents who could not avail of group activities. There was also an activities planner displayed on the wall, highlighting the week's activity.

**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):**

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

**Findings:**

Overall it was found that location, design and layout of the centre was suited to its stated purpose and met the individual and collective needs of residents. Many parts of the centre had been decorated since the previous inspection, and it was found to be clean and homely throughout.

The centre was laid out over two floors, with a lift providing access to the first floor. The centre had a large dining room that was bright and nicely decorated, and provided access to an outside decking area for use during the summer months. There were adequate sitting rooms available to residents, where residents could choose to relax or to engage in activity. There was a separate sitting room designated for smoking which had been recently decorated.

The kitchen was well equipped with ample storage for refrigerated and dry goods. The layout of the kitchen had recently been altered to improve efficiency and reduce the need for care staff to be entering the kitchen.

There were 29 bedrooms, 16 of which were ensuite with the remainder sharing bathrooms. Accessible baths were available to residents should they be required. 22 residents were accommodated in single rooms, with 14 accommodated in twin rooms. The twin rooms were found to be of a suitable size and layout to meet the needs of the residents using them. In addition, a number of residents and their relatives spoken to, stated that they were consulted before admission in relation to the use of a twin room and many had also been offered a single room since admission which had been refused. It was found that there was an adequate number of toilets and bathrooms for the numbers accommodated. There was also a visitors/prayer room which also provided overnight facilities for a family member should they need to stay in the centre.

Resident's bedrooms were personalised in accordance with the preferences of each resident, and there was ample storage available for resident's belongings. There were televisions and radios available to all residents, and photographs and paintings were on display throughout bedrooms. Photographs of events and occasions, as well as poetry and writings compiled by residents during the weekly writing group were also framed and on display in communal areas such as corridors and sitting rooms.

The centre was also found to have adequate laundry and sluicing facilities available. The temperature of hot water was checked at a number of outlet and was found to be a safe temperature. It was also noted that there were separate thermostatic controls on all hot water outlets.

**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 complaints policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display within the reception area. Residents, relatives and staff spoken with were aware of the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. For example, a satisfaction survey was filled in by all residents, and a resident's council met on a frequent basis involving 16 residents and an outside advocate. This information was used to influence service provision, and changes were made as a result in areas such as the laundering of clothes and the food provided.

There were no complaints logged over the last 12 months. Relatives spoke about speaking to staff on an ongoing basis, and that if they raised a concern, these were always promptly addressed without question. For example, a request from relatives to change a particular item of clothing. Other more specific examples of this were provided to the person in charge during the course of the inspection. However, these were infrequent and related to day to day issues, and the way in which these were addressed prevented anything becoming a more significant issue requiring follow up through the complaints processes the inspector was told.

The person in charge and the deputising person in charge promoted a culture of openness in this regard. Both persons spent time with each resident on regular basis and visited the bedrooms of residents. In this way they felt they could engage residents more in discussion in relation to their satisfaction with the service provided. It was evident from review of documentation and from discussion with staff that all staff had an in-depth knowledge of all residents.

**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):**

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

**Findings:**

The inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. This was evidenced by the detail provided within individual end of life care plans, and through discussion with relatives who were involved in the care planning meetings. The practice was informed by the centre's policy on end of life care which in turn was informed by national policy such as hospice friendly initiatives. The policy also referred to the use of specialist palliative care and on the use of subcutaneous fluids. The end of life care plans in place for all residents clearly documented residents' preferences.

Fourteen residents were accommodated in twin rooms. End of life plans for these residents also referenced the maintaining of dignity of both residents should one resident suffer an unexpected death. Residents and relatives were aware of this possibility, and the plans also referred to the fact that deceased residents could not be moved until cleared to do so by the G.P and/or coroner. A room was available to move the body to, and could also be used to maintain dignity during the advanced end of life stage.

The policy on end of life care addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. Residents were able to engage with the inspector about their individual end of life care plans. Relatives also spoke about the end of life planning meetings which took place, and were highly praiseworthy of the way they were carried out and spoke of being comforted by understanding what would happen for their relative during their end of life stage.

**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):**

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

**Findings:**

The inspector found that residents were provided with a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Residents' dietary requirements were met to a good standard. The chef discussed with the inspector the special dietary requirements of individual residents and information on residents likes and dislikes. The inspector observed that the catering staff spoke with

residents during the meal asking if everything was satisfactory. The inspector ate a meal with residents and they were complementary of the food served. The food was served hot and well presented and was enjoyable. Menus offered choice over a four week rolling period, and these menus had been assessed for nutritional value.

The kitchen was clean and well organised and appropriately stocked with adequate supplies of meat, fruit, dry goods and fresh fruit and vegetables. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents' and their visitors. Two residents who were susceptible to pressure sores and they had a detailed pressure sore prevention plan in place.

Weight records were examined which showed that residents' weights were checked monthly, weekly or daily according to assessed need. Nutrition assessments were used to identify residents at risk and were repeated on a monthly basis. Residents were referred to a dietician, and had access to speech and language services. The dietician had visited the centre on the day before the inspection and had updated care plans accordingly.

**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):**

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

**Findings:**

The inspector found that residents were consulted with and participated in the running of the centre. Each resident's privacy and dignity was respected and they were enabled to exercise control over their lives.

The inspector saw that residents had choices about how to spend their day, with residents choosing activity, or to spend time alone in their rooms to read, watch television or rest. Residents' also changed their minds, choosing not to do an activity they had planned to do, and this was never questioned by staff.

Staff were observed knocking on bedrooms, toilet and bathroom doors and waiting for permission to enter. The inspector observed and heard staff interacting with residents in a courteous and respectful manner and addressing them by their preferred name.

The centre operated an 'open door' policy in relation to residents receiving visitors. The

inspector observed a high number of visitors in the centre throughout the two days on inspection.

As mentioned previously a residents' council had been set up and met on a regular basis. The inspector saw that residents had made suggestions regarding menu choice. For example, they had asked that different brands of certain produce were used, and they had requested more 'mince' based meals and less chicken dishes. Residents also made suggestions regarding the activity programme.

**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:**

Residents could have their laundry attended to within the centre. The laundry room was well equipped to meet the needs of the numbers of residents residing in the centre. Much of the laundry was done in the centre at night time by night staff. Residents whom the inspector spoke to expressed satisfaction with the laundry service provided. Residents were observed to be wearing clothing of high quality. Some relatives spoken with stated that their relation was always very well presented and spoke of getting phone calls from staff suggesting a need to buy new items of clothing to replace older ones which appeared worn.

There was adequate storage provided for residents' possessions and plenty of wardrobe space for residents to keep their clothes. Residents were assisted as required to put laundry away and to keep their wardrobes tidy, many of the residents spoken with stated this was important to them.

A list of resident's property was maintained for all residents and residents were encouraged to take responsibility and retain control over their own possessions.

**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 inspector reviewed the roster which reflected the staff on duty. Resident dependence was assessed using a recognised dependency scale and the staffing rosters were adjusted accordingly. For example, it was identified that additional nursing hours were required to meet the assessed needs of residents and a nurse had been recruited and was due to start later in the same week. The inspector was satisfied that there was sufficient staff on duty to adequately meet the needs of residents.

The dependency levels were assessed as 12 maximum dependency resident's, ten high dependency, 11 medium dependency and 3 of low dependency. Overall it was found that there was sufficient staff on duty to adequately meet the needs of residents.

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents.

There was a recruitment policy in place which met the requirements of the regulations. The inspector examined five staff files and found that they contained all of the requirements of Schedule 2 of the Regulations. The person in charge reported that one volunteer visits the centre and confirmed that she had the details as required within the regulation such as vetting disclosures in place.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The person in charge promoted professional development for staff. A staff development programme was in place to ensure staff were provided with training to meet the specific needs of residents and to meet individual staff development requirements. For example a broad range of training had been provided to staff such as managing actual and potential aggression, wound care, falls prevention and management, nutrition, infection control and end of life care, in addition to all mandatory training requirements of the regulations.

Staff spoken with all reported that they felt supported and supervision was provided to all staff. The inspector read a number of staff performance reviews and a number of these had identified areas for improvement, with action plans in place to support development in these areas.

**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:***

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