

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Millbrae Lodge Nursing Home Limited
<b>Centre ID:</b>	OSV-0000419
<b>Centre address:</b>	Newport, Tipperary.
<b>Telephone number:</b>	061 378 933
<b>Email address:</b>	info@millbrae.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Milbrae Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Linda Carew
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	79
<b>Number of vacancies on the date of inspection:</b>	2

## 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 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:
03 May 2016 09:00	03 May 2016 17:30
04 May 2016 09:00	04 May 2016 16:00

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

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

**Summary of findings from this inspection**

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and

reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider/person in charge continued to demonstrate a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The centre was purpose built and well maintained both internally and externally

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

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

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

There were no actions following this inspection.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 reviewed the recently updated statement of purpose dated April 2016. It complied with the requirements of the Regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

**Judgment:**

Compliant

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had established a clear management structure. The provider was also the person in charge and worked full time in the centre. The assistant director of nursing (aDoN) deputised in the absence of the person in charge. There was an on call out of hours system in place. There was always a senior nurse on duty to supervise the

delivery of care. All members of the management team worked full time in the centre and met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report /discuss any issue with any member of the management team.

Systems were in place to review the safety and quality of care. Regular audits/reviews were carried out in relation to incidents, falls, medication management, drug allergies, complaints, restraint, residents weights, catheter care, hand hygiene, staffing levels, staff training and resident surveys and these were used to inform the annual review of the safety and quality of care delivered to residents. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice.

There was evidence of consultation with residents and their representatives. Regular residents meetings were held and facilitated by a relative. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as activities, upcoming events, religious ceremonies, voting register and suggestions from residents such as a mobile shop were discussed. A representative from the national advocacy service (SAGE) gave a presentation on the service provided at the last meeting. Resident quality satisfaction surveys were completed regularly, the results of which indicated high satisfaction with the service provided. A monthly newsletter was produced and was made available to residents. The newsletter contained information for residents regarding HIQA visits, upcoming events such as the 'Mad Hatters' tea party, birthdays, births and recent deaths as well as details of the upcoming resident committee meeting. Resident's told the inspector that they looked forward to getting the newsletter each month as it kept them up to date with all the news. There was evidence that both residents and their relatives were involved in the development and review of their care plans.

**Judgment:**

Compliant

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre had a resident's guide which was available to residents and visitors, it was displayed in a prominent locations throughout the centre as well as in residents bedrooms. The guide contained all information as required by the Regulations.

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

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***  
***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**

The person in charge was also the provider and was engaged in the centre on a full time basis. She had the required experience in the area of nursing the older adult. The person in charge was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was very knowledgeable regarding the individual needs of each resident.

The person in charge had engaged in continuous professional development. She had recently completed the European Certificate in palliative care, palliative needs of people with dementia, palliative emergencies and the last days of life, caring for a patient with syringe driver as well as a certificate in management of behaviours that challenge and food and nutrition training.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**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 records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the Regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspector reviewed a sample of staff files which contained all of the information as required by 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 designated 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 person in charge and management team were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge.

**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 provider/ person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on recognising and responding to abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. The person in charge had completed 'Train the trainer' and ensured that all staff received training in house. All new staff completed a competency assessment following training. Residents spoken to told the inspector that they felt safe in the centre.

The person in charge told the inspector that the finances of a small number of residents were managed in the centre, and small amounts of money were kept for safe keeping on behalf of a number of residents. The inspector saw that these accounts were managed in a clear and transparent manner. Individual balance sheets were maintained for each resident and all transactions such as lodgements and withdrawals were clearly recorded. Receipts were issued for all transactions. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The inspector reviewed the file of a resident who presented with behaviours that challenged and noted a detailed, person centered care plan outlining clear guidance for staff.

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

Staff promoted a restraint free environment. There were 33 residents using bedrails, 29 at the residents own request at the time of inspection. Staff spoken with were aware that the number of residents using bedrails was high but stated that they regularly spoke with residents regarding their use but that many continued to insist on wanting

them as enablers and for comfort. The inspector noted that risk assessments and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded.

The person in charge had completed 'Train the trainer' course on dementia care which included the management of behaviours that challenge. Staff had completed training on restraint management, dealing with behaviours that challenge and dementia care.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke highly of staff, stating that they were very kind and caring.

**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 inspector was satisfied that risk management was well managed and issues identified at a previous inspection had been attended to.

There was a health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive and had been reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations were included.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up to date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in March 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in April 2016. Daily and weekly fire

safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training.

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

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free.

The inspector spoke with housekeeping staff regarding cleaning and laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. All staff had attended recent infection control training.

**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):**  
No actions were required from the previous inspection.

**Findings:**

The inspector found evidence of good medication management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medication prescribing/administration sheets. All

medications were regularly reviewed by the general practitioners (GP). All medications including medications that were required to be crushed were individually prescribed.

Systems were in place to record medication errors which included the details, outcome and follow up action taken. Staff were familiar with them.

Systems were in place for checking medications on receipt from the pharmacy and the return of unused/out-of-date medications to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who visited the centre weekly.

Regular medication management audits were carried out by nursing management. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. Recent learning and improvements included ensuring that the allergy status of residents was clearly highlighted and the use of Digoxin (medication used in the management of cardiovascular disorders) was now included in a specific care plan. Some nursing staff had recently completed medication management training updates while others stated they were in the process of completing the training. The person in charge told the inspector that further training was planned in 2016.

**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 person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The person in charge had put in place a system for recording, investigating and learning from incidents and accidents. Details of the incident were well recorded including the outcome and lessons learnt.

**Judgment:**  
Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of***

*evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

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

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

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, with wounds, nutritionally at risk and presenting with behaviours that challenge and with communication issues. See Outcome 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, dependency, manual handling, bedrail use and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. Systems were in place to record evidence of residents/relatives involvement in the development and review of their care plans.

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

The inspectors reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated post falls. Additional measures including low low beds, crash mats and wedges had been put in place for some residents. The inspector noted that the communal areas were supervised by staff at all times.

The inspector was satisfied that wounds were being well managed. There were adequate up to date wound assessments and wound care plans in place. Additional advice and support was available from a specialist tissue viability nurse if required.

Staff continued to provide meaningful and interesting activities for residents. Each resident had a meaningful activities assessment and activities plan documented. There was a full time activities coordinator employed as well as external facilitators such as artist and musicians. The daily and weekly activity schedule was displayed. Residents confirmed that there was a wide range of interesting activities taking place stating that 'there is always something going on'. The inspector observed residents enjoying a variety of activities including reminiscence, tasting and discussing different teas, decorating hats for the upcoming mad hatters tea party, painting on canvas, attending mass and reciting the rosary, attending a live music session with local musician and local school children visited and played a variety of musical instruments. Other activities that took place regularly included bingo, quizzes, aroma therapy, Sonas programme (therapeutic programme specifically for residents with Alzheimer disease), exercises to music, arts and crafts, baking and gardening. Many of the residents were looking forward to the Mad Hatters tea party which was due to take place on the 5 May. The poster displayed indicated that there would be a fun quiz, dancing, tea, cakes, a raffle and prizes. The activities coordinator outlined how she spent one to one time with some residents who liked hand and foot massages, hot towel shaves or chat and reminisce. Residents and staff spoke of enjoying celebrating special events such as birthdays, Christmas, Easter and how they had enjoyed the recent mock wedding and raising the flag to mark the 1916 commemorative celebrations.

**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 inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The centre was purpose built and well maintained both internally and externally. The inspector found it to be clean, comfortable and welcoming. The circulation areas had hand rails, corridors allowed plenty of space for residents walking with frames and using wheelchairs. A lift was provided between floors. There was a separate special care unit located on the ground floor designed specifically for residents with dementia who were assessed as requiring a safe and secure setting.

Bedroom accommodation met residents' needs for privacy, leisure and comfort. Inspectors found that bedrooms were clean, bright and had ample personal storage space. There were call-bell facilities, specialised beds, screening curtains in shared rooms and armchairs in all bedrooms. Televisions were provided in bedrooms. Residents were encouraged to personalise their rooms and some had photographs and other personal belongings in their bedrooms. Residents spoken to stated that they liked their bedrooms. All bedrooms had en suite shower, toilet and wash-hand basin.

There was a variety of communal day spaces including day rooms, conservatory, dining rooms, smoking rooms, visitors room, oratory and large atrium. Residents were observed using all of the areas. The communal areas had a variety of comfortable furnishings.

The inspector visited the kitchen and found it to be clean, spacious and well equipped. Catering staff told the inspector how they were in the process of obtaining a food hygiene award from the Food Safety Authority of Ireland. Separate staff changing and toilet facilities were provided for catering staff.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. Inspectors viewed the service and maintenance records for the equipment and found these were up-to-date.

Residents had access to two separate enclosed paved and landscaped garden areas. One garden was accessible directly from the main ground floor corridor and the other directly from the day room of the special care unit.

The design and layout of the special care unit promoted the dignity, well being and independence of residents with a dementia. The unit looked homely and comfortable with rummage areas and hats and coats hanging. There were pictures and textured paintings positioned on the corridors at eye level for residents to engage with. Corridors had grab rails, and were seen to be clear of any obstructions. All areas were bright and well lit, with lots of natural light in the all areas. Appropriate signage was provided on doors, there was a sign with a word and a picture for bathrooms and other rooms residents would use. Each bedroom had a picture of residents choice on their door. Residents had chosen pictures of specific significance to themselves, the aim of these were to provide visual cues for people to recognise their own bedroom. Contrasting

colours had been provided to toilet seats in bathrooms to help residents with dementia orientate better.

Separate staff facilities were located on the second floor and included a sitting room, dining area, and a kitchenette.

**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The inspector found evidence of good complaints management.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed.

The inspector reviewed the complaints log, there were no open complaints. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Residents spoken with told the inspector that they could speak with and raise any issue with members of the management team and felt they would be listened to. Throughout the inspection, inspectors observed good communication between residents and staff.

**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:**

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

There was an end-of-life policy in place. Staff confirmed that support and advice was available from the home care team and local hospice care team.

Palliative care and end of life care needs and wishes were discussed with residents and their representatives. The person in charge told the inspector that there was a palliative care plan in place for every resident and that end of life care plans were also documented. The inspector reviewed a sample of residents files and noted these plans in place. Care plans in place were specific, personal and meaningful to the resident to whom they pertained.

There was a bedroom, bathroom and kitchenette available on the first floor for relatives who wished to stay overnight.

Some staff members had recently attended 'What matters to me ' end of life training and more staff were due to attend shortly. The person in charge had completed a European certificate in palliative care.

The person in charge told the inspector that the centre was due to receive a 'Journey of change' award from the Irish Hospice following the completion of an end of life project. As part of the project they had completed palliative care plans for all residents and had made the oratory more user friendly.

**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:**

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified

consistency diets and these needs were met. The inspector spoke with the chef who was knowledgeable regarding residents special diets, likes and dislikes.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks as well as fresh fruit and snacks were available throughout the day. Staff were observed offering and encouraging drinks throughout the days of inspection. The inspector saw a variety of home-cooked food being served throughout the days of inspection including scones and cakes.

The menus were displayed and offered a choice at every meal. There was a large colourful pictorial menu board which clearly displayed what food choices/dishes were available for each meal in the special care unit.

The inspector observed the dining experience and noted it to be a pleasant one. Meals were served in a number of bright dining rooms. The table settings were attractive with table mats, condiment sets, sauces, butter and serviettes provided. A choice of drinks was offered. The atmosphere during dinner was relaxed and unhurried. It was seen to be a opportunity for social interaction with good banter and plenty of chat between residents and staff. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently. Assistive equipment such as plate guards, specially adopted cutlery and cups were in use to assist some residents eat independently. Nursing staff monitored the meal times closely. Some residents preferred to have their meals in their bedrooms or in the day rooms and this was always facilitated.

**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 was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2 Governance and management.

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

Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind, caring and treated them with respect. The hairdresser visited three times a week and many of the residents said that they enjoyed having their hair done regularly.

A number of the questionnaires completed by residents and family members by way of feedback to the Authority confirmed that the centre made every effort to maintain residents' independence.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in centre and residents were visited regularly by a Eucharistic Minister. The rosary was recited each evening. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room, at a chair in the day room or in their bedroom.

There was an open visiting policy in place. A separate visitors space was provided. The inspector observed many visitors coming and going throughout the inspection. Visitors spoken with said that they were always made welcome by staff. Residents had access to the centre's cordless phones and many residents had their own mobile handset devices. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio, television the internet and skype. Daily and regional newspapers were provided. Many residents told the inspector how they enjoyed reading the daily newspapers.

Staff outlined to the inspector how links were maintained with the local community. Some residents went home for visits while others attended special family occasions. Local choirs, musicians, preschool, national and secondary school students visited regularly. Some residents attended local day care facilities. Many fundraising events and coffee mornings took place in the centre at which members of the local community attended such as Lollipop day, Daffodil day, Mad Hatters tea party, blue September positive aging week and annual craft fair. Some residents entered arts and crafts and won prizes at the local agricultural show. The mobile library visited and exchanged

books regularly. A pop up clothes shop had been set up for a day by a local retailer.

**Judgment:**  
Compliant

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

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

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

**Findings:**  
There was a laundry room with ample space for washing/drying and sorting of residents' clothing. The inspector noted that good care was taken of residents' personal laundry. Residents were satisfied with the laundry arrangements and stated that mislaid clothing was not an issue.

Adequate personal storage space including a wardrobe and chest of drawers was provided in residents' bedrooms.

**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:**

During the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of residents. A CNM, three nurses and 13 care staff were on duty during the morning, a CNM, three nurses and nine care staff were on duty during the afternoon, a CNM, three nurses and 13 care assistant were on duty in the evening, two nurses and seven care staff were on duty up to 22.00 and two nurses and three care staff at night time. In addition, the person in charge worked during the day time Monday to Friday and was on call out of hours and at weekends. Residents and staff spoken with were satisfied that there were adequate staffing levels and skill mix.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files. All volunteers had Garda Síochána vetting in place and their roles and responsibilities were clearly set out.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2016. Staff had recently completed training in medication management, dementia care, end of life, nutrition and dementia, male catheterisation, use of cleaning chemicals and cleaning systems, food safety management systems and allergy awareness. Further training was scheduled in wound management, medication management, dementia care, creative arts and the person in charge was planning to attend a cardiac pulmonary resuscitation instructors training course.

**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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