<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sacred Hearts Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000156</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Roslea Road, Clones, Monaghan.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>047 51 069</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sacredhearts@arbourcaregroup.com">sacredhearts@arbourcaregroup.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>Varna Healthcare Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Donal O’Gallagher</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Ciara McShane, Brid McGoldrick</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>39</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>9</td>
</tr>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 April 2014 18:30</td>
<td>16 April 2014 21:30</td>
</tr>
<tr>
<td>18 April 2014 21:30</td>
<td>18 April 2014 23:00</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>
<th>Outcome 04: Records and documentation to be kept at a designated centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
<td>Outcome 18: Suitable Staffing</td>
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</tbody>
</table>

**Summary of findings from this inspection**

This monitoring event was the seventh and eighth inspection of the centre by the Authority. Both were unannounced triggered inspections to assess progress by the provider and person in charge with completing the action plan on fire safety and risk management developed from findings during the inspection by the Authority on the 08 March 2014. This inspection report documents findings on the 16 and 18 April 2014. In response to findings of major risk to residents in relation to fire safety management on the 16 April 2014 which were communicated by inspectors to the person in charge during inspection feedback and was documented in an immediate action plan forwarded by the Authority to the provider and person in charge on 17 April 2014. The inspectors’ findings on the 16 April 2014 which were the subject of the immediate action plan included the following.

Inspectors were concerned about a number of issues. There were no individual risk assessed evacuation plans completed for residents. The Person in Charge provided the inspectors with information confirming that a total of 39 residents currently resided in the centre of which 25(64%) had maximum and high dependency needs, 15 had medium and low dependency needs. There were 34(85%) residents aged greater than 80 years. A ‘Daily Residents List’ for use in the event of an evacuation being required did not adequately reference each resident’s equipment needs or number of staff required to ensure their safe evacuation. The health and safety policy was not sufficiently detailed to guide staff in the event of a fire in the centre. A one page document - ‘Fire alarm and evacuation’ detailing the personnel on the fire team and procedure to be followed ‘on hearing the fire alarm’ was not centre-
specific. The designated fire team referenced 'Day Team' included personnel who were not on duty from 17:00hrs each day. Fire notices were not clearly displayed on exiting some rooms to advise of the nearest fire exit. Revised arrangements including fire zones for the centre established on the 11 April 2014 was not tested by means of a fire drill to ensure residents could be evacuated safely. The last fire drill was carried out on the 02 April 2014. Not all staff had attended cardiopulmonary resuscitation training to ensure they had the skills to save life. Inspectors were advised by the designated fire team leader on the evening of 16 April 2014 and the person in charge that each occupied bed in the centre had a fire evacuation sheet fitted. On examination of a sample of beds this was confirmed by inspectors to be inaccurate information as one bed did not have a fire evacuation sheet fitted. This finding was corrected immediately. There was insufficient staff on night duty taking into account the size, layout, current fire management issues and assessed needs of residents to ensure the safe evacuation of residents in the event of a fire in the centre. As no increase in night time staffing had occurred, the person in charge was required by the Authority to roster additional staffing immediately and going forward on the 16 April 2014. A copy of the report developed from findings of a recent inspection by County Monaghan fire services was not available on-site as required by Regulation 22 (4) of the Regulations. A copy of this document was forwarded to the Authority on the 17 April 2014.

On the evening of the 18 April 2014, an inspector from the Authority found that an additional carer was rostered on night duty. Although, informed at handover of revised fire procedures the designated fire team leader and a carer on night duty on the 18 April had not attended fire safety training carried out earlier in the day which informed staff on revised fire zone arrangements. One fire exit was partially blocked by equipment. Individual evacuation risk assessments were completed by the person in charge for each resident. A resident spoken with was unaware of the purpose or contents of her assessment as required by Regulation 32 (1) (e). Fire notices to indicate the nearest fire exit on exiting bedrooms was not clearly displayed. All residents had fire evacuation sheets fitted on their beds. The emergency policy was inadequate and is discussed under outcome 7 in this report.

Inspectors found non-compliant risk management procedures that posed major risk to the health and safety of residents, including uncontrolled access to an area within the centre undergoing building construction which contained potentially hazardous equipment. Risk assessments with established controls to mitigate risk were not available for the building work in progress. This finding is discussed further in Outcome 7 of this report.

The layout and design of a multi-occupancy bedroom and eight single bedrooms on the first floor did not meet their stated purpose. There was insufficient personal storage or display space provided for residents personal belongings. Inspectors found on the 16 April 2014 that the privacy, dignity and independence of residents were compromised by the layout and design of some areas of the building including access to one bedroom through another and a glass window panel in the wall of adjoining bedrooms. The narrow halls and corridors made the use of essential equipment such as hoists and wheelchairs difficult. Inspectors observed that residents, staff and visitors had to step back into residents’ bedroom doorways and
personal space to allow each other to pass on the corridors. Residents who had compromised mobility using the corridors were also observed by inspectors to become hurried to clear the way for others wishing to pass while using the corridors. These findings are discussed further in Outcome 12 and 16 of this report.

Following this inspection, an action plan was sent to the provider which set out the mandatory improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

However, the completed action plan returned by the provider does not satisfactorily address all the failings identified in this report. The Authority has therefore taken the decision not to publish the action plan at this time and is in discussion with the provider to address all outstanding actions.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was a written statement of purpose for the designated centre which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. A copy of the statement of purpose was forwarded to the Authority.

The provider was aware of the need to keep the document under no less often than annual review. The statement of purpose provides a clear and accurate reflection of the facilities and services provided and are implemented in practice in the centre.

**Judgement:**
Compliant

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

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
Findings:
The provider did not ensure that all documentation in relation to fire inspections was maintained in the centre. A copy of the report developed from findings of a recent inspection by County Monaghan fire services was not available on-site on the 16 April 2014 for review by inspectors as required by the Regulations. A copy of this documentation was subsequently forwarded to the Authority on the 17 April 2014.

Judgement:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

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

Findings:
The Authority found evidence on both days of this monitoring event to support the finding that precautions against the risk of fire were inadequate and the health and safety of residents, visitors and staff were not adequately promoted or protected.

On the 16 April 2014, Inspectors reviewed actions taken by the provider and the person in charge to mitigate risks to residents posed by inadequate fire safety arrangements in the centre. These risks were also found and communicated on previous inspections completed on the 20 and 21 February 2014, 08 April 2014 and in the action plans developed following both these inspections forwarded by the Authority to the provider.

The following findings continued to constitute a major risk to the safety and well-being of residents in the event of a fire occurring in the centre. On the 16 April 2014, inspectors found that there were no individual risk assessed evacuation plans completed for residents that assessed their equipment needs and the number of staff required to ensure their safe evacuation. Inspectors were given a colour coded list of residents, the zone their bedroom was located in within eight colour coded fire zones in the centre. This list also referenced residents’ biographical details including date of birth and their next of kin’s name, relationship and contact details, their dependency level and the mode of transport to be used for evacuation purposes. The majority of residents were documented as needing a wheelchair. Wheelchairs were available on both floors. However, there was no reference to essential medications required to accompany residents. For example, one resident was on continuous oxygen therapy and did not have a portable oxygen cylinder available nearby that could be carried or attached to the 'evac chair' documented as her means of transport in an emergency. This list was revised daily however, lists from previous days were also displayed, this posed a risk to residents due to the potential for inadvertent reference to an out of date list in an
emergency situation.

On the 18 April 2014, the inspector found that individual evacuation risk assessments were completed for each resident as stated in correspondence to the Authority by the provider on the 17 April 2014 in response to an immediate action plan forwarded by the Authority on the 17 April 2014. The individual evacuation risk assessment documentation informed each resident's mode of transport, essential medical equipment needs and staff assistance required. Copies of these evacuation assessments were placed in the bedroom of each resident and in a file in the nursing office. One resident spoken with was unaware of the presence, purpose or contents of her assessment as required by Regulation 32 (1) (e).

On the 16 April 2014, inspectors found that the emergency policy was not sufficiently detailed to guide staff in the event of a fire in the centre. Reference to document review activity included 'Reviewed, No changes 22/6/12, Due on 22/6/17'. A one page document - 'Fire alarm and evacuation' detailing the personnel on the fire teams and procedure to be followed ‘on hearing the fire alarm’ was not centre specific. The designated fire team referenced as 'Day Team' included personnel who were not on duty from 17:00hrs each day. Staff spoken with on both days of this monitoring event were knowledgeable regarding their roles and the procedure to be followed in the event of the fire alarm sounding.

On the 16 April 2014, inspectors found that revised fire safety arrangements included configuration of eight fire zones in the centre, which inspectors were told were established on the 11 April 2014 but were not tested by means of a simulated fire drill to ensure residents could be evacuated safely. The last fire drill was carried out on the 02 April 2014, completion of which was documented in the fire book as taking 15 – 20 minutes. An additional comprehensive commentary record of this simulated night-time fire evacuation drill confirmed that it took 12 minutes to complete. On the evening of 18 April 2014, the person in charge told the inspector that refresher fire safety training was conducted in the centre earlier on the 18 April 2014 and that 31 staff attended.

However, the staff nurse on duty, who was also the designated fire 'team leader' of the 'fire team' for night duty and the additional carer on night duty had not attended training on the reconfigured fire zone arrangements implemented on the 08 April 2014 and neither had participated in the last fire evacuation drill carried out on the 02 April 2014 to ensure they had the skills to evacuate residents safely in the event of a fire. Training records provided to inspectors following inspection on the 08 April 2014 referenced that not all staff had attended cardiopulmonary resuscitation training to ensure they had the skills to save life.

A copy of the report developed from findings of a recent inspection by the County Monaghan fire services was not available on-site as required by Regulation 22 (4) of the Regulations. A copy of this document was forwarded to the Authority on the 17 April 2014 as requested.

On the evening of the 18 April 2014 the inspector found that access to one fire exit in a resident’s bedroom was obstructed by equipment. The fire exit in a multi-occupancy room accommodating four residents, three with maximum and one with high
dependency needs was obstructed by a chair and an incontinence wear disposal bin.

Inspectors were advised by the designated fire team leader and the person in charge on the evening of 16 April 2014 that each occupied bed in the centre had a fire evacuation sheet fitted. On examination of a sample of beds this was confirmed by inspectors to be inaccurate information. This finding was reviewed on the 18 April 2014 and the inspector found that the sample of beds examined had evacuation sheets fitted as stated in correspondence forwarded by the provider on the 17 April 2014.

Inspectors found on inspection of the centre on the evening of the 16 April 2014, that fire notices were not adequately displayed on exiting some rooms to advise of the nearest fire exit for escape in the event of a fire. This signage was found to remain inadequate during inspection on the evening of the 18 April 2014, for example, there was no visible advisory signage to the nearest fire exit on exiting bedrooms 17 and 18. In addition, there were two conflicting signs outside room 15 and no signage on a corridor in zone three.

Refurbishment work was under-way in a multi occupancy bedroom on the ground floor. Walls were under construction around the perimeter of an area that was previously one of four resident's accommodation within this multi occupancy room. There was no precautionary signage displayed advising that the area was a building site. Inspectors found that the door to this area was ajar and could not be closed shut. Building equipment was left in the room and included plasterboards, two power drills, a knife with the blade exposed, hammers and a screwdriver. The person in charge contacted the builder to secure the door; the builder was on site as inspectors were leaving the centre. The person in charge advised inspectors that the method statement for the work was requested by them but not received to date. She also confirmed that there was no documentation available at the time of inspection on the 16 April 2014 referencing evidence that risks posed by the work in progress or completed work were identified, assessed with controls established to mitigate risks to the health and safety of residents. The person in charge told inspectors that these assessments were in progress. The sluice door on the first floor was ajar, there was no locking procedure undertaken to ensure unauthorised access by vulnerable residents or others to this potentially hazardous area was controlled.

Judgement:
Non Compliant - Major

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support
Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The conversions that had taken place to date to improve facilities had enhanced the environment. However, the design and layout of many parts of the building negatively impacted on how residents could maintain their privacy, dignity and independence. Some parts of the centre were not suitable for its stated purpose in terms of residents, privacy and dignity and risks posed to their health and safety.

On the 16 April 2014, inspectors found that the provider had completed refurbishment of one of the multi-occupancy rooms on the first floor with accommodation reduced from four to two residents. Refurbishment and construction work was underway on erecting walls around one of the original bed areas which created a room within this multi-occupancy room. There was no precautionary signage displayed advising that the area was a building site. Inspectors found that the door to this area was ajar and could not be closed shut to prevent unauthorised access to hazardous building equipment. The person in charge contacted the builder to secure the door; the builder was on site as inspectors were leaving the centre on the 16 April 2014.

The physical design and layout of a multi-occupancy room and eight single bedrooms on the first floor did not meet its stated purpose. There were three residents with maximum and one resident with high dependency needs residing in the multi-occupancy room measuring 27.48m² (6.87m² per resident). The personal space available and the layout of this room did not adequately promote their independence, privacy and dignity. There was very little personal storage or display space provided for residents personal belongings. Their clothing was stored in two double wardrobes, access to which necessitated entering the personal space of other residents in the room. There was insufficient space for a personal chair for each of the four residents in the room. There were also eight single bedrooms (ranging from 7.06m² to 8.02m²) on the first floor, seven of which were occupied on the 16 April 2014. The layout and design of these bedrooms did not adequately promote the independence, privacy and dignity of residents residing in them. Four of these bedrooms were occupied by residents with maximum and high dependency needs. One resident told inspectors of her dissatisfaction with the impact on her privacy due to her inability to control access to her room while using the commode.

The narrow halls and corridors made the use of essential equipment such as hoists and wheelchairs difficult. Inspectors observed that residents, staff and visitors had to step back into residents’ bedroom doorways and personal space to allow each other to pass on the corridors. Residents who had compromised mobility using the corridors were also observed by inspectors to become hurried to clear the way for others wishing to pass while using the corridors.

On the ground floor, two toilets had restricted doorways (0.7m and 0.6m respectively). A toilet on the ground floor had a sliding door in place without an operational lock to ensure the privacy of residents using this facility.
Two residents in accommodation in an area accessible by five steps and without lift access were unable to easily access the rest of the centre including toilet/shower facilities. One of these residents required continuous oxygen therapy and inspectors confirmed that neither of these residents left their bedrooms.

The glass in bedroom door panels, despite being obscured did not afford residents an appropriate level of privacy. A glass window panel in the wall between a multi-occupancy bedroom under refurbishment and a single bedroom on the ground floor was found to be partially covered by a plaster board on the 16 April 2014.

**Judgement:**
Non Compliant - Major

### Outcome 16: Residents Rights, Dignity and Consultation

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

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

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

**Findings:**
Inspectors found that residents' privacy and dignity needs were not adequately met. On the 16 April 2014, a glass window panel in the wall between the multi-occupancy bedroom under refurbishment and a single bedroom on the ground floor was partially covered by plaster board. While the privacy and dignity of the resident in the single bedroom was improved, her privacy needs were not adequately met as visibility was still possible through part of the window panel adjacent to where builders were working in the multi-occupancy room on the ground floor. Inspectors became aware of an arrangement in room 22 where the resident in room 22b had to pass through the personal space of the resident in room 22a to enter her bedroom. This arrangement did not ensure this resident's privacy needs were adequately respected in line with legislation and national standards.

Evidence of completion of an assessment of the impact on the quality of life of residents during ongoing building works to refurbish multi-occupancy rooms including noise levels and builders accessing communal areas in common with the residents was not available.

Inspectors observed that there was one remaining multi-occupancy bedroom on the first floor where four residents were residing that did not meet the privacy and dignity of residents residing there.
There were no procedures in place to remove commodes from each resident's bedroom during the day to ensure their privacy and dignity needs were met. A toilet on the ground floor had a sliding door in place without an operational lock to ensure the privacy of residents using this facility.

**Judgement:**
Non Compliant - Major

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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.

**Theme:**
Workforce

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

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

**Findings:**

Inspectors' findings on the registration renewal inspection of 19 and 20 February 2014 and 08 April 2014 supported a requirement for the person in charge to review staffing levels and staff mandatory fire training attendance to ensure that residents received suitable, sufficient and safe care including the safe evacuation of residents in the event of a fire in the centre given the size, layout, fire safety management issues and the assessed needs of residents.

On the inspection of the 16 and 18 April 2014 and in concomitant action plan responses, the person in charge informed inspectors that there had been no increases made to staffing levels following previous inspections since February 2014. In response to findings on the inspection of 16 and 18 April 2014, the Chief Inspector required the person in charge to roster additional staff on duty at night-time with immediate effect to assure residents' safe evacuation in the event of a fire. The person in charge informed the Authority on the morning of the 17 April 2014 that an additional carer was rostered on night duty from the evening of the 16 April 2014 which was confirmed on inspection by the Authority on the 18 April 2014.

As an outcome of a regulatory meeting on the 02 May 2014 with the provider and person in charge in relation to findings of a single issue inspection constituting major non compliance with the requirements of the legislation with fire safety on the 29 April 2014, the Chief Inspector issued a second immediate action plan. This immediate action plan was developed from findings of major non-compliance in relation to fire safety arrangements in the centre. The provider agreed to roster an additional staff member as
a fire marshal during the night and ceased any further admissions. An additional staff member in the role of fire marshal was rostered on-duty from 20:00 to 08:00hrs each night and admissions to the centre was ceased which was confirmed by an inspector. The person in charge advised the inspector that she had increased the activity co-ordinator and the chefs' working hours to 17:30 and 18:30hrs respectively to enhance supervision of residents, activity assessment/documentation and operation of the kitchen for residents.

The inspector reviewed staff training records on this inspection. The records evidenced that all staff had attended fire safety and fire evacuation training and refresher training was on-going. Two staff had attended training on aspects of pain management. Falls management training for staff was scheduled for August 2014. Staff training on nutrition was to occur on the week of the 12 May 2014. Scheduled end of life training was postponed to facilitate staff to attend fire safety training. The person in charge advised the inspector that she was sourcing training for staff nurses on care planning and was working with them on a one to one basis in the interim.

**Judgement:**
Non Compliant - Major

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Catherine Rose Connolly Gargan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority