<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mystical Rose Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000367</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Knockdoemore, Claregalway, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 798 908</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@mysticalrose.ie">info@mysticalrose.ie</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>Mystical Rose Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eileen McLoughlin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Gary Kiernan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Conor Dennehy;</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>52</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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 1 day(s).

The inspection took place over the following dates and times

From: 29 April 2015 09:15  
To: 29 April 2015 15:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 03: Information for residents</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
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<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>
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</tbody>
</table>

Summary of findings from this inspection

This monitoring inspection was carried out in response to an application to renew the registration of the centre. As part of this monitoring inspection, inspectors met with residents, relatives, and staff members. Inspectors also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Pre-inspection questionnaires submitted to the Authority by relatives were also reviewed. These questionnaires provided positive feedback regarding the service provided.

The inspector found that there continued to be a high level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Resident...
Residential Care Settings for Older People in Ireland. Inspectors observed numerous examples of good practice and caring interactions between staff and residents which resulted in positive outcomes for residents.

The healthcare needs of residents were met to a high standard and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. A risk management process was in place for all areas of the centre. Residents in the centre felt safe and there were systems in place for the identification and prevention of elder abuse. Residents had a say in the running of the centre and the premises provided for a calm and relaxing environment to live in.

These matters are discussed in more detail in the report.
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 designated centre had a statement of purpose in place that was kept up to date and accurately described the service provided and the facilities available to meet the needs of residents. The most recent version of the statement of purpose was available for reading in the reception area of the designated 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 inspectors were satisfied that there was an effective and clearly defined management structure in place in the centre. The provider entity is a company and the provider nominee who represents this company also serves as the Person in Charge. A clear management structure was evident and the Person in Charge was ably supported
in her dual role by her senior nurses and an administration manager.

There were sufficient resources in place, and the Person in Charge deployed those resources to ensure the effective delivery of care. Clear direction and leadership from the Person in Charge was observed by inspectors throughout the inspection process. Residents, relatives and staff were very familiar with the person in charge and were heard addressing her by her name. The provider had developed a strong staff team, many of whom has worked in the centre for a substantial number of years. Staff members spoken to by inspectors demonstrated good knowledge of the residents' care needs.

The inspectors were satisfied that there was a system in place to monitor and review the quality and safety of the care provided. There was a clinical audit system in place within the designated centre and inspectors reviewed audits carried out in areas such as medication, clinical documentation and falls. Where areas for improvement were identified they were promptly remedied. For example, where gaps in residents care plans were identified they were communicated to the responsible staff member and remedied. A good standard of care planning was found on this inspection. Minutes of monthly management meetings were also read by inspectors where items such as clinical management, resources, and health and safety were discussed. Inspectors read minutes which showed that regular staff meetings were held to keep staff up to date.

Judgment: Compliant

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**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:**
Inspectors read a sample of the contracts of care and saw that they had been signed by residents or their relatives and contained the requirements as outlined in the Regulations.

A residents’ guide was also in place within the designated centre which met all the requirements of the Regulations.

Judgment: Compliant
<table>
<thead>
<tr>
<th><strong>Outcome 04: Suitable Person in Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The role of Person in Charge had not changed since previous inspections.

The designated centre was run by a suitably experienced, qualified and skilled Person in Charge. She demonstrated strong knowledge of her responsibilities under the Regulations and Standards. The Person in Charge was available to inspectors throughout the inspection process and ensured that all information requested was provided in a prompt manner.

The Person in Charge demonstrated strong clinical knowledge, was well known to residents and had a good knowledge about the lives of the residents living in the designated centre. She had also engaged in professional development in areas such as end of life care and gerontology. The person in charge demonstrated good knowledge of her roles and responsibilities under the Regulations.

**Judgment:**
Compliant

---

<table>
<thead>
<tr>
<th><strong>Outcome 05: Documentation to be kept at a designated centre</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
Inspectors reviewed documentation within the designated centre and found that all documents as required under the Regulations were appropriately maintained and kept up to date.

All policies as required by Schedule 5 of the Regulations were kept in the designated centre and observed to be followed in practice. A directory of residents was in place which contained the required information while inspectors reviewed a sample of staff files and found that all necessary documents were held by the designated centre.

**Judgment:**
Compliant

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**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 nominee, who also held the role of person in charge, was aware of her responsibility to notify the Chief Inspector of any absence of the Person in Charge for a continuous period of 28 days or more. A senior staff nurse was designated to take over from the Person in Charge in the event of her absence. This staff nurse actively participated throughout the inspection process and demonstrated good knowledge of her roles and responsibilities under the Regulations.

**Judgment:**
Compliant

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**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 inspectors found that sufficient measures were in place to protect residents from being harmed or suffering any form of abuse.

A policy relating to elder abuse was in place and had been most recently reviewed in July 2014. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

Inspectors reviewed the training records which showed that all staff had attended annual training in this area while further training was scheduled for May 2015. Staff spoken to were also knowledgeable about their duties under the policy and what to do in the event of an allegation of abuse being made. All residents spoken to by inspectors stated that they felt safe in the centre and said they could speak openly to the person in charge or any member of staff if they had any concerns.

Inspectors reviewed the systems in place for safeguarding residents’ money and found evidence of good practice. The person in charge was responsible for safekeeping a small amount of money for some residents. Such money was securely maintained and documentation was in place to monitor and record all transactions which were accompanied by at least two staff signatures.

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:
Inspectors were satisfied that the designated centre had addressed the health and safety of residents, staff and visitors while also appropriately managing risk.

A safety statement dated 6 October 2014 was reviewed by inspectors. The safety statement was found to be centre specific dealing with a range of issues including slips, trips and falls, challenging behaviour and infection control. Specific policies for risk management and health and safety were also in operation in the centre which had both
been reviewed during 2014.

All necessary maintenance checks on the fire detection system and fire fighting equipment had been carried out and documented. Fire drills were also carried out, all of which were recorded. Fire exits were observed to be unobstructed by inspectors while the fire evacuation plan was seen to be on display throughout the centre. Staff spoken to by inspectors were knowledgeable about what to do in the event of a fire emergency.

An emergency plan dated 31 July 2014 was seen by inspectors. This plan outlined the response to be taken in the event of emergencies such as heating failure, power failure or flooding arising. Alternative accommodation was listed in the emergency plan along with means of transporting residents to such accommodation.

The centre was maintained in a clean and hygienic condition throughout and appropriate infection control procedures were in place.

The training records showed that the required mandatory training for staff in fire safety and moving and handling had been provided.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**

Inspectors found that policies and processes were in place for the safe management of medications within the designated centre.

There was a comprehensive medication management policy in place which provided detailed guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications were stored appropriately. Medications that required strict control measures (MDAs) were securely stored. Inspectors reviewed a register of MDAs and found such medication had been accurately accounted for. Audits on medication were regularly conducted and any discrepancies or medications errors were acted upon.
Staff had received training in the area of medication management and appropriate induction and competency assessment was in place in the area of medication management for new staff.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 10: Notification of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
</tr>
</tbody>
</table>

**Theme:**
Safe care and support

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

**Findings:**
Inspectors reviewed a record of incidents that occurred in the designated centre and found that all incidents which required notification to the Chief Inspector had been notified within the correct timeframe.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Effective care and support

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

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

Residents had good access to the general practitioner (GP) and a range of allied health professionals such as the dietician, speech and language therapist (SALT),
physiotherapist and chiropodist. Regular clinical assessments were carried out which were used to devise accurate care plans. Staff members were knowledgeable of the contents of such care plans and knew where to obtain relevant information.

Inspectors reviewed the management of clinical issues such as wound care, nutritional care, skin care, the management of behaviours that challenge and the use of restraint and found they were in accordance with evidence based practices and guided by robust policies. Inspectors followed up on actions from the previous inspections relating to care planning and behaviours that challenge and found that they had been addressed in full.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**

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

**Theme:**
Effective care and support

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

**Findings:**
The designated centre was observed by inspectors to be clean, bright, spacious and maintained to a very high standard. Such aspects were positively commented upon by relatives in pre-inspection questionnaires read by inspectors.

Required actions identified on previous inspections had not yet been addressed at the time of this inspection. These included the absence of separate toilets near the day room on the first floor and the relocation of sluice facilities away from the laundry. The provider supplied a written plan to the Authority which included building plans, timeframes and costings for the completion of these works. This issue was not included as an action in this report as the matter had been actioned in a previous report and the timeframe for the completion of works, as given by the provider, had not yet expired.

Both floors of the designated centre had communal space including different day rooms. A recently redecorated oratory was located on the ground floor with stained glass windows and new furnishings. The floor finishes was kept in a very clean manner while the furniture and decor throughout created a comfortable and warm environment. In addition to the large gardens to the front and rear of the centre residents continued to have access to an internal courtyard which was landscaped with wooden benches provided for residents.
The bedrooms in the designated centre were well decorated and had full en-suite bathrooms. The bedrooms seen by inspectors were observed to be spacious allowing residents to relax while also catering for their privacy and dignity. Residents were assisted by the layout of the premises to move throughout the designated centre.

**Judgment:**
Compliant

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
There were sufficient arrangements in place for dealing with complaints in the designated centre.

Inspectors reviewed a log of complaints within the centre and noted that all complaints were appropriately responded to. The nature of any complaint, the actions taken and the outcome of the complaint were all recorded. Residents and relatives spoken to indicated that they could make a complaint to any member of staff if necessary.

A complaints policy dated 31 March 2014 was in operation and the complaints procedure was on display in the reception area of the designated centre.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
This outcome had been inspected as part of a thematic inspection of this designated centre in August 2014. During the thematic inspection it was found that residents' end of life needs were well managed but improvement was required to ensure that all residents' wishes and needs were adequately recorded. This was followed up on by inspectors during this inspection and was found to have been satisfactorily addressed. Inspectors read a number of end of life care plans and found that residents, or their family members as appropriate, had been consulted about end of life preferences and wishes and this information had been recorded in the care plan. A system was in place to gather this information, in a sensitive way, from all residents in the centre.

**Judgment:**
Compliant

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

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

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

**Findings:**
The area of nutrition was inspected as part of a thematic inspection in August 2014 where it was found that the nutritional needs of residents were met which was facilitated by a good standard of evidence based practice. It was observed during this inspection that standards and practice in this area had been maintained. The clinical documentation showed that residents were weighed regularly and regular nutritional assessments were carried out. There continued to be good access to the dietician and speech and language therapist for any resident who required this. Recommendations from these professionals were included in the care plans.

**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:
There was evidence that residents' rights, privacy and dignity was respected and that residents were consulted regarding the operation of the centre.

A resident council meeting was held every six weeks which allowed residents to have their say on life in the designated centre. Inspectors reviewed the minutes from such meetings where issues discussed included activities, meal choices, trips outside the centre and special occasions. It was noted that some of the activities suggested during these meetings were now in operation in the centre.

Residents’ religious and spiritual beliefs were respected and supported. As mentioned under Outcome 12 there was an oratory in the designated centre and mass was held once a week. Staff could contact the local priest and ministers from other religious denominations if required.

The Person in Charge had made arrangements for residents to vote in elections and referendums. She ensured that residents were registered to vote, where they wished to do so and also facilitated residents to leave the centre in order to vote. The Person in Charge also discussed plans to have a ballot box put in place in the designated centre on voting days.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time and space was available to meet visitors in private. Residents were supported to leave the centre and visit family and friends. Residents had access to newspapers and televisions were in operation in each bedroom.

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 designated centre had appropriate arrangements in place to deal with residents' clothing, personal property and possessions.

A policy on residents' personal property and possessions was seen by the inspectors. The policy had been in operation since 31 July 2014 and set out the procedures to be followed in managing residents' belongings. This included maintaining a record of all residents' valuables and other possessions which was to be kept in the residents' files. Such records were seen by inspectors and observed to be satisfactorily maintained.

Laundry staff spoken to outlined the processes for the laundering and return of residents' clothes. Each item of a resident's clothing was clearly labelled. Relatives indicated in pre-inspection questionnaires that they were happy with how their family member's laundry and personal belongings were handled.

There was sufficient storage in residents' bedroom to store their personal belongings. Such storage included shelves, drawers and lockable beside presses.

### Judgment:
Compliant

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### Outcome 18: Suitable Staffing

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

### Theme:
Workforce

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

### Findings:
Inspectors observed staffing levels and the skill mix on the day of the inspection and referred to the rosters provided. It was found that the staffing levels and skill mix was sufficient to meet the needs of residents within the designated centre. The designated centre had a policy of having two nurses on duty at all times which was observed to be followed from the rosters provided.
Staff members were encouraged to maintain their continued professional development. A training schedule was in place for the remainder of 2015 and staff were encouraged and frequently reminded to attend courses. The records showed that a broad range of training had been provided for staff which included nutrition, dementia care, behaviours that challenge, wound management and restraint. Staff appraisals were carried out on a regular basis and were used to support staff and identify training needs.

No volunteers were attending the centre at the time of inspection but the Person in Charge was aware of the requirements for volunteers under the Regulations.

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:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority