<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kilm rush Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000452</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilimer Road, Kilm rush, Clare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>065 906 2686</td>
</tr>
<tr>
<td>Email address:</td>
<td>managerkilm <a href="mailto:rush@mowlamhealthcare.com">rush@mowlamhealthcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mowlam Healthcare Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Shanahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Gemma O'Flynn</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Margaret O'Regan</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>46</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 August 2014 08:50</td>
<td>12 August 2014 17:40</td>
</tr>
<tr>
<td>13 August 2014 08:20</td>
<td>13 August 2014 13:00</td>
</tr>
</tbody>
</table>

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

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

Summary of findings from this inspection

This report sets out the findings of a two day announced inspection to inform a decision for the renewal of registration.

Kilrush Nursing Home is a purpose built centre, on well maintained grounds, that can cater for 46 residents. It is located within walking distance of the town of Kilrush, Co. Clare.

As part of the inspection process, inspectors met with residents, relatives, staff members, the person in charge, the regional operations manager and the provider. Inspectors observed practices and reviewed documentation such as policies and
procedures, care plans, medication management, staff records and accident/incident logs.

Overall, the inspectors were satisfied that the needs of residents were met by a high standard of nursing care, delivered by staff who were well trained and interested in their role. Clinical care was evidence based and subject to regular quality review to monitor and improve practices where required. There was evidence of robust governance in the centre. Residents and relatives who spoke with inspectors voiced satisfaction with the care they received and told inspectors that they felt safe in the centre.

Inspectors concluded that the centre demonstrated substantial compliance across all 18 outcomes.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a written statement of purpose that accurately described the service that was provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care was provided, reflected the diverse needs of residents.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and was reviewed annually.

**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 quality of care and experience of the residents were monitored and developed on an ongoing basis. There was effective management systems and sufficient resources were in place to ensure safe, quality care services.

There was a clearly defined, robust, management structure that identified lines of
authority and accountability. Staff who spoke with the inspector were able to identify those in management roles. Management systems were in place to ensure that the service provided care that was appropriate to the residents’ needs and was consistent and effectively monitored.

There were comprehensive monitoring and auditing systems in place such as audits of the admission procedure, activity audits, medication audits, documentation audits and care plan audits. There was evidence that improvements were brought about as a result of the learning from these reviews such as a significant reduction in bedside rails and a reduction in PRN (as required) medication. Also as a result of learnings, the person in charge had amended the times of medication rounds to ensure that the nurses were available in the dining room at mealtimes to provide adequate supervision to residents.

There was evidence of consultation with residents and their representatives via annual surveys and resident meetings. The results of the annual surveys were available in the centre for residents and visitors to reference if they so wished.

**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:**

There was a guide in respect of the centre available in each resident's bedroom which provided a summary of services and facilities and also outlined the procedures for complaints and the arrangements for visitors.

The inspector reviewed a sample selection of residents' files and found that each contained a contract of care that had been signed as per the Regulations. The contract set out the services to be provided and set out all fees to be charged to the resident.

**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 centre was managed by a suitably managed by a suitable qualified and experienced person with authority, accountability and responsibility for the provision of services within the centre.

The person in charge was a nurse with a minimum of three years experience in the area of nursing the older person within the previous six years. She was able to demonstrate in depth clinical knowledge of the residents in the centre and had sufficient knowledge of the legislation and her statutory responsibilities.

Residents and relatives who spoke with the inspector were easily able to identify her as the person in charge and told the inspector that she visibly present in the centre on a daily basis. Residents, relatives and staff were all very supportive of the person in charge and told the inspector that she was open, approachable and responsive as a manager.

**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:**
On the days of inspection, the records listed in Schedules 2,3 and 4 of the Health Act 2007 and were maintained in a manner so as to ensure completeness, accuracy and easy of retrieval.
Complete records were maintained in the centre and were kept accurately and up to date. Records were securely kept but easily retrieved. A policy was in place for the retention of residents’, staff and general records.

There were centre-specific policies in place and staff had signed the policies to confirm that they had read and understood them. The operational policies required by Schedule 5 of the Regulations were in place. Policies reviewed by the inspector were found to be in date and relevant.

The centre was adequately insured against injury to residents and loss and damage to residents’ property.

**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:
There had been no instances whereby the person in charge was absent from the centre for more than 28 days. There were suitable arrangements in place in the event that the person in charge would be absent. The centre had recently recruited a clinical nurse manager with sufficient experience and skills and this nurse was going through their induction process at the time of the inspection.

A senior staff nurse who had been working in the centre since 2009, was appointed to deputise in the absence of the person in charge. She had sufficient experience in care of the older person and demonstrated good clinical knowledge of residents. She had sufficient knowledge of the legislation governing the centre.

**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:
There were appropriate measures in place to protect residents being harmed of suffering abuse and overall, residents were provided with support that promotes a positive approach to behaviour that challenges. The inspector found that a restraint free environment was promoted within the centre.

There was a policy on and procedures in place for the prevention, detection and response to abuse. Staff were trained in the policy and procedures and demonstrated sound knowledge of same and were clear on what to do in the event of witnessing of suspecting abuse. There were systems in place to to protect residents and staff told inspectors that would report any issues if they so arose. There was evidence in the minutes of staff meetings that the subject of adult protection was discussed regularly and with all grades of staff. Residents in the centre told the inspector that they felt safe and well looked after. Relatives who spoke with the inspector confirmed that they had confidence in the staff and they were gentle and kind to residents.

There were robust arrangements in place to safeguard residents' finances. The system was easy to follow and was clearly explained to the inspector. Clear records were maintained and were easily retrievable on the days of inspection.

There was a policy and procedures in place for the management of behaviour that is challenging. A calm environment was observed over the course of the inspection and staff, including administration staff had training in behaviour that challenges. The inspector saw that the centre used specific tools to assist in identifying triggers and these were recorded as Antecedent, Behaviour, Consequence and random selection were seen to be robustly completed. Relatives told the inspector that staff were responsive to the needs of residents with behaviour that challenges and were satisfied that staff were able to adequately identify triggers for behaviour and respond appropriately.

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:**
Overall, the inspector found that the health and safety of residents, staff and visitors was promoted and protected.

The centre had policies relating to health and safety and the safety statement had been reviewed in January 2014. There was a risk management policy in place that included all the items required in the Regulations except for the arrangements for abuse. The person in charge took prompt action to update the policy prior to the end of the inspection and the inspector was satisfied that it met the requirements of the Regulations. There was a comprehensive plan in place for responding to major emergencies likely to cause death, injury, serious disruption to essential services or damage to property. A rapid response team was in place and alternative accommodation had been identified in the event that evacuation of the centre was required.

There were satisfactory procedures consistent with the standards published by the Authority for the prevention and control of healthcare associated infections. An in date policy was in place which included information for laundry and linen management and included guidance for cleaning practices such as dust control, mopping, spraying and bed cleaning. The inspector spoke with household staff who were able to clearly explain the systems in place for maintaining hygiene in the centre and a senior household staff had been appointed to supervise the household team in the centre. Colour coded systems were in place for segregation of laundry. A clinical equipment cleaning schedule was maintained for equipment such as: nebulisers, glucometer and suction machine. There was good signage reminding staff to wash their hands and handwashing facilities were in place in the corridors throughout the centre.

There were arrangements in place for investigation and learning from serious incidents and adverse events and there was good documentation in place to evidence the actions that followed. A staff rota was implemented for two hourly checks of all residents and included other safety checks such as trip hazards. A room audit checklist was completed regularly and included checks such as door checks, window restrictors, walls, decor, light fittings, floor coverings and curtains. Where work was required this was documented and signed off by the person in charge.

Staff were trained in the moving and handling of residents. However, the inspector observed some outdated practice. This was discussed with the person in charge and she took action by immediately addressing the matter with staff, arranging following up refresher training and arranging prompt input by the physiotherapist prior to the completion of inspection.

Suitable fire equipment was provided and fire exits were unobstructed. A daily check of fire exits was maintained in the centre. There were prominently displayed fire evacuation procedures in the centre. Staff were trained in fire safety and were able to clearly discuss what they would do in the event of the alarm sounding. All service records relating to equipment and fire alarms were up to date. There was evidence that fire drills were carried out at least six monthly and then on a more regular informal basis.
as required, for example, when new staff commenced. Records were maintained for all drills but the inspector found that where the drills were informal, the documentation of these could be further developed to fully enhance learning opportunities from these drills. This was discussed with the person in charge on the day.

**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 was satisfied that residents were protected by the centre's policies and procedures for medication management.

There was a policy in place relating to the ordering, prescribing, storing and administration of medicines to residents. The process for handling medications including controlled medicines was in line with current professional guidelines and legislation.

Medications were stored securely in a locked trolley in the clinical room and arrangements for accessing controlled drugs were robust. The inspector observed a medicine round and practice was found to adhere to appropriate medication practices. Whilst at the time of inspection there was no resident self-administering medication, the centre's policy provided guidance for this eventuality.

The inspector found that there was an open culture of reporting and learning from any medication errors and there was evidence of support via the pharmacist in relation to reviewing medication. Three monthly audits of medication practices took place and identified areas for improvement such as reviewing the administration time of medications to facilitate safer practice.

Pharmacists were facilitated to meet their obligations to residents and the inspector observed signs on the notice board of the lobby area advising residents of the next time and date the pharmacist would be on site.

**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:**
A record was maintained of incidents occurring in the centre and notifiable incidents were reported as required. Quarterly reports to the Chief Inspector were submitted as per the Regulations.

**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 was satisfied that residents' wellbeing and welfare was maintained by a high standard of evidence based nursing care and appropriate medical and allied health care.

Residents' health care needs were met through timely access to their GP (general practitioner) or an out of hours GP service and medical notes evidenced this. There was robust evidence of timely access to allied health professionals. The inspector observed a physiotherapist visiting the centre over the course of the inspection and residents spoke of their physiotherapy reviews and exercise plans. Clear records were maintained following dietician and speech and language reviews.

The inspector found that the care delivered encouraged the prevention and detection of ill health. For example, monthly weights and observations such as blood pressure were recorded and routine bloods were carried out. Residents were enabled to make healthy living choices and the person in charge had recently implemented a mobility
Each resident had received an assessment to identify their individual needs or wishes. Care plans were in place which detailed same and there was evidence of resident / representative involvement in the development of these plans. A sample of care plans for different needs were reviewed and these were found to be person centred and detailed regarding the resident's needs and wishes. All care plans seen had been reviewed within the previous four months and were seen to be implemented in practice, for example if a care plan dictated that weekly measurements of a wound should be taken, records were available to show this had been done as were records for a resident who required weekly weights according to their care plan. Treatment was given with the consent of residents and consent forms were seen for such, there was also evidence that where a resident refused treatment that this was respected.

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 design and layout of the centre was found to be in line with the centre's statement of purpose.

The premises met the needs of the residents that resided there and the layout promoted dignity and independence. All but three bedrooms were single occupancy and staff confirmed that bedrooms had adequate space to work in. The centre was well maintained, well ventilated and well lit. The inspector found that it was decorated in a homely manner with sufficient furnishings, fittings and fixtures. The centre was found to be clean and suitably decorated.

There was adequate communal space for residents to gather and watch TV or participate in some of the activities taking place daily. There was a prayer room and a separate visitors room as well as a large, well appointed quiet room for residents to receive visitors if they so wished.

There was sufficient numbers of toilets and showers in the centre as each bedroom had
its own full ensuite with toilet, wash-hand basin and shower. Assisted bathrooms were available also. Each bedroom had adequate space for a bed, chair, bedside locker and wardrobe and any assistive equipment required. Whilst not all bedrooms were of equal size, staff told the inspector that if a resident's needs increased to a point whereby they would benefit from more floor space, this was identified and arrangements put in place to relocate the resident if necessary and appropriate. Shared rooms were spacious and provided adequate screening to maintain privacy.

There was well maintained grounds in the centre including a large, paved secure courtyard area with ample seating. There was a functioning call bell which staff were observed answering in a prompt fashion. A separate kitchen and kitchenette were in place with cooking facilities and equipment.

Residents had access to equipment that promoted independence and comfort such as mobile hoists and standing hoists, and other specialised mobility equipment. The equipment was fit for purpose and up to date service records were available. Handrails were in place in circulation areas and an elevator was also provided in the centre.

**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 was satisfied that the complaints of residents, his/her family/advocate and visitors were listened to and acted upon and that there was an appeals process in place.

There were policies and procedures in place for the management of complaints and the procedure for complaints was prominently displayed in the centre. Residents and relatives who spoke with the inspector were able to discuss what they would do if they had a complaint and confirmed that if a complaint had been made in the past it had been resolved to their satisfaction. Comments were made by both residents and relatives that the person in charge was very approachable and open to receiving complaints or feedback.

There was a nominated person to deal with complaints and another to oversee that complaints were responded to as per the Regulations. There was an appeals process available in the event of dissatisfaction with the outcome. There was advocate information displayed in the hall area and two names and phone numbers were
displayed for those who wished to avail of an advocacy service locally.

A record was maintained of all complaints in the centre and this was reviewed by the inspector. The documentation reviewed included the investigation, response and outcome of the complaint as per the Regulations. Thank you cards and flowers from residents and/or their families were displayed on the hall table.

**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 each resident received care at the end of his/her life that met his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy. The person in charge had recently completed a self assessment of the centre's end of life care as part of thematic inspections carried out by the Authority and had found that they were in compliance with their obligations.

There were written operational policies in place that were in date and signed by staff to confirm they had read and understood them. Care practices and plans were in place to ensure that residents received care in a way that met their needs and wishes. A specific questionnaire was used to elicit residents’ end of life preferences and staff told the inspector that a lot of work had been undertaken regarding end of life care. A sample of care plans were reviewed and these satisfactorily directed the care to be delivered. Staff were able to demonstrate an awareness of residents’ wishes when conversing with the inspector and a staff had received training in end of life care.

Cultural and religious practices were facilitated in the centre. Mass was celebrated weekly and residents confirmed that there was regular blessing of those who were sick. A remembrance mass for residents who had passed away was held in the centre on an annual basis. There were local protocols that gave guidance to staff about a range of different faiths such as Judaism, Catholicism and Church of the Latter Day Saints.

Family and friends were facilitated to be with residents at the end of their life and this was confirmed by staff. There was evidence of links with the local hospice team as required. The inspector saw an end of life resource folder that contained information for families about dealing with bereavement and there was additional guidance documentation for staff detailing information such as 'communication in difficult
circumstances', advanced care planning and care after death. Staff told the inspector of the 'guard of honour' that they gave residents on their final journey from the centre.

**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:**
The inspector was satisfied that each resident received food and drink at times and in sufficient quantities adequate for his or her needs and that food was properly cooked and served and was wholesome and nutritious. As part of a thematic inspection process the person in charge had undertaken a self assessment questionnaire and found that the centre was compliant in meeting the nutritional needs of residents.

An in date nutritional policy was in place for the management of nutrition. Processes were in place to ensure that residents did not experience malnutrition or dehydration. Residents were weighed monthly or more frequently if required and oral cavity assessments were undertaken for each resident. All residents had also been assessed to determine their risk of choking and appropriate action had been taken where a risk had been identified. Three monthly assessments of resident nutritional status were completed using a validated tool and records of these were seen by the inspector. Referrals were made to allied health professionals such as dietician and speech and language therapist if indicated following assessment and their instructions post review were recorded in the resident's care plan. A clinical member of staff was present in the dining room at all meal times to ensure adequate supervision of residents' intake. Fresh drinking water was available at all times and staff were observed offering residents a choice of drinks and snacks at regular intervals throughout the day.

The inspector observed lunch as being a relaxed and unhurried occasion. Assistance was given in a discreet manner and carers were allocated sufficient to time to enable them to assist residents' in an appropriate manner. There was evidence that the subject of nutrition and mealtimes had been discussed at staff meetings and as a result meal times had been changed and a second sitting had been introduced. Residents told inspectors that meal times were flexible and they had plenty of choices about what they could have to eat and the times they could have their meal at. A number of staff had received training in 'Response to Choking' and 'Managing Dysphagia' including non clinical staff such as household staff.
The inspector met with kitchen staff who demonstrated excellent knowledge of residents’ needs and preferences. A folder was maintained in the kitchen that outlined resident preferences and dietary needs; such as, if they had diabetes or coeliac disease or if they required a low fat diet.

There was a chef on duty each day and a four weekly menu was in place. A report was available following a review by a dietician to ensure that the menu was varied and met the needs of the residents. Any recommendations following that review had been implemented. The chef served dinner in the dining room and residents and relatives confirmed that the chef had regular contact with the residents and relatives and was open to feedback about the food in the centre.

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 residents were consulted with and participated in the organisation of the centre and that privacy and dignity was respected. Residents had opportunities to participate in meaningful activities.

There was a residents’ forum in place which met monthly and the residents had decided that the activities co-ordinator was a suitable advocate to have internally if they had any issues they wanted to discuss. The activity co-ordinator ran the monthly meeting and minutes indicated that they were well attended. Where a resident made a request at a meeting it was evident that these were actioned. Residents also had access to external advocates and details for these were clearly posted in the lobby area.

There were arrangements in place to facilitate residents to vote in-house and participate in religious ceremonies of their choice. Residents were facilitated to make informed choices about their care through a formal consultation process for care plan review and where a resident wished to refuse treatment, there was documentation regarding this and respect for the resident’s choice. There was an open visit policy except when such a visit may pose a risk. Residents, if they so wished, could have a private phoneline in
their bedroom or a portable phone was also available.

Care was provided to residents that respected their privacy and dignity. For example, if a resident required a hoist to transfer to a chair in the sitting room, a screen was used to provide privacy throughout the transfer. Staff were seen to communicate with residents in a respectful, dignified and genuine manner and it was apparent that staff knew the residents well. There was CCTV (closed circuit television) in place and a policy guided the use of this. The person in charge confirmed that it was not in use in areas where residents would have a reasonable expectation of privacy.

Residents had access to aids and equipment to meet their communication needs such as pictures and notebooks. The centre had access to information to events taking place in the local community and this was displayed in the lobby area. Some residents told the inspector of the recent 'fleadh' that had taken place in the town. Primary, secondary and dancing schools visited the centre on a regular basis and residents and relatives confirmed this. Students were supervised at all times and spent time performing for or playing board games with residents. Visits also took place by a librarian and local societies.

Special events were celebrated throughout the year such as Halloween, where local children visited for 'Trick or Treat' and St. Patrick's Day. Staff had taken part in a 'Staff Sports Day' where residents adjudicated the winners. Pet therapy was also available in the centre. Residents were seen to enjoy crosswords and there was good banter between staff and residents when trying to find the correct answer. Some residents participated in baking and residents could partake in arts and crafts if they wished such as making cards. Board games and bingo were held on a Saturday with care staff. Residents who spoke with the inspector said that they were overall quite satisfied with the activities in the centre.

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:**
Overall, the inspector found that there was adequate space provided for residents' personal possessions and belongings. Residents could use and store their own clothes and there was satisfactory arrangements in place for the management of laundry.
There was a written policy on residents' personal property and possessions in place in the centre and a record was made of residents' belongings on admission. The inspector visited the laundry room and saw that it was organised and well kept. There was a good system for ensuring resident's clothes were returned to them and the laundry assistant was knowledgeable of this system. There was an adequate clothes labelling system in place and overall, this appeared to be working well. Clothes were returned to residents rooms on a daily basis and there was adequate space in wardrobes and drawers to store clothing. Residents and relatives who spoke with the inspector indicated overall satisfaction with the laundry services.

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

**Findings:**
There was sufficient staff on duty with the right skills and qualifications to meet the needs of the residents. Call bells were seen to be answered in a timely fashion and relatives confirmed that residents were assisted with toileting needs without delay. Staff including household and kitchen staff were seen to take time to sit and chat with residents throughout the day. The layout of the centre was over two floors and staffing levels accounted for this. A planned and actual roster was available for inspection. A nurse was on duty at all times.

Staff had access to education and training throughout the year and all staff were up to date with mandatory training such as adult protection and fire safety. Medication training sessions were held by the pharmacist for nursing staff and other training included end of life care, falls management and caring for residents with dementia. Training needs were identified at staff appraisals and staff told inspectors that they could bring any requests for training to the person in charge at any other time. Staff were aware of the Regulations and of the Standards issued by the Authority. Notices issued by the Authority were seen to be displayed in prominent locations for staff referral. Staff were supervised appropriate to their role and appraisals were held six
monthly for new employees and they annually.

There were effective and robust recruitment procedures in place. All requirements of Schedule 2 of the Regulations were met and relevant staff members up to date registration status was available. Volunteers were Garda vetted and supervised appropriate to their role.

**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:**

Gemma O'Flynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority