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## Bray Manor Nursing Home inspection report, 10 April 2014

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Bray Manor Nursing Home
<b>Centre ID:</b>	ORG-0000018
<b>Centre address:</b>	47 Meath Road, Bray, Wicklow.
<b>Telephone number:</b>	01 286 3127
<b>Email address:</b>	costellosnursinghome@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Barravore Limited
<b>Provider Nominee:</b>	Sarah Costello
<b>Person in charge:</b>	Geraldine Cleary
<b>Lead inspector:</b>	Gary Kiernan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	19
<b>Number of vacancies on the date of inspection:</b>	6

## 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:
09 April 2014 10:00	09 April 2014 18:00
10 April 2014 10:00	10 April 2014 14:00

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

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

**Summary of findings from this inspection**

This monitoring inspection was carried out in response to an application to renew the registration of the centre. As part of the monitoring 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. Survey questionnaires submitted to the Authority by residents and relatives were also reviewed.

The inspector found that there continued to be a high level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector

observed numerous examples of good practice and caring interactions between staff and residents which resulted in positive outcomes for residents.

The healthcare needs of residents were met to a high standard and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

A risk management process was in place for all areas of the centre. Residents in the centre felt safe and there were systems in place for the identification and prevention of elder abuse. Staff respected the privacy and dignity of residents and residents had a say in the running of the centre.

The dining experience was well managed and the nutritional needs of residents were met. Staff numbers and skill mix were appropriate to meet the needs of residents.

While the physical environment was clean and comfortable, there were two multi-occupancy rooms which did not meet with the requirements of the Authority's Standards. These matters are discussed further in the report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose in place which met with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided in detail. The statement of purpose accurately reflected services and facilities provided and described the aims, objectives and ethos of the service.

**Outcome 02: Contract for the Provision of Services**

*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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated. In response to the previous inspection any charge for additional services not included in the weekly fee was now updated in the contracts of care.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

This outcome was met in full. The arrangements for the post of person in charge fully met the requirements of the Regulations.

The person in charge demonstrated her clinical knowledge and professionalism throughout the inspection. An interview was held with the person in charge where she demonstrated a very good knowledge of the Regulations and Standards. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a thorough understanding of her role and responsibilities as outlined in the Regulations and also demonstrated a commitment to continually improving the service for residents. She had in-depth knowledge of each of the residents' individual clinical and social care needs and she had systems in place to ensure that these needs were met on a consistent basis. Staff, residents and relatives spoke very highly of the person in charge and stated that she was supportive and caring and give good leadership.

The person in charge had maintained her continued professional development and had attended a number of courses in relevant clinical areas such as nutrition, dementia, behaviours that challenge, medication management and end of life. She had also recently completed a certificate course in management.

The person in charge was supported in her role by the senior nurse and the provider nominee both of whom deputised in the absence of the person in charge. The senior nurse and the nominated provider participated fully in the inspection process and were spoken to by the inspector. Both of these persons knew the residents very well and demonstrated a strong knowledge of their roles and responsibilities under the Regulations.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Appropriate insurance cover was in place with regard to accidents and incidents and residents personal property.

**Outcome 05: 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse.

A policy relating to elder abuse and whistle-blowing was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and the provider demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the person in charge if they had any concerns. The inspector found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. The inspector reviewed the training records which showed that all staff had attended annual training in this area.

The inspector reviewed the systems in place for safeguarding residents' money and found evidence of good practice. The person in charge was responsible for safekeeping a small amount of money for some residents. Small amounts of money were securely maintained. Documentation was in place to monitor and record all transactions which were accompanied by at least two signatures.

## Outcome 07: Health and Safety and Risk Management

*The health and safety of residents, visitors and staff is promoted and protected.*

### Theme:

Safe Care and Support

### Judgement:

Compliant

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

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

### Findings:

The inspector found that procedures were in place to promote the health and safety of residents, staff and visitors.

There was a centre-specific risk management policy which addressed all the risks specified in the Regulations as well as the centre specific procedures in place for the identification and management of risk. There was a safety statement in place and the associated risk register outlined the controls in place to manage areas of risk such as the chair lift and infection control. There were minutes in place to show that issues regarding health and safety were discussed at the monthly clinical governance meeting and at staff meetings.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed. The majority of staff members, spoken to by the inspector, were knowledgeable with regard to the procedures to follow in the event of fire. However, one staff member, spoken to by the inspector, did not demonstrate that she knew all the appropriate steps to follow in the event that the fire alarm was raised. This matter was brought to the attention of the provider who undertook to address this with the staff member. The training records showed that all staff had up-to-date training in fire safety and evacuation and records were also in place to show that regular fire drills took place. Inspectors also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form included a section on learning outcomes and interventions to prevent reoccurrence. All accidents and incidents were reviewed by the person in charge and discussed with the staff in order to identify any further interventions to prevent reoccurrence.

The inspector saw that there was a proactive system of falls management system in place. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds, sensor alarms, and hip protectors were provided as appropriate. The inspector reviewed the records of a resident who had a recent fall. The resident had an

appropriate care plan in place which was being implemented, post fall assessments were carried out and targeted interventions such as senior mat and low bed had been put in place. Neurological observations were carried out in the event that a resident had un-witnessed fall or possible injury to the head.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation and foreseeable emergencies such as loss of heat and power. The plan provided detailed information with regard to evacuation procedures and alternative accommodation.

There were no residents who smoked in the centre at the time of this inspection. An external smoking area was provided and the inspector saw that a risk assessment had been carried out for this area. The person in charge described safe systems, including risk assessment, for smokers in the event that any were admitted.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The inspector found that policies and processes were in place for the safe management of medications.

There was a comprehensive medication management policy in place which provided detailed guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications were stored appropriately. Staff had received training and regular audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out and this process involved the pharmacist as well as the GP and the nursing staff.

Medications that required strict control measures (MDAs) were appropriately stored and accounted for.

### **Outcome 09: 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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Practice in relation to notifications of incidents was satisfactory. 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.

### **Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.

The person in charge had a system in place to gather and review information on a weekly basis relating to areas of risk such as nutritional status, falls, incidence of pressure ulcers and incidence of infections. This clinical data was used to identify possible trends and alert the person in charge to residents who were at an increased risk, for example residents who had repeated falls or residents who had significant weight loss. This information was reviewed and discussed jointly with the provider and person in charge on a weekly basis.

There was a schedule of audits in place for 2014 which covered all areas in the centre. The inspector was shown a number of audits which had been carried out in areas such as health and safety, the use of restraint, medication and fall management. The inspector saw that in general high levels of compliance were recorded, however, where issues were identified they were promptly remedied. For example, a new prescription record had been implemented in response to the findings of the medication audits. Staff spoken to by the inspector said that it was an improvement and was clear and easy to use.

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

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Compliant

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

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

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

Residents had good access to the general practitioner (GP) and an out of hours service was available. Residents also had good access to a range of allied health professionals such as the dietician, speech and language therapist (SALT), physiotherapist and optician. A range of clinical assessments were carried out on a regular basis and this information was used to devise care plans which were accurate and detailed. There was evidence of resident and relative involvement in the development of these plans.

Inspectors reviewed the management of clinical issues such as wound care, nutritional care, dementia care including the management of behaviours that challenge and the use of restraint and found they were in accordance with evidence based practices and guided by robust policies.

Each resident had opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. There was varied programme of activities on offer led by an activities coordinator and residents spoke positively of the choices available. There was also choice for residents who had dementia or communication difficulties and this included a range of one on one activities and Sonas which is a communication based therapy for residents with dementia. Residents commented positively about the baking activity which they had planned for Easter. The provider had employed an additional staff member to ensure that residents could go outside, visit the seafront and go shopping or for a coffee. The inspector found that this enhanced the lives of a number of residents, who commented that they valued these regular outings greatly.

### **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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that while the physical environment met the needs of residents, there were two bedrooms which did not meet the requirements of the Authority's Standards. The provider had plans in place to address these bedrooms before 2015.

The inspector was satisfied that there was suitable and sufficient communal space for residents. There were three sitting rooms, a dining room and a comfortable conservatory where many residents liked to sit and observe people coming and going from the centre. The person in charge was focussed on making the environment homely and inviting for residents with dementia and some useful signage had been introduced. The provider and person in charge discussed further plans which they had to improve this area. Grab rails and hand rails were provided in all communal areas.

A safe and secure patio garden was available and was directly accessible to residents. Garden furniture was provided and a number of residents stated that they enjoyed sitting in this area.

There were two three-bedded rooms which did not meet the requirements of the Standards as they accommodated more than two persons. The inspector found that the provider had consulted an engineer and had a plan in place detailing how these rooms would meet the Standards in advance of 2015. Both of these rooms were provided with en suite toilet and wash hand basin. The inspector visited each of the rooms and spoke to residents who occupied these rooms and all expressed satisfaction with their bedroom accommodation. Adequate screening was provided around the beds and there was sufficient space to manoeuvre assistive equipment. The inspector visited a number of other bed rooms and found that they were well decorated and had been personalised with residents' possessions such as family pictures. The majority of bed rooms were provided with en suite facilities. The inspector found that there were satisfactory numbers of assisted toilets and bathing facilities which included showers and access to one assisted bath.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date. A chair lift was in place to service all floors in the centre and records were available to show that it was regularly serviced.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. A good sized sluice room was also provided and this room contained a bed pan washer, sluice sink and wash hand basin.

A good standard of hygiene and cleanliness was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored. Inspectors spoke to cleaning staff and found that they were knowledgeable in relation to infection control and they describe appropriate procedures such as the colour coding of cloths and mops and the correct procedures for cleaning in the event that a resident had an infection.

### **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

**Judgement:**

Compliant

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

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

**Findings:**

Practice in relation to complaints management was satisfactory.

The procedure for complaints was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and the provider demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made. The complainant's level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents and relatives said that they felt comfortable making a complaint and stated that all feedback was welcomed by the person in charge.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found evidence that end of life care was well managed.

The provider and person in charge had undertaken a comprehensive review of this area in advance of this inspection in order to identify any areas for improvement. As part of this process extensive training was provided for all members of staff in the nursing home. As a result, the inspector found, that staff members were very knowledgeable regarding end of life needs and how to meet these needs in a sensitive way. There was a comprehensive policy on end-of-life care which was detailed and centre specific. The inspector reviewed a number of resident's files and found that end of life care plans had been developed for those residents who required them. There was good consultation with residents with regard to the development of these plans and there was an emphasis on meeting the spiritual needs of residents. Residents' preferences with regard to end of life were recorded by the nursing staff.

The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service. There was an emphasis on making contact with the service at the earliest possible stage in order to maximise the comfort of the residents.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this. There were facilities for families to stay overnight if required.

### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents received a varied and nutritious diet that offered choice.

The inspector observed the main meal and spoke to residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Residents had a choice at each meal time and individual preferences were readily accommodated. The person in charge together with the nursing staff monitored the meal times closely. The inspector found that this was a social and unhurried experience.

The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Regular nutritional assessments were carried out by the nursing staff in order to identify any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the SALT for those residents who required this. The recommendations from these professionals were included in the care plans.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A documented system was in place to communicate residents' dietary requirements and preferences to catering staff. The inspector found that the chef was very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets. Food fortification was carried out for those residents who required this. Residents who required assistance with their meals were aided in a discrete and respectful manner.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that staff respected the resident's privacy and dignity and residents were consulted with regard to the operation of the centre.

Residents' religious and spiritual beliefs were respected and supported. There were daily prayers in the centre and Eucharistic ministers visited twice per week. Staff could contact the local priest when required and ministers from other religious denominations visited on a regular basis.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name throughout the inspection.

There was frequent informal consultation with residents regarding the operation of the centre and regular residents' committee meetings were held. Minutes for each of these meetings were recorded. The inspector saw that where issues were raised action was taken to address these matters. For example, residents had made suggestions with regard to the organisation of meal times and the inspector saw that this matter had been acted upon.

The person in charge had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and also facilitated residents to go out to vote.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many residents were supported to leave the centre independently and visit family and friends. Residents had access to news papers and television was provided in each bedroom. Internet access was also provided.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and appropriate equipment was provided. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

A list of personal property and possessions was maintained for each resident. The inspector saw that this list was regularly reviewed and kept up to date.

**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.*

**Theme:**

Workforce

**Judgement:**

Compliant

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

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

**Findings:**

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

The inspector observed staffing levels and skill mix on the day of the inspection and referred to the rosters and found evidence of good practice. Nursing cover was provided 24 hours each day. The person in charge based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents' needs. As highlighted under outcome 11, the provider demonstrated his commitment to improving outcomes for residents, by introducing an additional staff member in the afternoons in order to facilitate residents to go outside.

There was a comprehensive written operational staff recruitment policy in place. The previous inspection highlighted deficiencies in the maintenance of required documentation on staff files. The inspector found that this matter had been addressed. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. The records showed that a broad range of training had been recently provided for staff and this included nutrition, palliative care, behaviours that challenge and cardio pulmonary resuscitation (CPR) training. Staff appraisals were carried out on a regular basis and used to identify training needs and support staff.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

***Report Compiled by:***

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