<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Coral Haven Residential Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000331</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballinfoyle, Headford Road, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 76 2800</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@coralhavengalway.com">info@coralhavengalway.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>Coral Haven Residential Nursing Home</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Bridget Corcoran</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>58</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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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.
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>
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<tbody>
<tr>
<td>22 October 2014 10:20</td>
<td>22 October 2014 19:40</td>
</tr>
<tr>
<td>23 October 2014 09:40</td>
<td>23 October 2014 18:20</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>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
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<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>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This report sets out the findings of a registration renewal inspection that 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 was satisfied that residents were receiving a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People in Ireland).
People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector found that fire procedures were robust. Recruitment practices and staff files met the requirements of the Regulations. The centre was managed by a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents. The person in charge was not present during the inspection and the person participating in management facilitated the inspection. The inspector found them also to be an appropriately experienced person with accountability and expertise to fulfil the role of person in charge in her absence.

The health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

The premises were kept to a high standard of cleanliness. Maintenance records for servicing of equipment and upkeep of the centre were comprehensive and thorough.

There was some non-compliance found in the competency of staff in carrying out nutritional risk assessments. Some environmental hazards had not been identified. Residents with cognitive decline and who were too frail or ill to attend activities on ground floor did not have sufficient opportunities to experience therapeutic activities and supports specific to their needs. This is discussed further in the report and included in the Action Plan at the end of this 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| Theme: |
| Governance, Leadership and Management |

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

| Findings: |
| The statement of purpose did not outline day care facilities or the arrangements in place in the absence of the person in charge. More information was required relating to the facilities available in the centre. Following the inspection the person in charge updated the document. |

The revised statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

It consisted of a statement of the aims, objectives and ethos of the designated centre and was a clear and accurate reflection of the facilities and service provided for residents.

| Judgment: |
| Compliant |

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| Theme: |
| Governance, Leadership and Management |

| Outstanding requirement(s) from previous inspection(s): |
| No actions were required from the previous inspection. |
Findings:
There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.

There was a clearly defined management structure that identified the lines of authority and accountability. Management systems were in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored.

There was a system in place to review and monitor the quality and safety of care and the quality of life of residents on an annual basis.

Improvements were brought about as a result of the learning from the monitoring review. The person in charge, persons participating in management and clinical supervisor carried out auditing of care practices such as medication management, restraint, health and safety and infection control. Staff meetings also discussed care practice topics and how they could be improved with actions identified and staff responsible to carry them out.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was a guide in respect of a designated centre available to residents. The guide included:
(a) a summary of the services and facilities,
(b) the terms and conditions relating to residence,
(c) the procedure respecting complaints, and
(d) the arrangements for visits.

Each resident had a written contract agreed on admission. Contracts reviewed dealt with the care and welfare of each resident in the centre.

However, the contract did not fully set out all fees charged to the resident for example, cost of physiotherapy or occupational therapy.
Judgment: Non Compliant - Moderate

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:
Residents were assessed as requiring full time nursing care. There was a full-time nurse in charge of the designated centre who had a minimum of three years experience in the area of nursing of the older person within the previous 6 years. She had worked as the person in charge of the centre since 2008. A fit person interview had been carried out in the 2011 registration inspection.

The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge held regular staff meetings to feedback positive outcomes and to direct staff care practices to enhance quality of life for residents in the centre.

The person in charge had engaged in ongoing continuous professional development (CPD), since the previous registration inspection. They had received a qualification from Galway Mayo Institute of Technology in care of the older person in September 2013. She had also attended courses in quality and end of life care, person centred dementia care and nursing home fire procedure training in 2014.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

### Findings:
Records reviewed were maintained in a complete manner in the centre. Records were kept secure, while also being easily retrievable. The sample of records reviewed indicated records were accurate and up to date.

General records relating to complaints, records of visitors, duty rosters and fire safety training, tests and maintenance of fire fighting equipment were kept for not less than 4 years.

There were centre-specific policies, which reflected the centre’s practice. Staff understood the policies and implemented them in practice. Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

The centre was adequately insured against injury to residents. Other risks were insured against, including loss or damage to a resident’s 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:
The provider was aware of the requirement to notify the Chief Inspector of any absence of the person in charge for a period 28 days or more. There were appropriate arrangements in place to manage any such absence.

There were suitable arrangements in place during the person in charge’s absence and these arrangements were notified to the Authority.

During this inspection the person in charge was on annual leave. The inspector found suitable arrangements were in place in her absence. The persons participating in management of the centre facilitated the inspection. They demonstrated knowledge of the regulations. They were actively involved in the supervision and management of the
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 measures in place to safeguard residents and protect them from abuse.

There was a policy and procedures in place for the prevention, detection and response to abuse. Staff were trained in the policy and procedures in place for the prevention, detection and response to abuse. Staff spoken with knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents. The provider and person in charge ensured that there were no barriers to staff or residents disclosing abuse for example, a 'whistle blowing' policy was in place.

There were systems in place to safeguard residents’ money. Transaction and monies paid for services was maintained on a computerised system in the centre. Receipts were issued to residents for services paid for.

Any incidents, allegations and/or suspicions of abuse had been appropriately investigated and responded to in line with the centre’s policy.

There was a policy on, and procedures in place, for managing behaviour that is challenging. Efforts were made to identify and alleviate the underlying causes of behaviour that is challenging.

A restraint free environment was promoted. There was a policy on, and procedures in place, for the use of restraint. Where restraint was used, it was in line with the national policy on restraint. A restraint review committee reviewed restraint practices in the centre.
Chemical restraint had been recently introduced as part of the restraint review committee meetings. As this was only recently added as part of the review, alternatives to chemical restraint had not been adequately trialled. There were plans to introduce measures to reduce it in the future. For example, reviewing the effectiveness of behaviour support plans and de-escalation techniques in reducing the frequency of chemical restraint being used.

**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 centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. There was a comprehensive risk management policy to include items set out in regulation 26(1).

There was a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections. A designated team of staff met every two months to review infection control practices in the centre and ensure any issues identified were addressed. Minutes of these meetings were maintained with the most recent occurring in September 2014.

There was an ample supply of alcohol hand gels throughout the centre. These added to infection control and prevention measures. The flu vaccine had been made available to all staff and residents as per their consent.

Reasonable measures were in place to prevent accidents in the centre and grounds. Floor coverings were even, lighting in corridors, bedrooms and day/dining rooms was adequate.

Staff were trained in moving and handling of residents. Manual handling assessments were up to date from the sample reviewed in residents’ care plans.

A risk register was in place and dated June 2014.
There was written confirmation from a competent person that all the requirements of the statutory fire authority were complied with.

There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Suitable fire equipment was provided. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis the most recent service being October 2014.

Weekly check of the fire alarm occurred on Wednesdays. The inspector observed this to occur on the first day of inspection. Doors connected to the fire alarm system closed fully when the alarm sounded, demonstrating equipment used to contain a fire was fully functional.

Staff spoken with and a sample of records reviewed, indicated staff were suitably trained and knew what to do in the event of a fire. There were fire drills at six monthly intervals and fire records were kept, which included details of frequency of fire drills, fire alarm tests, fire fighting equipment, furniture and bedding.

However, not all environmental hazards had been adequately identified. Some doors to rooms that contained equipment or chemicals, for example, the laundry or clinical room, did not have adequate control measures in place.

The provider had not ensured access to areas that stored hazardous items which could cause injury if ingested or used to cause self harm had restrictions in place. During the course of the inspection, the provider commenced review of these identified hazards with a plan to ensure adequate control measures were in place in the time shortly following the inspection.

**Judgment:**
Non Compliant - Moderate

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**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:**
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management.
practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines.

No resident was responsible for their own medication until an appropriate assessment was carried out confirming their capacity to do so safely. A policy and self administration assessment was available to assess residents’ capacity.

A system was in place for reviewing and monitoring safe medication management practices. Medication audits had been carried out every three months. Medications were kept securely in the centre. Temperature checks were carried out daily on the medication fridge to ensure medications were stored at the correct temperature and to ensure their effectiveness.

Where residents had difficulty swallowing medications they were prescribed crushed or liquid alternatives. This was prescribed by their GP and documented on their individual medication administration charts.

Residents had a choice of pharmacist, where possible. Pharmacists were facilitated to meet their obligations to residents under relevant legislation and guidance.

Appropriate support was provided to residents if required, in dealings with the pharmacist(s).

J udgment:
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 of all incidents occurring in the designated centre was maintained.

All notifiable incidents had been notified to the Chief Inspector within three days.

A quarterly report was provided to the authority to notify the Chief Inspector of any incident which did not involve personal injury to a resident.

Where there had been no such incidents a ‘nil’ return had been made under Section 65
Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
The person in charge had arranged a comprehensive assessment by appropriate health care professional(s) of the health, personal and social care needs of each resident on the person’s admission to the centre to identify his/her individual needs and choices.

From the sample of care plans reviewed, residents had a personalised care plan prepared within 48 hours of their admission or thereafter as the need was identified, which detailed their assessed needs and choices.

Residents could choose to keep their own general practitioner (GP) on admission. Health care needs were met through timely access to the recommended medical treatment.

Review of a sample of residents’ files indicated that residents had access to appropriate health care including additional professional expertise to ensure their diverse care needs were met. For example, dentist, podiatrist, optician, later life psychiatry, dietician, speech and language therapist (SALT), physiotherapist and occupational therapist.

From the sample of care plans reviewed, the assessment, care planning processes and clinical care was in line with evidence based practice and in accordance with professional guidelines. For example, there was evidence to show residents assessed as being at a significant risk of falls had appropriate risk reduction measures in place. Residents were assessed for their risk in developing pressures ulcers. Those identified at risk had risk reduction measures in place, such as pressure relieving mattress.

Evidenced based wound care interventions, prescribed by relevant clinicians, had brought about effective wound healing. Wound care plans were reviewed and updated after each dressing. Photographic evidence was maintained of the wound healing process with evidence to show wounds had healed.
Care plans were reviewed on an ongoing basis or at a minimum of every four months. Overall, from the sample of care plans reviewed, the care and treatment offered to residents reflected the nature and extent of their dependencies and needs.

**Judgment:**
Compliant

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**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 were in line with the Statement of Purpose. The premises met the needs of all residents and the design and layout promoted residents’ dignity, independence and wellbeing.

The premises and grounds were well-maintained with suitable heating, lighting and ventilation. The centre was homely with sufficient furnishings, fixtures and fittings. The centre was also clean and suitably decorated throughout.

The size and layout of bedrooms was suitable to meet the needs of residents with a sufficient number of toilets, bathrooms and showers. There were wash hand basins in each bedroom. An assisted bath was available to residents on all floors.

Shared rooms provided adequate screening to ensure:
- privacy for personal care
- free movement of residents and staff
- free movement of a hoist or other assistive equipment. There was a functioning call bell system in place at each resident’s bedside in both the single and twin rooms.

Residents had access to an enclosed garden on the ground and second floor of the centre.

There was a separate kitchen with sufficient cooking facilities and equipment on the ground floor.

Residents had access to appropriate equipment which promoted their independence and comfort. The equipment was fit for purpose and there was a process for ensuring that
all equipment was properly installed, used, maintained, tested, serviced and replaced. The inspector noted comprehensive maintenance records were documented and maintained. Equipment was stored safely and securely in the centre, for example, hoists and wheelchairs.

Handrails were provided in circulation areas. Grab rails were provided in bath shower and toilet areas. A lift was provided in the centre as residents were accommodated on more than one floor.

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:  
There were policies and procedures for the management of complaints. The complaints process was user-friendly, accessible to all residents and displayed in a prominent place.

There was an appeals process that was fair and objective.

Residents were aware of the complaints process and were also supported to make complaints. Residents were promptly made aware of the outcome of any complaint.

There was a nominated person to deal with all complaints and all complaints were fully investigated (Article 34(1)(c)).

A record was made of all complaints, investigations, responses and outcomes.

There was a nominated person separate to the person nominated in article 34(1)(c), they had a monitoring role to ensure that all complaints were appropriately responded to and records were kept.

The complaints log was reviewed during the course of the inspection. There was evidence to show that the complaints procedure was implemented as documented.

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:**
There were written operational policies and protocols in place for end-of-life care which staff were familiar with.

Care practices, plans and facilities were in place so that residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. There was access to specialist palliative care services, when appropriate.

All religious and cultural practices were facilitated. The Rosary was held on the first floor every evening at 6pm for residents who wished to join. A commemoration Mass for residents that passed away and for residents’ loved ones was held each November. Family and friends were facilitated to be with residents when they were dying. Residents at end of life were moved to a single room where possible to facilitate a dignified and private end-of-life experience.

Arrangements for the removal of remains occurred in consultation with deceased resident’s family. These arrangements were documented in the sample of some of the residents’ care plans reviewed.

End-of-life care plans documented residents’ social, spiritual and emotional needs. However, residents’ religious preferences, for example, were sometimes documented under emotional/psychological needs.

Although some residents derived comfort from having their spiritual needs met, there was not sufficient documentation to identify how their emotional/psychological needs could be met to ensure their end-of-life care was comprehensive and holistic.

**Judgment:**
Non Compliant - Minor

### 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:
There was a comprehensive policy for the monitoring and documentation of nutritional intake which was implemented in practice.

There was access to fresh drinking water at all times. The food provided met the dietary needs of each resident based on their nutritional assessment. Special dietary requirements of each resident were addressed.

Residents were offered appropriate assistance in a discreet and sensitive manner and enabled to eat and drink when necessary. Food was properly prepared, cooked and served. Food was nutritious, varied and available in sufficient quantities. There was a rotating menu with food choices available to residents to ensure mealtimes were interesting and enjoyable.

Meals and snacks were available at times suitable to residents. The dining areas were pleasant and provided residents with adequate supervision to meet their identified needs and levels of independence.

Processes were in place to ensure residents did not experience poor nutrition and hydration. However, not all nutrition risk assessment tools had been completed correctly.

From a sample of care plans reviewed, the inspector found a number of nutrition risk assessment tools had been completed incorrectly and resident’s identified nutritional risk was not correct in some instances. Some nutritional risk assessments had not been filled out with adequate frequency to ensure close monitoring of residents identified at nutritional risk.

However, despite residents’ having their nutritional risk assessments incorrectly completed, there was evidence to show they had maintained healthy weight gain as per the dietician recommendations.

This indicated positive outcomes for residents with regard to nutrition, but, a risk that nutritional risk could be missed if staff were not competent in completing the nutritional risk assessment tool in use in the centre.

Judgment:
Non Compliant - Moderate
### 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 living in the centre were afforded privacy, dignity and consultation. However, some improvements were needed in relation to activity assessment, care planning and the provision of activities to residents with dementia or cognitive decline that were too ill or frail to attend the oratory on the ground floor.

Resident’s religious and cultural preferences were catered for in the centre. A large oratory was available for residents to use. Mass was held on Saturdays and Holy days. Prayer meetings were also held on Tuesdays and Thursdays. Residents’ families often attended Mass in the Oratory on Saturdays.

Interactions between staff and residents was respectful, for example, the inspector observed staff knocking on residents’ bedroom doors before entering. Staff spoke with residents in a pleasant and caring way that expressed genuine warmth.

The inspector noted that residents had access to daily newspapers and were kept informed of current affairs. Residents also had access to daily news programmes on the television in the day rooms and their bedrooms. A large television located at the reception area on the ground floor screened information for residents on upcoming events and activities scheduled for the day. There was also good signage of activities and upcoming events located throughout the centre.

Residents had opportunities to attend the ‘Golden Years Advocacy Group’. These group meetings were held every two months. The most recent residents’ meeting was held in September 2014 and the inspector reviewed a copy of minutes taken.

Discussions had taken place relating to painting and refurbishments in the centre. Residents were informed of staff changes and residents’ feedback and suggestions were sought about the running of the centre.

Residents had access to a private telephone in their bedrooms and the centre had adequate space for residents to meet visitors in private if they wished. Visiting times were not restricted and a visitors’ sign in book was well maintained and located at the main reception.
Residents had access to activities in the centre such as film club and Sonas, a therapeutic activity for residents with dementia and/or cognitive decline. This was provided by the activity co-ordinator Monday and Wednesday morning in the activity room located on the ground floor.

Other activities, such as music sessions, group exercises occurred in the Oratory. Residents that attended these sessions enjoyed them and it created an opportunity for residents to have positive social interactions. However, the inspector noted that having music and exercise classes in the Oratory could cause confusion for residents with cognitive decline or dementia as the environment was decorated to resemble a church.

Activity assessments in residents’ care plans were not comprehensive. Improvement was necessary to ensure meaningful social care assessments were carried out. This would ensure activities provided were in accordance with residents’ interests and capabilities.

Residents that were too frail or ill to attend activities in the Oratory had little or no activity provision. Staff working in the centre, other than the activities co-ordinator, did not have the necessary training in how to provide therapeutic activities to residents with dementia or cognitive decline for example.

**Judgment:**
Non Compliant - Moderate

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**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 policy on residents’ personal property and possessions. A record was kept of each resident’s personal property. Personal property was safeguarded through record keeping. An inventory of residents’ belongings was taken on admission.

There were adequate laundry facilities with systems in place to ensure that residents’ own clothes were returned to them. The provider employed staff from an external employer to attend to laundry duties specifically.

However, from the sample of records documented they were not updated with enough frequency. At the time of inspection they were being carried out every 6 months. Some detail of items in the inventories documented required review as they did not provide...
the reader with enough description of residents' personal belongings should they go missing.

**Judgment:**
Non Compliant - Minor

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**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 evidence to indicate staff had opportunities to receive training specific to their role. Most staff had received mandatory training. Training and refresher training was held frequently with ample opportunity for all staff to receive refresher training throughout the year. For example, elder abuse prevention, response and detection training had been carried out in the centre five times in 2014 with another training date scheduled for December 2014.

However, not all recently appointed staff to the centre had undergone mandatory training in elder abuse and manual handling. They had been documented as having completed their probation period. Mandatory training was not included as part of new staff induction to the centre.

There was an actual and a planned staff rota in operation which accurately reflected the staff on duty. There were sufficient numbers of staff to meet the assessed dependency needs of residents from the staffing rosters reviewed as part of the inspection.

A sample of staff files reviewed during the inspection indicated adequate vetting of staff working in the centre had been sought. Staff files contained the matters set out in Schedule 2 of the regulations. No volunteers worked in the centre at the time of the inspection.

**Judgment:**
Non Compliant - Moderate
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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all fees charged to residents were set out in the contract of care for example, physiotherapy and occupational therapy.

Action Required:
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:
The service price list is given to the resident / next of kin along with the contract of care at the time of admission. Due to changing fees which are not controlled by the Nursing home, they are not included in the contract of care but provided on a separate sheet.

Proposed Timescale: 01/11/2014

**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A risk management policy was in place however, not all risks had been assessed.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The risks identified by our internal audit have now been included in the risk management policy

Proposed Timescale: 01/12/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy included measures and actions in place to control self-harm. However, the inspector observed during the inspection, not all hazards had been identified to reduce the risk of a resident engaging in self harm.

Action Required:
Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
Keypads have been installed to all rooms identified in our internal audit, thereby reducing the risk of a resident engaging in self harm.
Proposed Timescale: 06/12/2014

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' emotional and psychological needs were documented relating to their spiritual needs. There was not enough information in residents' care plans to address their emotional and psychological needs in a comprehensive way at end-of-life.

Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
Further training will be organised for staff and all end of life care plans will reflect emotional and psychological needs.

Proposed Timescale: 01/04/2015

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a policy for the monitoring and documentation of nutritional intake but staff were not sufficiently knowledgeable in how to complete the nutrition assessment tool in use in the centre.

Action Required:
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:
Training on the nutrition assessment tool was carried out in November 2014 and each resident’s care plans and nutritional assessment tools have been updated.

Proposed Timescale: 28/11/2014
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents had opportunities to participate in activities however, these were not based on the outcomes of an individualised meaningful activity assessment to ensure activities provided were in accordance with residents interests and capacities.

**Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
Each resident will have an activity assessment carried out using a validated tool – PAL, Pool Activity Level. This will ensure that activities provided will be person centred and priority will be given to activities that have most importance for the resident.

**Proposed Timescale:** 01/03/2014

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Improvement was needed relating to the facilities where residents engaged in recreation. Residents engaged in recreational activities in the Oratory.

**Action Required:**
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

**Please state the actions you have taken or are planning to take:**
Recreational activities are not confined to one location and activities take place in sitting rooms, dining rooms and in the oratory. Recreational activities that take place in the oratory are for a short period of time some mornings only.

**Proposed Timescale:** 01/11/2014

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff working in the centre, other than the activities co-ordinator, did not have the necessary training in how to provide therapeutic activities to residents with dementia or
cognitive decline for example. Residents too ill or frail to attend the oratory for activities did not have adequate access to therapeutic opportunities or activities that met their assessed needs.

**Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
Two staff members have had further training on the 22nd November 2014 on therapeutic activities for residents with dementia and cognitive impairment and have been allocated to carry out these activities daily.

**Proposed Timescale: 24/11/2014**

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**Outcome 17: Residents' clothing and personal property and possessions**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal property inventories needed updating more regularly and with more detail to ensure residents retained control over their possessions.

**Action Required:**
Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

**Please state the actions you have taken or are planning to take:**
A more detailed inventory list for all residents has been compiled and we are in the process of updating each resident’s personal property accordingly.

**Proposed Timescale: 01/02/2015**

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Although a comprehensive programme of training was available to staff working in the centre. Not all staff that had been appointed to work in the centre had received mandatory training in elder abuse prevention, detection and response and manual handling.
**Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
All staff members have received the mandatory training in elder abuse prevention, detection and response and manual handling.

**Proposed Timescale:** 04/12/2014