

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Harvey Nursing Home Terenure
Centre ID:	OSV-0000047
Centre address:	122-124 Terenure Road West, Terenure Road, Dublin 6w.
Telephone number:	01 490 7764
Email address:	shini@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Limited
Provider Nominee:	Seamus Brady
Lead inspector:	Valerie McLoughlin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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 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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 October 2015 09:00 To: 07 October 2015 16:50

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of this inspection was to monitor compliance with the regulations and to establish that the new person in charge was suitably qualified and experienced and a fit person for the role of person in charge.

The inspector met with the residents, relatives and staff on duty, observed practices and reviewed documentation such as the staff schedule, care plans, medical records, accident logs, policies and procedures and staff files.

The inspector found that the provider and 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, and the nine outcomes inspected were fully compliant.

There was a very committed management team in place who worked hard to ensure that there was a strong governance structure in place.

Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. Many of the residents

had a diagnosis of dementia and their needs were met to a good standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

The person in charge was suitably qualified and experienced and was committed to the her own professional development and the development of staff in the centre. She had a sound knowledge about nursing older people and identified areas for service improvements.

The provider and person in charge promoted the safety of residents. Residents and relatives knew the management team on a first name basis. The collective feedback from residents was one of satisfaction with the service and care provided.

Staff had received training and were knowledgeable about the prevention of elder abuse and other relevant areas. Staff knew the residents well and were knowledgeable of their needs. Staff were suitably qualified and the skill mix was appropriate to meet the needs of residents. Recruitment practices met the requirements of the Regulations.

The inspector followed up on the action plans from the registration inspection in October 2013 and found that all the actions had been completed.

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 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:

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 centre's Statement of Purpose, and the manner in which care is provided, reflect the different needs of residents, including specific criteria being adhered to in relation to admission to one of the single bedrooms as required on the registration inspection in 2013.

The inspector found that the statement of purpose contained all of the information as required by the Regulations. This clearly described the range of care needs that the designated centre intended to meet. The person in charge was aware that she was required to make a copy available to residents on admission.

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 is a clearly defined management structure that identifies the lines of authority and accountability as outlined in the statement of purpose. The person in charge works full-time in the centre and leads a team of nurses and health care staff. She is supported by the chief operations and the multidisciplinary team.

The inspector found that systems were in place to ensure that the quality of care to be provided to residents was being monitored, developed and improved on an ongoing basis. Audits were completed on many aspects of care such as care planning, falls, medication management and restraint.

The person in charge collected data on a monthly basis on a number of key performance indicators such as the use of anti-psychotic medications, falls and the use of restraint to monitor trends and identify areas for improvement.

There is a clinical governance committee which oversee the quality and safety of the service. The committee meets on a monthly basis to review information collected about the individual care of residents. For example, a review of clinical quality indicators, incident reports, risk assessments, complaints, audits and feedback from the residents committee. There was recorded evidence that the information was analysed and actioned for continuous improvement including updating of the risk register as required.

The person in charge explained that evidenced based policies, procedures and guidelines are reviewed on a scheduled basis by the clinical governance committee, to ensure that the provision of care and services are informed by the best available evidence. The inspector noted that a number of policies had recently been updated, such as the medication management policy and the safeguarding policy.

There are enough resources to ensure the effective delivery of care, as described in the statement of purpose. Appropriate resources were allocated to meet residents' needs, for example the providers ensured that adequate staffing and skill mix are in place consistently meet residents' needs. Resources were also in place for staff training and development, appropriate equipment for moving and handling, and activity provision.

The inspector read the annual review of the quality and safety of services for 2014. It contained information about medication management audits, infection control, outcome of incidents and accidents, and the management of restraint. Quality improvement measures were in place for 2015, and a number of these recommendations had already been implemented. For example, increased supervision while residents were in their bedrooms to minimise the risk of falls; implementation of a new restraint risk assessment template to record alternatives trialled prior to implementation of restraint, implementation of competency based medication management assessment, and additional staff training in dementia related care. The provider told the inspector that he also had plans in place to make further improvements to the building, for example, upgrading the floor covering in the upstairs sitting room by the end of the year.

There was evidence of consultation with residents and representatives formally and informally and their feedback was used to improve the service. For example, arranging more day trips and providing support for residents to attend religious services in the community. Residents told the inspector that staff supported them to attend mass in the

community and to go on an outing to the park during the day, or to the local bar in the evening time.

There was also evidence that the person in charge was open to receiving feedback from relatives informally. The inspector followed up on an issue raised by a relative with the person in charge on the day of inspection and found that the matter had been appropriately followed up and the outcome was resolved to the satisfaction of all parties.

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 designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service as required by the regulations.

The person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The inspector found that the person in charge was suitably qualified and experienced. She was recruited as the person in charge and she commenced employment 22 June 2015. She commenced her role as the person in charge 12 July 2015 following a detailed hand-over from the previous person in charge who's last day of employment was 11 July 2015.

The person in charge is a registered nurse and works full-time in the centre. She has a minimum of three years experience in the area of nursing of the older persons within the previous six years as required by the regulations. She holds a B.Sc. in nursing and a qualification in gerontology. The person in charge is also an experienced clinical facilitator. She had maintained her continuous professional development and had completed courses in care of the older person, dementia care and all other courses mentioned in outcome 18. The person in charge demonstrated good clinical knowledge and a sufficient knowledge of the legislation and her statutory responsibilities. She also had good knowledge of the Authority's Standards.

The person in charge was an organised manager and all documentation requested by the inspector was readily available. She was on duty for the duration of the inspection.

The person in charge was supporting in her role by the chief operations officer who spends one to two days a week.

The provider told the inspector that he was committed to supporting and developing the person in charge, for example, the person in charge was scheduled to commence a management course in November 2015. The person in charge concurred that the provider was supportive and available at all times.

The person in charge had deputising and on call arrangements in place. She has a plan in place for developing one of the nursing staff to provide coverage in her absence. She was observed to communicate well with residents, relatives and staff.

Residents spoken with during the inspection knew the person in charge by name and said, "She is very good, and a she is kind".

Staff explained that they were getting to know the new person in charge and that they found her to be approachable and fair in her dealings with them. They also told the inspector that she supported them in their role by providing direction and that she initiated improvements in the centre, such as care planning and accountability for care the care and welfare of residents. The person in charge explained that she planned to involve the nursing staff in audit of clinical practice in the future.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector was satisfied that the records listed in schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Since the previous registration inspection in October 2013 the directory of residents had

been updated. It now contained the name and address of the authority, organisation or other body that arranged the resident's admission to the centre. Therefore this aspect of the action plan had been met.

The inspector found there were systems in place to ensure that all records relating to residents and staff are maintained in a secure and confidential manner.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements 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

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

No actions were required from the previous inspection.

Findings:

The provider was aware of his responsibility to notify the Chief Inspector of the absence of the person in charge. Previous absences of the person in charge had been notified to the Authority within the required time frames.

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:

The inspector found that measures were in place to protect residents from being harmed or abused. All staff had received training on recognising and responding to allegations of abuse. A centre-specific policy was available and reflective of current national guideline. The policy provided guidance to staff on the assessment, reporting and investigation of any allegation of abuse and guided practice in the centre. All staff interviewed were knowledgeable on what constituted abuse, how to recognise and report any instance of suspected abuse.

The person in charge was knowledgeable of the different forms of abuse and she had a system in place for the investigation and management of any instance of allegations of abuse. The inspector reviewed an investigation of an allegation of abuse and found it had been investigated in line with the policy.

Call bells were available in each bedroom and the inspector observed that staff answered them promptly.

The systems in place to safeguard residents' money were monitored on the previous inspections and found to be in line with the policy on previous inspections.

There is a comprehensive policy and procedures for managing behaviours that challenge. It had been updated since the previous inspection. Therefore this aspect of the action plan had been met. Residents have access to the general practitioner, psychiatric services and clinical psychologist as required.

There is a restraint policy in place which was in line with the national policy on promoting a restraint free environment.

The policy guided practice and the rationale for use was clearly documented and where possible alternatives trialled prior to the implementation of restraint. There was a system in place to monitor residents using restraint.

The person in charge explained that some residents/relatives requested bed-rails for safety reasons but she is working towards a restraint free environment. The inspector noted that the use of bed-rails had been reduced from 18(38%) to 15(32%) in recent months.

The person in charge explained that there were a small number of bed alarms in place to alert staff to residents assessed as being a high risk of falls. There was recorded evidence that alternatives had been trialled and failed prior to the implementation of these measures, such as hip protectors and the use of low- low beds; therefore the bed alarm was being used as a last resort.

Two residents were using lap belts on specialised chairs which had been assessed and reassessed by the occupational therapist. Lap belts used were in place to promote residents balance and safety.

There was very minimal use of PRN (as required) chemical restraint (medications that sedates) in use. There was recorded evidence of alternatives trialled prior to the use of chemical restraint in previous months. For example, where one resident had been prescribed PRN (as required medication), diversional therapy had been trialled, such as

watching having a cup of tea and a chat, and the provision of one to one support. The administration of prescribed medication were monitored carefully by the nursing staff and regularly reviewed by the general practitioner and the consultant psychiatrist.

Other forms of restraint in use to promote residents safety is the front door being locked. As previously mentioned the majority of residents had a cognitive impairment and the front door was locked in order to allow residents to move around freely within the centre. Staff are available to take residents outside whenever they wish and a small number of residents can come and go as they wish. External doors can be accessed by staff and staff were vigilant in being available to residents and visitors leaving and returning to the centre. There is a policy in place regarding missing persons, and care plans initiated based on risk assessment.

Additional measures in place to promote the safety of residents included twenty-four hour security and CCTV and all visitors to and from the centre signed the visitors log. The gardens behind the building are secure and prevent any unauthorised access from outside the grounds. There is also sensor lighting to the back garden to promote residents safety.

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 is a system in place to ensure that the health and safety of residents, visitors and staff is promoted and protected.

A safety statement was in place and it related to the health and safety of residents, visitors and staff. The inspector found that there were good systems in place relating to promoting the health and safety of residents, staff and visitors.

The inspector read the risk management policies which were developed in line with the regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

The risk register contained a number of environmental risks and control measures to mitigate risk. For example risks associated with challenging behaviour, smoking, wandering and slips and trips. Appropriate controls were in place for example, supervision of residents who smoke, and having a secure back garden with safe,

appropriate walking surfaces for residents who like to wander.

The person in charge had arrangements in place for investigating and learning from a review of care and of incidents. The person in charge explained that there is a clinical governance committee in place to review medication management, care plans, incidents, residents' feedback and complaints. There was evidence of continuous quality improvement, for example a review of all residents' medications resulted in discontinuing medications that were no longer required. Also an audit of pressure ulcer prevention management improved from 85% to 97% between August and September following staff education on pressure ulcer prevention management.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedure to follow in the event of an emergency. For example, it identified alternative accommodation where residents may be relocated too should a full evacuation of the centre be required. Staff interviewed demonstrated good knowledge of the procedure to be followed in the event of an emergency. This had been a requirement from the inspection in October 2013. Therefore this action had been addressed.

The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by the person in charge. She had arranged for a person experienced in fire safety management to carry out drills and mock evacuation. Additional training was scheduled up to December 2015, including training about how to deal with any persons clothing catching fire.

The inspector viewed fire records which showed that the fire equipment had been serviced. The inspector found that all internal fire doors were unobstructed during the inspection.

Fire evacuation procedures are prominently displayed throughout the building. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. Fire records are kept which include details of fire drills, fire alarm tests, emergency lighting and fire fighting equipment. Smoke detectors and fire blankets were in place.

There was a smoking policy in place and smoking risk assessments were completed for residents that smoked to assess their safety. For example, one resident required supervision and support while smoking and this was recorded in the care plan. The smoking area was located outside via the patio doors. It had adequate ventilation, emergency call bell, metal ash trays and a fire blanket in place.

A review of staff training records indicated that the current staff had been trained in manual handling and this was confirmed by the person in charge and by staff interviewed. While the inspector did not observe any resident receiving assistance by hoist, the inspector observed staff to provide appropriate support while assisting resident into and out of their chair, and while supporting residents to walk.

The inspector found that there were measures in place to control and prevent infection. Staff had access to supplies of gloves, disposable aprons, hand wash basins and alcohol hand gels which were available discretely throughout the centre. A recent infection

control and had hygiene audit completed by the person in charge demonstrated an excellent rate of compliance. The inspector observed staff using the hand cleansing gels throughout the centre.

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 was satisfied that residents health care needs were met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

The inspector found that there is an evidenced based nursing care system in place to promote each resident's health and wellbeing. Residents had access to medical and allied health care.

Residents had nursing assessments, including pre admission assessment completed using validated tools and care plans were put in place to address the risks identified. For example residents at risk of malnutrition, dehydration, urinary tract infections, pressure ulcers, falls and those with dysphagia (difficulty swallowing) were identified and care plans put in place to manage the risks. Residents had comprehensive care plans that guided staff to provide evidenced based practice. The person in charge told the inspector that residents and their relative were invited to be involved in care planning and there was recorded evidence that some relatives had met with the person in charge to discuss care planning. The person in charge ensured that staff had received training on the management of clinical issues and the management and care of residents with dementia related conditions.

The person in charge ensured that residents with dementia had their needs met. Residents with dementia were referred and reviewed annually by a dementia nurse specialist, and care plans were in place to guide residents' care. Staff had also received training about dementia related conditions.

Staff spoken with were knowledgeable about evidenced based care and in how to communicate effectively with residents identified as having communication difficulties. Care plans reviewed were evidenced based and directed residents care.

The person in charge ensured that each resident had opportunities to be involved in meaningful activities based on their assessed needs. For example, prior to lunch time residents were seen to be engaged in a scheduled lively sing-along and a number of residents choose their favourite songs with the activities coordinator and staff. In the afternoon, residents took part in gentle exercises facilitated by an external agent. The staff had undertaken dementia care mapping (a means of recording quality of life and quality of care, from the perspective of the person with dementia) on 24 August 2015 and found that there were aspects of care that they could improve by making some changes in how care is provided. For example spending more one to one time with residents, going for short walks with residents and involving residents more in things that they like to do, for example, folding the laundry and putting bird food into the bird feeder. The inspector observed staff taking residents for regular walks and engaging with residents in a meaningful manner.

The inspector found that staff were knowledgeable on managing behaviour that challenges and they were familiar with the policy. The policy had been updated since the previous inspection and would guide practice. The policy was implemented and practices audited and monitored. For example, in previous months the person in charge noted that there was recorded evidence of minor altercations between two residents and there had been instances of residents hitting out at staff. The person in charge ensured that residents presenting with these behaviours were reviewed by the mental health nurse and the consultant psychiatrist. Behaviour support plans were put in place and found to be effective. Residents' medications were also reviewed and carefully monitored for effectiveness and any side effects. Clinical reviews were also undertaken for these residents to determine any underlying clinical related cause for the behaviour. For example, one resident benefited from a referral to audiology services.

All staff received training on non-crisis intervention training to enable them to manage behaviours that challenge appropriately. Residents were also provided with a choice of staff member and this also found to be effective in managing behaviours. Staff spoken with provided examples of understanding the reason behind the behaviour. The inspector found that staff interacted with the residents in a gentle and respectful manner and took time to listen and respond to residents.

When required, residents were assessed by allied health professionals such as speech and language therapists, dietician, ophthalmologist, occupational therapy and dental and their recommendations were reflected in the care plan, implemented and monitored. For example, a review of residents' mobility status had been undertaken and 12 residents had been identified as requiring an occupational therapy assessment to promote their mobility. Residents were also seen to be seated appropriately and some residents used specialist chairs.

Care plans were formally reviewed every four months but more frequently if there was a change in the residents' health status, for example evidence of difficulty swallowing, raised blood pressure and hearing loss.

The inspector found that staff monitored residents closely for any change in their condition. For example food and fluid monitoring charts were in place as required. Residents identified as being high risk of developing pressure ulcers had appropriate preventative measures in place, such as adequate nutrition, a record maintained of regular change of position and the use of pressure relieving equipment as required.

Staff detected any change in residents' condition promptly and made appropriate referrals in a timely manner. For example, since the previous inspection improvements had been made in the provision of information to the hospital should a resident require transfer to the acute services. The transfer documentation now included more details about the resident, for example in how they communicated and their preferred routines, such as carrying their handbag.

Staff were proactive in maintaining a safe environment for residents, especially those at risk of falls. The inspector found that residents had a risk assessment and a multidisciplinary care plan in place for falls prevention and management to include measures such as prompt referral to the occupational therapist and medication reviews.

There was recorded evidence that therapeutic blood results were reviewed by the general practitioner and medications adjusted accordingly, for example residents taking iron supplements.

Staff were available to provide discrete supervision at mealtimes as required. A number of residents required assistance with their meals, and the inspector observed staff providing appropriate assistance in an unrushed and appropriate manner. There was good record keeping of food intake for those residents requiring monitoring, for example, residents with a poor appetite. Fresh fruit, water and a variety of fruit juice was available during the day which residents could access whenever they wished. The inspector observed staff offering drinks regularly throughout the day and providing residents with assistance as required.

Residents had access to a general practitioner of their choice, and access to out of hour's service medical services. Health assessments were in place to ensure residents received appropriate health screening, for example, seasonal flu vaccination.

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 person in charge and the provider nominee placed strong emphasis on training and continuous professional development for staff. Staff told the inspector they had received a broad range of training which included falls prevention, nutrition, infection control, dementia care and medication management.

The person in charge had reviewed staff files and completed a training needs analysis to ensure that all staff was up to date with their mandatory training. Additional training had been scheduled for the remainder of the year, for example, mandatory training and training on clinical aspects of care and dementia related care.

The inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Residents and staff agreed that there was an adequate number of staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly.

The inspector found that there were procedures in place to ensure that residents in communal areas and in their bedrooms were appropriately supervised. There was a recruitment policy in place and the inspector were satisfied that staff recruitment was in line with the regulations. The provider told the inspector that he is actively recruiting nursing staff to ensure that the skill mix is sufficient at all times to meet residents' needs.

The inspector reviewed a sample of files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). The provider had ensured that volunteers were vetted appropriate to their role.

Care assistants had completed courses accredited by QQI (Quality Qualifications Ireland) previously known as FETAC (Further Education and Training Awards Council). Staff told the inspector there were open informal and formal communication within the centre to

discuss issues and residents' needs as they arose. The person in charge provided supervision of staff and residents on a daily basis. The person in charge was observed to be involved in the daily activities in the centre, for example discussing residents' needs with the general practitioner, and monitoring the care being provided.

The person in charge told the inspector that a number of staff had received formal supervision with the previous person in charge in the format of an appraisal. She explained that she was currently getting to know her staff and that she planned to ensure that all remaining appraisals would be completed by the end of the year to ensure that staff had an opportunity to discuss their progress, any issues or training needs.

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:

Valerie McLoughlin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority