

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Fearna Nursing Home
Centre ID:	ORG-0000338
Centre address:	Bishop Street, Elphin, Roscommon.
Telephone number:	07196 35 424
Email address:	fearnanh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Eldabane Holdings Limited
Provider Nominee:	Martin O'Dowd
Person in charge:	
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	10

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.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 November 2013 12:00	21 November 2013 18:00
29 November 2013 13:00	29 November 2013 16:30

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

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

Summary of findings from this inspection

This monitoring inspection of Farna Nursing Home was unannounced and took place over two days. As part of the monitoring inspection the inspector met with residents and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. This was the sixth inspection carried out by the Authority.

The previous inspection was carried out in July 2012 and detailed 20 actions over nine outcomes that required review in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The Inspector found on this inspection that ten actions were satisfactorily completed, two were partially completed and eight were not satisfactorily completed.

The inspector was satisfied that the residents were well cared for and that their nursing and care needs were being met in practice. However daily nursing progress reports were not linked to care plans and did not adequately document the care and

therapies provided. Staff and residents agreed that there were adequate staff on duty. From review of staff rotas and discussion with the person in charge the inspector confirmed these staffing levels to be the norm. However, an additional staff member was rostered on night duty to enhance fire safety controls in the event of a fire evacuation being required.

The premises did not meet the legislative requirements and none of the actions in the action plan referencing premises developed following the last inspection in July 2012 were satisfactorily addressed. These findings are discussed in detail under Outcome 12 of this report.

An immediate action letter from the Health Information and Quality Authority was forwarded on the 26 November 2013 to the provider in response to findings of major risk to residents in relation to fire safety and prevention management in the centre found on the 21 November 2013 (first day of this inspection).

The provider was required by the Authority to ensure the care and welfare needs of residents were met immediately by making adequate arrangements to ensure the safe evacuation and safe placement of residents and staff in the event of a fire.

This required adequate staffing arrangements to enable evacuation in the event of fire and review of fire evacuation risk assessments on residents on the first floor to include identification of appropriate equipment and moving procedures to be used in the event of having to evacuate residents in the event of fire.

The provider was also required to put directional fire signage in place internally, to the nearest fire exit and externally, to the designated assembly area and to ensure staff had suitable fire training and participated in a fire evacuation drill so that all persons working in the centre are aware of the procedures to follow in the case of fire, including the procedure for saving life.

The provider provided a satisfactory response to the Authority on 27 November as requested. An Inspector attended the centre again on the 29 November 2013 and was satisfied that the actions required were satisfactorily addressed.

The provider advised the Authority of his intention to close the designated centre and closure was confirmed as complete on the 23 January 2014. Therefore there is no action with 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 2009 (as amended), Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

On this inspection it was found that the statement of purpose contained all of the information required by Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The most recent up-to-date statement of purpose was submitted to the Authority in March 2012. While the centre is registered to provide accommodation for 34 residents, the provider has stated in the updated statement of purpose that the maximum number to be accommodated will be 28. The centre is due for renewal of registration by the Authority on 25 March 2014. The provider has applied for registration for a maximum of 28 residents to be accommodated in the centre in the application for renewal of registration documentation. Some bedrooms on the first floor were recently withdrawn from use by the provider pending fire safety work required. The statement of purpose required review to reflect the recent restrictions on numbers and dependency levels of residents to be accommodated on the first floor.

The provider was aware that the current document should be kept under review to ensure that it reflected the service to be provided and to provide a copy to the Authority if changes in the service were made.

Judgement:

Substantially Compliant

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

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

Findings:

Following the last inspection of the centre by the Authority on the 31st July 2012, an action plan was developed requiring the provider to ensure that each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

The inspector found that this action was satisfactorily completed. The three contracts reviewed by the Inspector detailed the terms and conditions of occupancy including services provided for each resident. Each document included signatory and dated evidence of agreement signed by the residents themselves in two of the contracts of care reviewed. Fees to be charged were documented in each case in relation to funding provided by the Nursing Home Support Scheme and contribution paid by the resident. Detailed fees to be charged and the cost of services not included in the fee such as chiropody services were stated.

Judgement:

Compliant

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was in attendance on the second day of this inspection. A senior staff nurse deputised in her absence and was on duty in charge of the centre on the first day of this inspection. The Inspector found that both the person in charge and her deputy had a good knowledge of the residents, their individual needs and her legislative responsibilities. The post of person in charge was full-time, was a registered staff nurse and was employed as person in charge since 2009. She had attended courses including mandatory internal education since the last inspection of the centre to keep her knowledge on evidence-based practice updated.

Judgement:

Compliant

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

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

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

Findings:

The centre's risk management policy did not meet all the legislative requirements in relation to a record of all the hazards in the centre with precautions in place to control the risks identified. This finding is discussed in more detail under Outcome 7 in this report.

An adequate record of all nursing care provided to the resident, including a record of their condition and care was not recorded. The daily nursing progress notes were not adequately linked to the residents' care plan and did not adequately document the care and therapies carried out.

An entry was not documented in all the medical files to confirm review of residents' medication prescriptions took place or to support that the GP had seen the resident and discussed their medication with them as part of the review.

These findings are discussed in more detail under Outcome 11 in this report.

Judgement:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Two actions required from the previous inspection were satisfactorily implemented.

These actions included a requirement to revise the centre's risk management policy to include procedures for control of unexplained absence of a resident, assault, accidental injury to residents or staff, aggression and violence and self-harm. The risk management policy was also revised to include the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The second action required which was found to be satisfactorily completed was completion of practices to ensure residents were adequately monitored post incidents of unwitnessed falls.

On the 21 November 2013 (first day of this inspection by the Authority), the Inspector

reviewed final fire exit doors located on the ground and first floor and observed a key was located in a break glass unit by each door and staff each carried a key, which was confirmed. Notices were displayed by the fire exit doors on the first floor advising of a requirement to use a key to open. There was no internal directional signage advising nearest pathways to final fire exit doors on either floor. There was inadequate external directional signage and unobstructed access from final exit doors to the designated assembly point. Internal fire doors on corridors were not linked to the fire alarm system and were held open by means of a hook latch.

An immediate action letter in respect of fire safety and management was issued to the Provider on the 26 November 2013 to which the provider forwarded a satisfactory response to on the 27 November 2013. The inspector confirmed during an on-site visit on the 29 November that a review of each resident's evacuation risk assessment had been completed, two dependent residents were relocated from the first floor to the ground floor, an additional member of staff was rostered on duty during the night until the issues identified were satisfactorily resolved and internal and external directional signage to fire exits and assembly area were being put in place.

Fire safety training records confirmed that all staff had attended fire safety training. Attendance certification confirmed that this training included a simulated evacuation drill to reinforce the theoretical training provided to staff to ensure they practised the procedure to be followed in the case of fire emergency evacuation. However, there was inadequate evidence to support confirmation that simulated evacuation fire drills were carried out during times when staff numbers were reduced such as evenings and night-times or completion of a simulated evacuation drill from the first floor.

Procedures for fire detection and prevention were in place. The inspector reviewed service records which showed that the fire alarm system and emergency lighting were checked and serviced regularly. This had last been completed on 26 August 2013 with a follow-up scheduled for December 2013. Fire extinguishers and emergency equipment were serviced by an external company in March 2013. Records confirmed that internal daily fire exit checks and weekly fire alarm checks were completed. The inspector observed that all residents had a fire evacuation risk assessment completed which was kept in their bedrooms and all beds were fitted with an evacuation sheet. Staff spoken with by the Inspector were knowledgeable on the procedures they were required to follow in the event of the alarm sounding and evacuation procedures being required.

The Provider has made an application for renewal of registration to the Chief Inspector which included written confirmation received from a competent person that all the requirements of the statutory fire authority have been complied with.

The designated smoker's room was located on the ground floor. The inspector was told that two residents engaged infrequently in smoking cigarettes. However, there was a large unsealed open space at the top of the wall in the smoker's room adjoining bedroom accommodation. The inspector observed that four residents were exposed to passive smoke entering their bedroom accommodation via this route.

An action with regard to the risk management policy was contained in the previous two reports. The provider had used the services of an external consultant to assist with risk management procedures. A revised risk management policy had been developed on 01

April 2013. The revised policy was found to be in compliance with the legislation as required.

The centre's risk register was reviewed by an Inspector. This document detailed hazard identification of ramped corridors, the low height of some bedroom doors and hazards in bedrooms. However, there were a number of hazards identified by the Inspector that were not referenced. For example, a sliding door on a toilet on the ground floor, handrails on one side only of some corridors, an unmarked step down to a fire exit and passive cigarette smoke from the centre's smoker's room which freely entered three bedrooms accommodated by a total of four residents on the ground floor. Storage of assistive hoists was identified for improvement on the last inspection of the centre to mitigate risk of injury to residents and remained unaddressed on this inspection. This safety hazard was not documented as a hazard in the risk management documentation. The door of the sluice room on the first floor was not secure; consequently, vulnerable residents could access this potentially hazardous area. The training records confirmed that 74% (26) staff had not completed training in safe moving and handling before the end of 2013 to fulfil two yearly mandatory training requirements. This was an action from the previous inspection in July 2012.

Findings of the inspection on 31 July 2012 were that inadequate controls were in place to ensure hot water was delivered to hot water outlets at a safe temperature. The Inspector monitored the temperature of the hot water in a resident's bedroom and a communal hand hygiene sink in a toilet on the ground floor. The temperatures were 52 and 53.8 degrees centigrade respectively. The recommended maximum safe level is 43 degrees centigrade. In addition the inspector found that a bed in room 20 was placed directly against a radiator which was very hot to touch. The surface of the radiator water feed pipe was heavily rusted and the surface of which was peeling.

Handrails were not in place on both sides of some corridors assessed. There was signage in place to alert resident's staff and visitors where there was an incline in the floor level due to ramps from one floor level to another on the first floor corridors. The inspectors found that there were some improved procedures in place to manage infection prevention and control. A sluice room on the first floor had been refurbished. However, a wall mounted dispenser containing hand sanitising alcohol gel was not located outside this sluice room door. While a hand hygiene sink was available in the laundry, there was no hand sanitising alcohol gel available. Inadequate numbers of hand sanitising gel dispensers is a repeated health and safety requirement from the previous inspection in July 2012.

The inspectors reviewed a number of the most recent incidents of unwitnessed resident falls. There was evidence available to demonstrate that residents who fell were assessed for possible head injury. Neurological observations were recorded routinely to monitor residents to ensure that a head injury had not been sustained and that level of consciousness had not been affected.

Judgement:
Non Compliant - Major

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

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The Inspector found that a system had been implemented to ensure the quality of care given to residents was monitored, developed and improved on an ongoing basis. However, this was incomplete as it did not adequately record actions taken or comprehensive analysis to identify trends or repeated areas for improvement that compromised residents safety or the quality of their care. Data was collected on a number of key quality indicators such as monthly medication audits including transcription practices and use of psychotropic medications, accidents/incidents, pain management includes review of whether reviewed by the GP and completion of pain assessment charts. Audits of residents' care plans, restraints, weights, laundry management, complaint management and hand hygiene were among some of the of the areas reviewed.

While a quality improvement plan was not documented to address areas identified for improvement, there was evidence that deficits in care and safety were addressed and discussed at the staff handover meetings. In the absence of a documented quality improvement plan with stated areas for improvement within specific timelines, satisfactory completion and trending of findings was not done. However, the centre was in the process of completing a report on the activities undertaken and outcomes of review of the quality and safety of care and quality of life for residents.

Judgement:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

implemented.

Findings:

Three of the four actions required following the inspection by the Authority in July 2012 were satisfactorily completed and the fourth action required in relation to documentation in residents' medical files by the GP was partially completed. Improvement was required to reference GP review of residents' medications.

The actions completed included setting out each resident's needs in an individual care plan developed and agreed with the resident. Notification and revision of each resident's care plan, after consultation with him/her.

The Inspector reviewed residents' medical files and found that GP consultations were evidenced with an entry in the relevant medical file. A comprehensive resident medical assessment was documented by the GP on initial review following admission to the centre. Medication prescriptions were transcribed by nursing staff and then signed by the GP. However, an entry was not documented in all the medical files to confirm review of residents' medication prescriptions.

A policy was in place to support and advise staff on transcription of medication prescriptions. No medications with control requirements under the Misuse of Drugs Act (1977) were transcribed by nurses. Medication transcription was undertaken by nursing staff in the centre, which they reported was in place to enhance legibility and to promote resident safety by reducing potential risk of medication error. Transcribed medications were double checked and both staff nurses signatures were recorded. The nurse in charge stated that reviews of medication were occurring at three monthly intervals. She stated that the medication charts were re-written every three months and this was the process with regard to GP reviews of residents' medications. There were no residents receiving crushed medication preparations on the day of inspection.

There was good access to allied healthcare services. A physiotherapist attended the centre twice weekly. The person in charge informed the inspectors that they can access occupational therapy and speech and language therapy by GP referral. Dietetic services were available to the centre and there was evidence on files reviewed of input from dietetic services. One resident's weight was being monitored at increased frequency. There was evidence of documented review by the dietician with implementation of an intake management plan. One resident had a wound which was being treated with advanced therapy in consultation with the tissue viability nurse specialist. There was also evidence of dietetic input as part of this resident's care. Pain management was of a satisfactory standard with the support and advice of the palliative care team who regularly reviewed residents as required. These resident reviews were documented in each case.

All staff spoken with demonstrated a good knowledge and understanding of each resident's background and informed inspectors that they tried to involve residents and relatives in planning care. The inspector observed where a copy of the care plan was printed off and signed and dated by residents where possible or by their next of kin to confirm discussion has taken place with them and that they were in agreement with the contents.

The inspector found that generally, a good standard of nursing care was provided.

A computerised documentation system was in use. The inspector reviewed residents' care files. There were nursing assessments and clinical risk assessments carried out for all residents routinely every three months and as required. However, the daily nursing progress notes were not adequately linked to the residents' care plan and did not adequately document the care and therapies carried out.

There were opportunities for residents to participate in activities appropriate to their interests and capacities in the sitting rooms on each floor. An enclosed safe garden area with seating, accessible from the dining room was available to residents with cognitive disability who wished to go outside the centre. All residents were closely supervised by staff throughout the inspection.

All residents had been given the option of receiving the influenza vaccine audit and arrangements were in place for staff vaccinations with records maintained for 2013.

Judgement:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The layout and design of the building did not meet residents' needs or the legislative requirements in all respects and include the following;

- Wash hand basins were not accessible to some residents due to the layout of bedroom furniture and location of bed screen curtains in multi-occupancy rooms
- Bed screen curtains extended across some residents' beds
- Poor sound proofing between rooms
- Inadequate staff changing facilities
- Inadequate storage space for equipment. For example, hoists were stored in residents' bedrooms
- Not all toilets were accessible for some residents and there was no lock on one communal toilet
- Height of doors into some bedrooms
- Sloped flooring
- Steps at various intervals throughout the centre
- The laundry was inadequate
- Sluice room was unsecured
- Inappropriate location of three residents' wardrobes in a bathroom lobby area outside

of their personal accommodation

- Due to the height of windows from the floor, residents were not afforded a view from them
- Layout of rooms and no lock on a communal toilet compromised the privacy and dignity needs of residents
- Inappropriate location of three residents' wardrobes in a bathroom lobby area outside of their personal accommodation

Judgement:

Non Compliant - Major

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:

No actions were required from the previous inspection.

Findings:

Written operational policies and procedures were in place for the management of complaints. The complaints process was displayed in the lobby and residents were made aware of it in the Residents' Guide document. Residents stated that they would speak to person in charge or any of the nurses if they had a complaint. All residents spoken with confirmed that they were happy with the service provided and had no issues or concerns about their care or the quality of the service they received. The person in charge was the person nominated to deal with complaints and there was an appeals process in place if required.

The inspector reviewed the complaints log and noted that there were no active complaints and one complaint was documented for 2013. The accompanying documentation supported that it was resolved quickly. However, satisfaction with the outcome of the complaint was not documented in line with the legislative requirements.

Judgement:

Non Compliant - Minor

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:

No actions were required from the previous inspection.

Findings:

There were no residents receiving end-of-life care on the days of inspection. The inspector discussed end-of-life care planning with the staff and reviewed residents' care plan documentation. Not all residents' end-of-life wishes were documented. Staff confirmed that while all residents' end-of-life wishes were not ascertained at the time of inspection, they were in the process of collating that information for each resident's. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were dying. Residents had the option of a single room and access to specialist palliative care services, if required. A policy document was available to inform staff of procedures to follow in providing end-of-life care to residents. A pain assessment tool was in use for all residents in receipt of medication for pain including at the end of their lives.

Religious personnel of different denominations are available and attend the centre routinely and as requested. There was no Oratory in the centre for use for religious services and/or quiet reflection. However, religious services were held in the sitting rooms. Residents who did not wish to attend could rest in an alternative sitting room.

Judgement:

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:

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

Findings:

A policy was not in place to inform nutritional intake review and monitoring. 18 staff attended nutrition up-dates in 2013 and all catering staff had attended Hazard Analysis and Critical Control Point (HACCP) training. A recognised nutrition assessment tool was in use and there was regular monitoring of residents' weights to capture fluctuations and implement early intervention for at risk residents. One resident was being actively managed in response to weight changes and had a nutritional care plan in place.

Procedures were documented to advise staff on fluid thickening, food fortification and modified consistency best practice. All residents were assessed on admission using an accredited nutritional assessment tool and were followed up with review by a dietician. There was evidence to support implementation of dietetic recommendations made following assessment by the dietician. Food and fluid charts were in use and completed to record the intake of residents who were at risk of inadequate fluid or food intake. Residents also had access to fresh drinking water and snacks were offered at a number of times during the day, and some residents were afforded flexible mealtimes.

Residents told the inspector that the food served was very good and that they had

varied meals that offered choice and variety. A menu was displayed on the notice board in the dining room detailing two choices of main course. There was adequate staff available during the lunchtime meal reviewed to assist less able residents in the dining area. Residents could have their meals in their rooms if they wished.

Judgement:

Compliant

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector observed that the privacy of all residents was of an adequate standard due to the layout of multi-occupancy rooms. The door on a communal toilet on the ground floor was slide to close in design and was not fitted with a lock. One resident in a room accommodating three residents did not have a curtain in place to screen her bed on one side and her bed was visible from the main corridor when the bedroom door was open. This finding did not ensure this resident could carry out or receive personal care in private. The inspector also observed that sinks were inaccessible to all residents in some rooms when curtains were closed around the bed of the resident closest to the sink.

The inspector observed that residents were afforded choice in their day-to-day care and activities which was respected by staff. For example, there was a choice of dish on the menu and where they ate their meal, residents were also afforded choice regarding the time they went to bed at night and got up in the morning. Residents confirmed that they could freely and were encouraged to make choices and decisions about their care and activities in the centre.

There were no restrictions on visits except when requested by the resident or when the visit or timing of a visit was deemed to pose a risk. The inspector observed visitors visiting residents in the centre throughout the day. There was no designated visitors' room for residents to meet their visitors and multi-occupancy rooms did not afford residents privacy to meet visitors.

Judgement:

Non Compliant - Moderate

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:

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

Findings:

A policy on residents' personal property and possessions was in place. Appropriate record keeping was maintained of residents' personal property. However, the inspector found that some residents could not retain control over their personal possessions due to the arrangement of their bedroom furniture. For example, one resident's locker was located on the way out of a multi-occupancy room and separated from her bed area by the door to the bathroom used by two other residents in the room. Although the three residents in this room had individual wardrobes, they were located together in a lobby area between their accommodation and the bathroom.

An individual record of each resident's personal property was recorded on admission and updated every four to five months by the laundry staff. Records were reviewed by the inspector and dates confirmed that they were revised in July and August 2013.

Residents told the inspector that good care was taken of their clothing and there were no complaints referencing missing or damaged clothing on review of complaints log. Laundry staff placed name labels on residents' clothing and had a labelling machine and supplies in the laundry on the day of inspection.

The centre did not manage residents' finances. Residents maintained their own personal money and had a key for their lockers. No residents' money was placed in the business account for safekeeping. The resident referenced in the last report in July 2013 is no longer residing in the centre.

Judgement:

Non Compliant - Minor

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

One action from the last inspection was satisfactorily completed and one action in relation to staff training in safe moving and handling procedures was not completed.

A registered nurse was on duty at all times. Staff informed the inspector that leave was planned in advance. Where there were unplanned absences, part-time staff worked extra shifts which ensured that residents were familiar with staff and staff were knowledgeable of residents' needs. A staff handover occurred at the commencement of the morning and night shift.

Three staff files were reviewed by the inspector and all of them had a self declaration in relation to certification of medical fitness signed by a medical practitioner. Verified identity photographs were available on all staff files reviewed. An Bord Altranais agus Cnáimhseachais na hÉireann personal identification numbers (PIN) were available for all nursing staff for 2013.

A staff training matrix was made available to the inspector. This recorded all training done to date by all staff in the centre. The inspector observed that staff had attended training in sonas therapy, medication management, restraint management, laundry procedures, fire safety and infection prevention and control for 2013. All care assistant staff had completed FETAC accredited care of the elderly training. However, 74% (26) staff still had to complete moving and handling training before the end of 2013 as this training must be completed on a mandatory basis every two years. All moving and handling procedures carried out by staff with residents was safe and appropriate equipment was used on each occasion.

There was a recruitment policy available in the centre.

Judgement:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

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