

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Fiacc's House
Centre ID:	OSV-0000554
Centre address:	Killeshin Road, Graiguecullen, Carlow.
Telephone number:	059 914 3892
Email address:	fiaccsreception@gmail.com
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St. Fiacc's House Limited
Provider Nominee:	John Joseph Dunphy
Lead inspector:	Caroline Connelly
Support inspector(s):	Ide Batan Day 1
Type of inspection	Announced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
03 February 2015 10:10	03 February 2015 18:00
04 February 2015 09:00	04 February 2015 16:20

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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 report set out the findings of an announced registration inspection of St. Fiacc's House by the Health Information and Quality Authority's Regulation Directorate that took place over two days on 03 February 2015 and 04 February 2015.

As part of the inspection the inspectors met with residents, the provider, person in charge, the assistant manager, nurses, day care attendees and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

St Fiacc's House was established in 1982. It is owned by the Catholic parish of

Graigucullen/Killeishin and run by a voluntary organisation, St Fiacc's House Ltd. It offers residential care for older people from the wider community. St Fiacc's House is an 18-bedded, single-storey centre which provides long-term and respite care for residents who are assessed as having low to medium dependency needs and who require minimal assistance.

The centre is currently registered and the registration is due to expire on 13 June 2015 and the provider had applied for renewal of registration. The commitment of the board and staff to the maintenance of the service which providing supported accommodation in a homely environment was evident.

A number of questionnaires from residents and relatives were returned to the inspectors and the inspectors spoke to a large number of the residents during the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. The residents spoke about their happiness of living in the centre, how they felt safe and very well cared for, they spoke of the very good food with plenty of choice. Residents and relatives comments are reflected throughout this report.

The inspectors found the premises, fittings and equipment were very clean and there was appropriate use of colour and soft furnishings to create a homely environment. Each resident had their own room and there was plenty of communal and other private areas which were noted to be well maintained and in good decorative condition. Residents had access to safe outdoor space which they used regularly. The inspectors found that the quality of care provided to residents met their needs and was monitored and supervised on an ongoing basis. Residents had good access to general practitioner (GP) services and to a range of allied health professionals.

Day care services, which are attended by many of the residents, are provided on site and residents are joined for meals by people who attend the day centre and by residents from a nearby housing scheme for older people. A wide variety of activities are available for residents, many of whom access services in the local community independently. Hairdressing, chiropody, and reflexology services are also provided. Optical and dental services are arranged if required.

Inspectors were satisfied that residents were provided with suitable and sufficient care taking account of their health and social care needs in a supportive community based environment. There was evidence of good governance with the person in charge and the provider fully engaged in the operation of the centre and direction of care practices. The person in charge, providers and staff demonstrated a commitment to good quality care delivery and continuous improvement with comprehensive auditing of the service and care resulting in improvements for residents. The inspectors also reviewed the progress made by the provider in addressing the three actions identified following the last inspection of February 2013. All of these actions had been completed. The centre was found by the inspectors to be compliant with the regulations.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was found to meet the legislative requirements. It described the service and facilities provided in the centre. The ethos of this supported care was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose had been reviewed and updated to include the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007.

The inspector observed that the statement of purpose was in an accessible format to residents and that it was implemented in practice.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

St Fiacc's House was established in 1982. It is owned by the Catholic parish of Graiguecullen/Killeshin and run as a limited company St Fiacc's House Ltd which has charitable status.

There are a board of directors which consists of seven members who oversee the organisational, financial and management of the centre. The chairperson of the board is the nominated provider for the centre who reports to the board. The board meet regularly and minutes of meetings were available. There are a number of committee established such as the management committee, admissions and discharge committee, safety committee and finance committee on which various board members sit on.

The person in charge reports to the provider and prepares and presents a regular report to the board. The management team is made of the nominated registered provider, the person in charge and the assistant manager.

The provider visits the centre on a regular basis to say mass. He knew all the residents and their families. He meets with the person in charge on a formal basis to discuss ongoing management issues for the centre.

The person in charge holds meetings with the staff last meeting held on the 27 January 2015. Minutes of all these meetings were viewed by the inspectors which demonstrated ongoing communication of relevant issues.

There were systems in place to assess the quality of life and safety of care. The inspectors viewed audits completed by the person in charge and staff. Data was being collected on a number of key quality indicators such as medication management, accidents and incidents, infection control, fire safety and risk management, and food safety. The audits highlighted a number of issues and action plans were identified. There was evidence of ongoing improvements following the audit and action plans were followed up on the re-audit.

Inspectors noted a residents' committee met regularly and minutes of these meetings indicated actions were taken in response to issues identified, such as outings and activities. A resident survey was undertaken in January 2015 and looked at issues such as food, cleanliness, activities, laundry, respect, privacy and staff. There was generally very positive feedback from all, but issues raised in relation to activities were fed back accordingly and appropriate action taken.

Interviews were conducted with the provider nominee and person in charge during the inspection and on previous inspections and they displayed a good knowledge of the standards and regulatory requirements in relation to their relevant roles. They demonstrated an ongoing wiliness to be compliant with the regulations and the standards.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a policy on the provision of information to residents which included the residents' guide. This guide was compliant with the regulations as it contained a summary of services and facilities, the terms and conditions of admission, a summary of the complaints process and the arrangements for visits. The residents guide was seen to be available throughout the centre.

The inspector viewed a sample of the contracts of care. Each resident has an agreed written contract which included details of the services to be provided for that resident and the fees to be charged. The contract also outlined items that were excluded from the fee.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse and the inspectors saw evidence that she was currently registered with the relevant nursing professional body. She holds a certificate in gerontology and a certificate in supervisory management. Training records confirmed she had kept her clinical knowledge current and showed that she had attended relevant training courses. She works full-time in the post and demonstrated knowledge of the residents and their clinical and social needs.

She was found to be an experienced nurse and manager who was involved in the day-to-day running of the centre and was found to be easily accessible and well know to residents, relatives and staff. The person in charge demonstrated sufficient knowledge to ensure suitable and safe care is provided to residents during inspection.

She displayed a good knowledge of 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.

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):

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

Findings:

The inspector reviewed a sample of staff files and found that they contained all information required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector found that the systems in place for maintaining files and records was very well organised.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. The directory of residents in the centre contained the information required by Schedule 3 of the Regulations for all residents.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Overall the inspectors found that the records reviewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been no period of 28 days or more when the person in charge was absent from the centre and the provider demonstrated that he was aware of the obligation to inform the Chief Inspector if there is any proposed absence.

The person in charge is supported in her role by an assistant manager and by a senior nurse. The assistant manager acts up in the absence of the person in charge and is supported by the senior nurse in relation to any clinical issues and decisions.

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:

Inspectors found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspectors demonstrated a good understanding of elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspectors saw that elder abuse detection and prevention training was ongoing and training records confirmed staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The assistant manager acts as a pension agent for nine residents and records available indicate that all transactions were managed transparently and recorded in detail. All other residents manage their own finances. Inspectors saw that each resident had their own personal safe in their bedroom.

There was a policy on challenging behaviour and staff were provided with training in the centre on behaviours that challenge which was confirmed by staff and training records. There was evidence that residents who presented with any behaviour that challenged were referred to psychiatry of old age or other professionals for full review and follow up. The inspectors saw evidence of positive behavioural strategies and practices implemented to prevent behaviours that challenged.

There was a policy on restraint but the person in charge said the practice in the centre was one of a restraint free environment and restraint would only be used in very emergency situations. The inspectors saw that restraint was not common place in the centre and not in use during the inspection.

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):

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

Findings:

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire" throughout the building and in each residents bedroom. The inspector viewed records which showed that fire training was provided to staff on various dates in 2014. There was evidence of a contract in place for the maintenance of fire safety equipment and certificates and stickers on a sample of fire safety equipment viewed by inspectors indicated that maintenance was most recently carried out in April 2014. Certification was available to show that the fire alarm system was last checked in December 2014 and emergency lighting December 2014. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire and that fire drills were being held on a regular basis - the last fire drill was undertaken in January 2015. There was a fire safety register at the entrance to the centre with records of checks verifying that means of escape were free from obstruction these were completed on a daily and weekly basis as scheduled. Emergency exits were seen to be free of obstruction on the days of inspection.

There was a centre-specific health and safety statement in place dated October 2014.

There was also a risk management strategy and a register of risks, detailing the precautions in place to control them. Arrangements were in place for investigating and learning from serious/adverse events involving residents. The risk management policy had been updated and included all the measures and controls in place specific risks which met the requirements of legislation.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. There was a health and safety committee and minutes of these meetings were seen by the inspectors and there was evidence of health and safety issues identified, action taken and closed off. There were reasonable measures in place to prevent accidents such as safe floor covering, grab rails in toilets and hand rails on corridors. There was a level of hazard identification and risk assessment that had been conducted. Risk assessments were in place for residents who smoked and control measures were in place in the smoking room following action required from the last inspection. The inspectors saw that a call bell was now in the smoking room and there was nothing obstructing the fire fighting equipment.

There was a centre-specific emergency plan that took into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and assessments for self administration of medications. The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of equipment serviced.

The environment was observed to be clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was ongoing and staff demonstrated good hand hygiene practice as observed by inspectors.

The inspectors viewed training records which indicated staff had been trained in the safe moving and handling of residents. Due to low dependency of residents there were no hoists in use. Close circuit television was positioned in corridor areas and outside in the grounds helping to maintain the safety of the residents. It did not impinge on the privacy and dignity of residents.

Judgment:
Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

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

Findings:

There were centre-specific policies in place to support the practice of self-medication by all residents in the centre that were developed in conjunction with the local pharmacist. Each resident had an assessment carried out by the person in charge to establish their capacity to self-medicate and the level of supervision required.

Medications were delivered in a monitored dosage system by the pharmacist, on a weekly basis and more frequently if required, to each resident individually and these were stored in a locked cupboard in each resident's room. Residents informed the inspectors that the pharmacist provided advice and support to them when they delivered the medications.

On the previous inspection the inspector observed that some residents did require prompting to self medicate and in one instance a resident had taken by omission medication supplied for another day later in the week. There were no records held by nursing staff as to whether residents took their medication or not which increases the potential risk of error and does not meet best practice guidelines in medication management. On this inspection a member of the care staff monitored the residents to ensure they were taking their medicines and to prompt residents when required. These were checked by the nursing staff and a record was maintained by the staff documenting whether or not each resident had taken their medication at the appropriate times.

The person in charge and the pharmacist carried out audits of medication management practices. Inspectors saw that medication management training had been provided.

There was one resident taking some drugs that required special control measures and although the resident generally self medicated the staff at times had to take out the residents medication for him, therefore further control measures were required in relation to the checking and counting of these controlled medications. The person in charge put these systems in place and a notebook was placed into the residents' medication cupboard and took into account the counting and monitoring process completed by staff and checked by nursing staff and the person in charge.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre which was the subject of audit and increased supervision was in place for residents who were at high risk of falling.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required.

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspectors were satisfied with the outcomes and measures that were put in place.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents retained access to the services of their own general practitioner (GP) and usually visited the GP in the surgery for routine reviews. Residents' brought their own file to the surgery which contained a record of ongoing medical and medication reviews. A number of residents spoken with stated that they visited their GP on at least three-monthly intervals and there was evidence of reviews by GP's in their files. Some GP's visited residents in the centre if required and residents had access to out of hours on call doctors for emergency or other situations.

The inspectors found that resident's general healthcare needs were adequately met and monitored. Vital signs and weights were recorded monthly; blood sugar levels were recorded daily or weekly as required.

Residents' additional healthcare needs were met. A chiropody service is provided to the

residents on a regular basis in the centre. Dietician, physiotherapy, occupational therapy and speech and language services were accessed via community services following referrals by the GP. The inspector saw evidence of a referrals and reviews in residents' notes. Inspectors also observed that residents had easy access to other community care based services such as dentists and opticians.

There were very good links with psychiatric services and community services for residents who required these services and assessments and treatment reviews were seen in residents notes.

There was evidence of regular nursing assessments using recognised tools for issues such as falls risk assessment, self-medication management and dependency level. These assessments were generally repeated on a three monthly basis or sooner if the residents' condition had required it. Care plans were developed based on the assessments. The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the person-centred care plans available for each resident. Generic nursing notes were completed on a daily basis. There was evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated.

The inspectors were satisfied that facilities were in place so that each resident's well-being and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors. Residents and relatives said they were satisfied with the healthcare services provided.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

St Fiacc's House is an 18-bedded, single-storey centre which provides long-term and respite care for residents who are mainly capable of living independently and who

require minimal assistance.

Residential accommodation comprises 18 single bedrooms, including one respite room. There are five toilets, four of which are assisted, two assisted showers and an assisted bath available for residents. Communal accommodation includes a kitchen, a dining room, a lounge, a sun room, an activities room, an oratory and a quiet room. There was a recent development where a further activity room, a library, bathroom facilities, treatment room, hairdresser and a coffee shop was added to the original building.

The centre was observed to be bright, furnished to a good standard and clean throughout. There were appropriate pictures, furnishings and colour schemes. There was plenty of communal space and the design of the building allows freedom of movement for residents to walk around and choice as to where they spend their time. There was a smoking room in one of the inner gardens which is also connected to the call-bell system. The furnishings were comfortable and suitable for residents use and the bedrooms were found to be much personalised with photos, flowers, furnishings, residents own furniture and rugs. Residents were very complimentary about their homeliness of their rooms and the centre.

There were enclosed and external gardens which were spacious and well maintained. Seating is provided there for residents and their visitors. There is ample parking space provided for residents, staff and visitors.

The kitchen was very clean and well organised and kitchen staff have their own toilet, washing and changing facilities separate to those provides for all other staff.

There was limited assistive equipment as residents were generally independent and did not require same, but residents had access to mobility aids and other equipment as required. Equipment were all maintained and service records confirmed regular up to date servicing of same.

The general maintenance of the centre is undertaken by SOLAS workers who respond to all the day-to-day maintenance of the building and grounds and they report to the assistant manager. Grab-rails and non-slip flooring are provided in appropriate areas. A call-bell system is in place.

Closed circuit television (CCTV) was positioned at the entrance to the building in corridors, and outside in the grounds. The person in charge said this was to maintain the safety of the residents and this is what is outlined in the centres policy on the use of CCTV in accordance with the data protection acts.

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 was a written operational policy and procedure for making, handling and investigating complaints from any person about any aspect of the care or service provided. The complaints procedure contained an independent appeals policy. The complaints procedure was on display in the main foyer and at other locations in the centre. The complaints log viewed by inspectors detailed complaints made, investigation, action taken and outcomes of these complaints as required by legislation.

The inspectors spoke with numerous residents who confirmed they never had to make a complaint but said if they had to they would not hesitate as they found the person in charge and staff very approachable.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The provider had completed and the inspectors reviewed the self-assessment questionnaire and the overall self-assessment of compliance with Regulation 14 and Standard 16 End of Life Care. The person in charge had assessed the centre as being compliant.

The inspectors viewed that the end of life policy which had been reviewed and was found to be comprehensive. The inspector observed that the policy guided staff in assessing a resident's needs should their health deteriorate rapidly including regular

review by the general practitioner (GP). The Health Service Executive (HSE) palliative care team offers guidance as required in respect of appropriate management of illness. There was evidence in resident's notes of involvement of the palliative care team with referral and reviews seen by the inspector in a resident's file.

Training records showed that the majority of staff had undertaken end of life training in February 2014. Staff who spoke to the inspector demonstrated knowledge of how to provide good end of life care. The centre is a low dependency centre and wherever possible if residents are at end of life and death is imminent they facilitate the resident staying in the centre with extra resources provided but generally when residents needs become high to maximum dependency alternative accommodation is provided. Documentation confirmed that in the last two years 50% of residents had their end of life care needs provided in the centre without the need for transfer to the acute hospital.

There was evidence in residents' medical notes of regular medical and medication reviews by the GP'S with visits increasing towards end of life as required. The local palliative care team provided support and advice. The person in charge confirmed the palliative care team will attend the centre outside of core hours if required.

Care practices and facilities in place were seen by the inspectors to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated. The provider is the local priest who celebrates weekly mass and a nun visits daily and provided pastoral care to the residents. The church of Ireland minister visits regularly. All resident rooms are single rooms and family and friends were facilitated to be with the resident when they were dying. Overnight facilities were available for relatives' use in a separate area if required. The priest, pastoral care nun and staff offer support and comfort to families and tea/coffee and dining facilities are made available as required.

The inspectors reviewed a sample of six care plans and found that there was evidence of engagement and consultation regarding spirituality and dying. Each resident had an end of life assessment completed some were quiet detailed specifying their wish to remain in the centre and not be transferred to the acute hospital if their condition deteriorated, funeral and burial arrangements others had limited detail. The inspectors saw a detailed end of life care plan that had been implemented for a resident who had passed away in the centre and it was seen to be comprehensive and covered all aspects of emotional, psychological and physical needs.

The person in charge told the inspectors that the centre accommodates residents to be waked in the centre enabling other residents and friends a chance to pay their last respects to the resident. A remembrance mass is held each November to remember the deceased of St. Fiaccs.

There were no residents receiving palliative care at the time of this inspection.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the person in charges self assessment and the overall assessment of compliance with regulation 20 and standard 19 Food and Nutrition. The person in charge assessed the centre as compliant and the inspector concurred with this assessment. There was an up to date policy on food and nutrition which was found to be comprehensive. The inspector observed that food and hydration needs were assessed on admission using the malnutrition universal screening tool (MUST). The inspectors observed mealtimes including breakfast, mid morning refreshments, afternoon refreshments, lunch and teatime. Residents had their meals in the dining room but there was an option for residents to have their meals in their rooms if they were unwell or if they requested same.

The inspector joined the residents for lunch time which was served in the dining room where tables were appropriately and attractively set and residents enjoying a leisurely lunch. Day care services, which are attended by many of the residents, are provided on site and residents are joined for meals by people who attend the day centre and by residents from a nearby housing scheme for older people. Residents were offered a varied nutritious diet. The menu cycle made allowances for the preferences of individual residents, including those on special diets and provided for those who required a modified consistency diet. The variety, quality and presentation of meals were of a high standard. Residents and all who had meals expressed satisfaction with the food and the dining experience. Assistance was offered in a discrete and respectful manner for residents who required same. There were plenty of staff available in the dining room and snacks and hot and cold drinks including juices and fresh drinking water were readily available throughout the day.

Food and nutritional training had been provided to staff in 2014. Residents were weighed monthly and weekly if there were changes to their weight. There was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of food and fluid charts. Dietary assessments and nutritional care plans were seen in resident's notes.

The inspectors saw that the special dietary needs of residents were communicated in to the catering staff. The inspector met with the chef who confirmed that she received an update of the current status of the residents pertinent to their nutrition. Catering staff had in-depth knowledge of residents' likes and dislikes. The chef stated that if a resident

did not like what was on the menu, an alternative was available.

The inspectors observed that there were two residents taking nutritional supplements. These were appropriately prescribed by the general practitioner (GP). The inspector saw in residents' care plans that residents were seen by their GP on a regular basis and there was evidence that residents saw the dentist as required.

Menus were displayed outside the dining room and cafe and were viewed by the inspectors. The menus indicated that choice was available to residents for breakfast, lunch and tea. Residents confirmed that they were always asked what they wished to have for main meals. At the time of the inspection menus had not been reviewed for their nutritional content by a dietician but this was completed immediately following the inspection and sent onto the inspector.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors heard residents being addressed in an appropriate and respectful manner and residents said staff always treated them with kindness and respect. Inspectors observed residents' privacy and dignity being respected and promoted by staff. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter

Residents told inspectors that they were encouraged to exercise choice in areas such as meals and mealtimes, times for getting up and going to bed, and social and recreational fulfilment. There was also ample private space available for residents to meet with their visitors. Residents and relatives commended staff on how welcoming they were to all visitors.

Residents were consulted about how the centre was planned and run through the residents' forum. The inspector viewed minutes from previous meetings. Issues discussed included medication management, fire training and infection control. The person in charge and/or staff met with residents on a daily basis and sought feedback.

Inspectors observed that good relationships existed between staff and residents.

Residents had significant choice in how they spent their time, in their daily routines, and had freedom to exercise choice in all aspects of their lives. They were able to leave and visit the local town, visit their relatives or homes as and when they wished. This was observed by the inspectors and confirmed by the residents.

The inspector observed that residents had access to newspapers. There were televisions available in all bedrooms and communal areas. Notice boards featured notices on activities and local events.

Inspectors noted that a survey had been completed in relation to residents' satisfaction with services provided in the centre. Inspectors noted that the respondents to this survey reported significantly levels of satisfaction with the services provided.

There was also a day centre on site and this facilitated interaction between residents and members of the local community. The inspectors saw there were opportunities for residents to participate in activities that suited their needs, interests and capacities. A dedicated activities co-ordinator was available to the centre and the nursing staff member was also available to undertaking activities with the residents and day care attendees. They initiated and supervised a range of activities and outings which the inspectors saw ongoing during the inspection. The inspectors saw residents participating in and enjoying the various activities and residents told the inspectors how important and beneficial they were to them. Activities included music, art and craft, exercises card games and regular skittles competitions which the residents were seen to very much enjoy. Residents told the inspector that they would go out to mass in the local church when they wished to and to vote in all election campaigns. Mass was also available weekly in the centre and daily prayers. As previously discussed the religious needs of other denominations were also facilitated. Residents also have access to an on-site café, oratory, library and hairdresser.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors saw, and residents confirmed, that they were encouraged to personalise

their rooms. Residents' bedrooms were comfortable and many were personalised with residents' own furniture, pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided. The person in charge said the rooms had recently been upgraded with new wardrobe and storage space.

There was a policy on residents' personal property and possessions and completed resident's property lists were seen to be completed in resident's notes.

The laundry was seen by the inspectors and found to be very clean and well organized. Residents said they were happy with the laundry facilities. Clothes were discreetly marked and residents reported that clothes generally did not go missing and were always returned to residents laundered and in a timely fashion.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity.

Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

There was evidence of good communication amongst staff with staff attending handover meetings. The inspector viewed minutes of regular staff meetings and noted that numerous relevant issues were discussed.

The person in charge is a registered nurse and is on duty each day from 9am to 5.30pm from Monday to Friday. There is a staff nurse on duty each day, including weekends, from 8am to 5pm who also provides care to people that attend the day centre. There are also healthcare assistants, known as housekeepers, one of which is always on duty

and present in the centre at all times.

There is also a staff nurse on-call from 5pm to 8am each day in the event of an emergency. There was also a night support worker on site from 10pm to 8am. Additional staff includes an assistant manager, an administrator and a cook. There are a number of staff from a community employment scheme that provide catering, cleaning and maintenance services. Inspectors observed that staff were supervised appropriately as there was a house keeping supervisor on duty each day with the person in charge.

The staff available reflected the regular duty rota. Residents confirmed to the inspector that staff members were available to meet their needs. The actual and proposed staff rosters were reviewed by the inspector and confirmed staffing levels on the day of the inspection were aligned with day-to-day staffing levels.

Staff were encouraged to maintain their continued professional development. Mandatory training as required by legislation was up to date for all staff. The records showed that a range of training had been provided since the previous inspection and this included medication management, infection control, health and safety, food safety, defibrillator training, chemical training and occupational first aid training. Staff members told the inspector that they were supported to attend any relevant training. A system of annual staff appraisals was also in place and the inspector saw evidence of this on the staff files.

There was evidence of adequate staff recruitment practices. There was a policy for the recruitment, selection and vetting of staff which included induction, appraisal and employee handbook. There was evidence of comprehensive induction for new staff.

The inspector viewed files for volunteers who were working at the centre at the time of inspection. The person in charge had maintained documentation for volunteers including evidence of Garda Síochána vetting and written agreement of roles and responsibilities.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

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