### Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Stella Maris Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000396</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cummer, Tuam, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>093 41944</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:martinahaverty@hotmail.com">martinahaverty@hotmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Stella Maris Residential Care Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Ann Maloney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>37</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 May 2015 09:30</td>
<td>12 May 2015 18:30</td>
</tr>
<tr>
<td>13 May 2015 09:30</td>
<td>13 May 2015 16:30</td>
</tr>
</tbody>
</table>

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

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

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority’s Regulation Directorate.

As part of the registration renewal process, interviews were carried out with person in charge and the person authorised to act on behalf of the provider.

Questionnaires reviewed were very positive in their comments about the service.
provided and the staff. Many referred to being part of the family there. All praised the staff for their kindness and commitment. One relative described the staff as a credit to the caring profession while others described the welcome extended to the families. One resident described the centre as home from home while another described how safe she felt. All residents were complimentary about the premises and the food provided. One resident said she felt she was being heard at all times.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment practices.

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

These are discussed further in the report. No actions were required from this inspection.
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 inspector was satisfied that the statement of purpose, which had recently been updated, met the requirements of the Regulations. It accurately described the service that was provided in the centre.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority
Audits were being completed on several areas such as weights, falls and the use of restraint. The administrator and provider showed the inspector a new auditing system that they had recently introduced. This aimed to benchmark the service against the Standards and Regulations. Once up and running, where necessary, corrective action requests will then be put in place outlining what action is required and the person responsible for completion. Plans were also in place to set up a quality management group within the centre to drive the auditing process.

Resident satisfaction surveys had been carried out and the provider discussed plans to complete these on a yearly basis.

Data was also collected each week on the number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

**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:**
The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations. It had recently been updated and was available to all residents.

**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
**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 has the required experience in nursing older people.

She continues to attend clinical courses such as nutrition and dementia care.

During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection and it was obvious that she was well known to all.

**Judgment:**
Compliant

---

**Outcome 05: Documentation to be kept at a designated centre**

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.
All information requested by the inspector was readily available.

**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 designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. To date this had not been necessary.

The person authorised to act on behalf of the provider deputises for the person in charge in her absence. The inspector interviewed this person and found that she was aware of her responsibilities and had up to date knowledge of the Regulations and Standards.

**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:**
The inspector found that measures were in place to protect residents from being harmed or abused.
Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Improvements were noted around the use of bedrails and usage was now very low. The inspector noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. Fifteen minute checks were completed when in use. The inspector saw that a new policy had recently been developed which included new risk assessment documentation. The provider discussed plans to introduce this in the near future.

Because of their conditions, some residents had episodes of behaviour that challenged. The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatry services.

Residents’ monies continued to be managed in a safe and transparent way, guided by a robust policy.

**Judgment:**
Compliant

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

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

**Theme:**
Safe care and support

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

**Findings:**
The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on all areas of the centre. The inspector read the risk management policy which had recently been updated. It met the requirements of the Regulations.
The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

Robust procedures for fire detection and prevention were in place. Service records indicated that the fire alarm system was serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Weekly fire door checks were completed. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training. The staff spoken with confirmed plans to carry out more frequent fire drills and a system for testing the fire alarm on a weekly basis was due to commence the following week.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that medication management practices were safe. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused...
and out-of-date medicines.

The pharmacy staff carried out a monthly medication audit and were involved in the review of medications and stock control. Support and advice was also provided as necessary.

The inspector saw that all nursing staff had attended medication management training.

**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 inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge and provider had developed a monitoring system and all incidents were analysed for the purposes of learning. The provider discussed plans to further improve the documentation to ensure that space was available to record any relevant additional information that was not available at the time of initial completion.

**Judgment:**
Compliant

---

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

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

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

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

The inspector reviewed the management of clinical issues such as wound care and incontinence and found they were well managed and guided by robust policies. Extensive work had been undertaken on falls prevention and management including audits to ensure compliance with the policy. In addition each fall was analysed for to identify any possible patterns or trends.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available and provided very valuable services to the residents. The inspector saw the benefit of this service to some residents. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes.

Residents were seen enjoying various activities during the inspection. Each resident’s preferences were assessed and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included religious ceremonies, bingo and music.

Residents also told the inspector about the various activities that had taken place over the Easter time including the Easter bonnet competition. Photographs were on display around the centre and residents said how much they had enjoyed these. There were two horses and a new foal in the garden to the rear of the centre and residents told the inspector how much they enjoyed looking out at this and watching the progress of the foal.

Despite this the provider was aware that some residents did not seem to become involved with any of the activities. She discussed plans afoot to increase the range and type of activities available.

Judgment:
Compliant
**Outcome 12: Safe and Suitable Premises**

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

**Theme:**
Effective care and support

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

**Findings:**
The inspector found that 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 inspector found the centre to be comfortable and welcoming. All resident areas were on the ground floor while upstairs was used as offices and storage areas. Stella Maris consists of 21 twin rooms and one single room all with en suite shower, toilet and wash hand basin facilities. Adequate screening was available in the shared rooms. Call bells were provided in all bedrooms and communal areas.

The bedrooms were comfortable and had bright, fresh curtains and bed linen. Many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments. One relative described how important this was to her father. She brought the inspector to see the room which held many of the resident’s memorabilia and even his favourite blanket.

There was a large central day room and several smaller sitting rooms were also available. The corridors were wide, had grab rails, were clutter free and allowed residents plenty of space to walk around inside.

There was a well equipped kitchen area with several food storage rooms off this. This was located beside the central dining room.

All areas were very well maintained. Appropriate assistive equipment was provided to meet residents’ needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for the equipment and found they were up-to-date. Adequate storage space was provided.

The inspector found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures and the safe use and storage of cleaning chemicals and disinfectant.
agents.

A carpenter was in the centre at the time of inspection and the provider described how she was having covers put on the radiators to safeguard residents from the risk of burns.

There was a well maintained driveway and walkway around the building and there were several small garden areas off this. The inspector saw that a new area was nearing completion and provided adequate and safe space for residents in wheelchairs. There was also a small enclosed garden area off the day room.

New gates provided added protection for the residents. Ample parking was available to the front of the building.

**Judgment:**
Compliant

---

**Outcome 13: Complaints procedures**

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
The complaints policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display throughout the centre. Residents, relatives and staff who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints' log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants’ level of satisfaction with the outcome. The number of complaints received was minimal.

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

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

**Findings:**
The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. This centre had undertaken extensive improvements as part of the thematic inspection process the previous year and in response to the training provided by the Authority.

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents’ dignity and autonomy were respected. The inspector met with a relative whose loved one had previously died in the centre. She was very grateful to the staff and spoke about the reverence and respect shown.

Another relative told the inspector that the family were included in decisions about the care provided and contacted whenever there was a change in the resident’s condition. She also confirmed that tea and snacks were regularly offered to them.

Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. This was identified as an area for improvement at the last inspection.

The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The person in charge stated that the centre received support from the local palliative care team if required.

Additional equipment had been purchased to improve the level of respect shown to the deceased including a bedside locker with the necessary religious artefacts. The oratory was available for the removal should that be the residents’ or relatives' choice.

There was a procedure in place for the return of possessions.

**Judgment:**
Compliant

---

**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.
Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The centre continued with the work undertaken last year as regards improvements in meals and mealtimes. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents’ food intake and fluid balance were accurately completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist when required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents’ dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

A four-week day menu cycle was in place which had been developed in conjunction with the dietician and the inspector saw that snacks and drinks were readily available throughout the inspection. The inspector observed and residents confirmed that the chef continued to produce a wide range of home-baking including a variety of scones, cakes and home-made desserts.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

The inspector saw staff knocking on bedroom and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents’ civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote the previous day for the upcoming election. In-house polling was provided. Mass took place on a weekly basis. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs. A chapel area was set aside for residents and staff who wished to use it. Residents told the inspector that there was a holy hour on a weekly basis and they appreciated this.

There was a residents’ group in place. Residents were encouraged and facilitated to be involved in the running of the centre. The inspector read the minutes and saw where recommendations had been made and were implemented. For example, the inspector saw that residents had requested a microphone so that they would be able to hear prayer recitals, music and discussions better. The inspector saw that this was now in place.

There was an extensive range of activities available within the centre as already described.

**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:
Residents could have their laundry processed in the centre. The inspector visited the laundry which was organised and well equipped. The staff member spoken with was knowledgeable about the different processes for different categories of laundry.

Some issues were noted during the inspection regarding adequate marking and stain removal, and the inspector saw that these had been addressed prior to the end of the inspection.

There was a reasonable amount of space for residents’ possessions including a lockable space. Residents and relatives spoken with confirmed that they were happy with the service provided.

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:
The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector examined a sample of staff files and found that all were complete. The recruitment policy met the requirements of the Regulations. The inspector noted that staff turnover was very low.

Several volunteers and outsourced service providers attended the centre and provided
very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that the process was underway to ensure that they had been vetted appropriate to their role and had their roles and responsibilities set out in a written agreement as required by the Regulations.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in end of life care, dementia care and incontinence management.

The provider had recently commenced staff appraisals and told the inspector she intends using the results to plan additional training for staff.

**Judgment:**
Compliant

---

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority