

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Riverdale House
<b>Centre ID:</b>	OSV-0000448
<b>Centre address:</b>	Blackwater, Ardnacrusha, Clare.
<b>Telephone number:</b>	061 340 525
<b>Email address:</b>	riverdalenursinghome@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Riverdale Nursing Home Limited
<b>Provider Nominee:</b>	Mary Keane Storey
<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>	28
<b>Number of vacancies on the date of inspection:</b>	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 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:
29 June 2016 09:00	29 June 2016 17:00
30 June 2016 09:30	30 June 2016 15:00

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 an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans,

medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and 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. Extensive building works and renovations had taken place since the last registration inspection.

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. Nursing documentation was completed to a high standard. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

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

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

There were no actions following this inspection.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 01 March 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 person in charge worked full time in the centre, the assistant director of nursing deputised in the absence of the person in charge and they both worked on different weekends to supervise the delivery of care. There was an on call out-of-hours system in place. Both directors of the

company worked full-time in the centre. The management team 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 or discuss any issue with any member of the management team.

Systems were in place to review the safety and quality of care. Regular audits and reviews were carried out in relation to incidents, falls, medication management, restraint, residents' weights, health and safety, hoists, fire safety, end of life care, residents' records, privacy and dignity, food and nutrition, bladder and bowel care, pressure ulcers and new national standards. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. A report on the quality and safety of care of residents in the nursing home had been documented for 2015 which included a quality improvement plan for 2016. The management team had established a quality management system. Quality improvement meetings were being held on a monthly basis and attended by a representative of all grades of staff. Feedback from residents committee meetings and resident surveys were also used to inform the annual review of the safety and quality of care delivered to residents.

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 civil, political and religious rights, rights in relation to dignity, respect, kindness, privacy and person-centered care, fire and safety precautions, advocacy services and upcoming events and activities were discussed. A representative from the national advocacy service (SAGE) had recently visited and gave a presentation to residents on the service they provided. 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. Residents had been involved in the review of some centre policies. 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 and it was displayed in prominent locations throughout the centre. The guide contained all information as required by the regulations.

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

**Judgment:**  
Compliant

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

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. The person in charge was knowledgeable regarding the regulations, HIQA'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 training on medication management updates, incontinence, dysphagia, client confidentiality, advocacy, infection control and communication. She planned to complete advance care planning training in the near future.

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

There were comprehensive policies on the prevention, detection and response 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 activities coordinator who was also a nurse had completed 'train the trainer' training and all staff received regular training in house. Residents spoken to told the inspector that they felt safe in the centre.

The person in charge told the inspector that the finances of residents were not managed in the centre, however, small amounts of money and some valuables 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 challenge outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenge. The inspector reviewed the file of a resident who presented with behaviours that challenge 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 continued to promote a restraint-free environment. There were six residents, some at their own request, using bedrails at the time of inspection. The inspector noted

that risk assessments along with clear rationale for their use 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. Alternatives such as low beds and sensor mats were also considered and used in some cases. All staff had received training on behavioural and restraint management. The use of bed rails was regularly reviewed and discussed at the monthly quality management meetings.

**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 in the centre.

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. Systems were in place for regular review of risks, all risks were discussed and reviewed at the monthly quality management meetings and an annual health and safety audit was completed.

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 this 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 July 2015 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in May 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. A lift was provided between floors. Service records reviewed indicated that the lift was serviced regularly.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use of hand sanitizers. The building was found to be clean and odour free. All staff had recently completed training in infection control, personal hygiene, cleaning and sanitizing, cross contamination, colour coding and body fluids.

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.

**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:**

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. The medication management policy had been updated following the last inspection to provide comprehensive guidance.

The inspector spoke with nursing staff on duty regarding medication management issues. They demonstrated 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 and 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 these systems.

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

Regular medication management audits were carried out by nursing management. Recent improvements included ensuring that detailed descriptions of each medication were documented by the pharmacist on the monitored dosage system. All staff had recently completed a medication management competency assessment. Some nursing staff had recently completed medication management training updates while 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, nutritionally at risk and presenting with behaviours that challenge and communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

The inspector found that nursing documentation was completed to a high standard. Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including in nutrition, falls, dependency, manual handling, bedrail use, oral care 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' and 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 were updated following a fall. Additional measures including low low beds and crash mats had been put in place for some residents. The inspector noted that the communal areas were supervised by staff at all times.

There were no residents with wounds at the time of inspection.

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 an artist and musicians. The daily and weekly activity schedule was displayed. Residents confirmed that there was a wide range of interesting activities taking place. The inspector observed residents enjoying a variety of activities including arts and crafts, knitting and attending a music/dance session. Other activities that took place regularly included bingo, quizzes, life story work, reminiscing, needlework, massage therapy, baking, relaxation, imagination gym, Sonas programme (therapeutic programme specifically for residents with Alzheimer disease), cognitive stimulation therapy and 'fit for life' exercise programme. Other on-going activities included the daily rosary, weekly mass, birthday parties, library, choir, hair care and make- up, card playing, gardening and pet therapy. Residents told the inspector that they had recently enjoyed a visit from 'Wild Encounters' where many animals including an owl, snake, rabbit and tortoise visited the centre. There were several photographs displayed of residents holding the different animals. Residents had also recently enjoyed '800 years of fashion' event, the local museum visited and provided a variety of vintage costumes. Many of the residents and staff dressed up in the costumes; photographs of residents and staff enjoying the event were displayed on the notice board. Residents had recently been involved in a sweepstake draw for the European football 'Euro 2016' event and had designed and painted the flags of the participating countries. Residents art and craft work and paintings were framed and displayed throughout the centre.

The activities coordinator had attended appropriate training in areas such as massage therapy, activity therapy, quality of life considerations for people with dementia, reminiscence work, reiki and most recently had attended creative arts and social therapeutic horticulture activities training.

**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 premises met with the requirements of the regulations and HIQA's Standards. Extensive building works and renovations had been fully completed since the last registration inspection.

The premises were well maintained, clean and nicely decorated. There was a good variety of communal day space such as the dining room, day room and visitor's room. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature. Additional seating was provided in the hallways and alcoves.

Bedroom accommodation met residents' needs for comfort and privacy. There was adequate numbers of assisted toilets, bath and shower rooms. Assisted toilets were located beside the day rooms. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Resident's artwork was displayed throughout the centre and in residents bedrooms.

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

Residents had access to an enclosed paved and landscaped garden area. Suitable garden furniture, parasols and colourful raised flower beds were provided. The garden area was easily accessible from the ground floor day areas. Some residents told the inspector how they had enjoyed sitting outside during the recent spell of warm weather.

**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):**

No actions were required from the previous inspection.

**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 in large print in a prominent position.

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.

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. A detailed inspection was carried out as part of a thematic inspection in June 2014 and the inspector was satisfied that residents' end-of-life needs were well managed with a high standard of nursing care being provided at this stage of life.

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.

Advance care plans were in place for all residents and the person in charge told the inspector that end-of-life care plans were put in place as required. Residents needs and wishes were discussed with residents and their representatives.

Residents were accommodated in both single and shared rooms. The person in charge and staff spoken with stated that a single room was facilitated for those in shared rooms

during end-of-life care and to date a single room had always been available. Families were facilitated to stay overnight, pull out beds and reclining chairs were available should relatives wish to stay overnight. Families were provided with snacks, meals and refreshments during their visits. There was a comfortably furnished visitor's room provided with tea and coffee making facilities available.

Many staff had received training regarding end-of-life care. Training included an introduction to end-of-life care in residential settings, understanding spiritual pain, palliative care, 'What matters to me' and ethical framework for end-of-life. A care-of-dying review was completed following each death whereby staff reflected on the care given and used the opportunity to learn and improve practice.

**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 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, brown bread and soups.

The menus were displayed and offered a choice at every meal.

The inspector observed the dining experience and noted it to be a pleasant one. Meals were served in a large bright dining room. 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 as an 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. 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, and 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 with praised the staff stating that they were kind, caring and treated them with respect.

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

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the centre. The rosary was recited daily. 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. Residents spoken with said that there were no rules.

There was an open visiting policy in place. A large, bright and homely visitor's room with tea and coffee making facilities was provided. The inspector observed many visitors coming and going throughout the inspection. Relatives indicated in completed questionnaires that they were always made to feel welcome by staff. Residents had access to the centre's cordless phones and many residents had their own mobile handset device. 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. Some 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 and school students visited regularly. Many fundraising events, sale of works and coffee mornings took place in the centre at which members of the local community attended. Residents discussed and decided on what charities to donate funds to.

**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 and drying and sorting of residents' clothing. The inspector noted that good care was taken of residents' personal laundry. Residents and relatives 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 nurse and five care staff were on duty during the morning, a nurse and four care staff were on duty during the afternoon and evening up until 22.00 hours, a nurse and one care staff were on duty 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. The provider representative and operations manager worked full time in the centre and supported all staff. Residents and staff spoken with were satisfied that there were adequate staffing levels and skill-mix on duty. Staff spoken with confirmed that additional staff were always rostered as required.

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. There was a low turnover of staff and all staff spoken with had worked in the centre for several years. 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 and orientation received, training certificates and appraisals were noted on staff files. There were no volunteers working in the centre.

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, advocacy services, infection control, food hygiene, dysphagia, client confidentiality, communication and visual impairment and cardiac pulmonary

resuscitation. Further training was scheduled in medication management, restraint management, auditing and quality control.

**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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