<table>
<thead>
<tr>
<th>Centre name</th>
<th>Millbury Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000700</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Common's Road, Navan, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>046 903 6400</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@millbury.ie">info@millbury.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>Rosscare Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Lucy Majella Flynn-Grillet</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>66</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</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

From: 19 January 2016 10:30  To: 19 January 2016 17:30
20 January 2016 10:00  To: 20 January 2016 17:30

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

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

The centre was initially registered by the Health Information and Quality Authority (the Authority) on the 11 February 2013 to accommodate 66 residents who require nursing care. The application for renewal of registration is seeking approval to accommodate 66 residents. On the day of the inspection there were no vacancies.
Prior to the inspection the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed relevant records.

The provider is one of the proprietors and a director of the company. Satisfactory fit person interviews were carried out during the initial registration of the centre. Since the initial registration inspection the provider has responded in a positive manner to bring about compliance with the legislation, regulations and standards.

The person in charge was recently appointed to this role and participated in a fit person interview during the inspection. This was satisfactory.

Governance and management of the centre has been determined and found to be satisfactory through ongoing regulatory work, including inspection of the centre and compliance with matters arising from inspections in the three-year period from the initial registration to the renewal of registration. Matters arising from the previous inspection (2 actions) carried out on 19 January 2015 were adequately addressed. Primarily these related to documentation and records regarding staff and adequacy of residents’ assessments.

Inspectors found that staff involved in the management of the centre were knowledgeable of the legislation and standards governing the provision of care in the nursing home. Staff of various grades were aware of the organisational structure of the centre and was aware of the ethos and principles underpinning the provision of nursing and social care in the designated centre.

Residents and relatives were positive in their feedback and expressed satisfaction about the facilities, the services and the care provided. They were complimentary about all aspects of the care and the support provided by staff and management.

The inspectors found from an examination of the staff rosters, communication with staff on duty and residents and relatives that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

Systems were in place to assess the health care, nursing and social needs of residents and care plans were put in place based on individual assessments. Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Inspectors saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

The provisions in place relating to health and safety and risk management were satisfactory.
The premises was safe, suitably designed and laid out to meet the needs of the residents. Inspectors found that it was maintained to a high standard.

The centre was in compliance with the Health 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.
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 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.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tbody>
<tr>
<td><strong>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.</strong></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 statement of purpose was reviewed and amended following discussions with the inspectors. It detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<tbody>
<tr>
<td><strong>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.</strong></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 inspectors found that there was a clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care. This information was made available to the inspectors.

Interviews of residents and relatives during the inspection and satisfaction surveys from residents and relatives were positive in respect of the provision of the facilities and services and care provided. There were no areas of concern or further improvement identified.

There was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities and meals provided.

**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:**
Each resident had a written contract. Inspectors examined randomly a selection of residents’ contracts. These had been agreed with the residents and or their family and included details of the services provided, the fees charged and services which incurred an additional charge.

Each resident was issued with a resident’s guide. This contained relevant information, about the services and facilities of the centre, for example, information in relation to contracts of care, local amenities, policies and procedures regarding visitors to the centre, making complaints and the means by which residents can contribute to their care and participate in the day to day running of the centre.
Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

She is a registered general nurse, has experience of working with older persons and works full time.

During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre. This was further evident during a fit person interview during the inspection.

She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider.

The person in charge and the staff team including the proprietors registered provider had facilitated the inspection process by providing documents and had good knowledge of residents’ care and conditions. Staff confirmed that good communications exist within the staff team and relatives and residents highlighted the positive interactions and support provided by the entire team.

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 inspectors found that the records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Examples of such documents are as follows: –
• The information to be held in respect of members of staff.
• Individual assessments and residents care plans.
• The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors.
• Records of the food provided, staffing and visitors to the centre.
• The directory of residents included all the information specified in Schedule 3.
• A record of incidents, pressure ulcers and of treatment provided and a record of falls.
• A record of all money or other valuables deposited by a resident for safekeeping.
• A record of complaints.
• Fire safety records.

The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. Inspectors verified this on a random basis.

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 and person in charge were aware of the responsibility to notify the Chief Inspector 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
The deputising person in charge is a nurse with a minimum of 3 years experience in the area of nursing older persons with in the previous 6 years and has experience of providing care to older people and deputising when the person in charge was not available.

**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

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

**Findings:**
Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The person in charge during an interview with the inspectors clearly demonstrated her knowledge of the designated centre’s policy and was aware of the necessary referrals to external agencies, including the Health Service Executive (HSE) designated officer responsible for the protection of residents from abuse.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents’ safety and inspectors saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example there was a keypad lock on the main entrance of the centre but internally all other communal areas were accessible to residents. Inspectors saw that there were facilities in place to assist residents to retain their mobility for example grab rails were fitted in communal areas.
During interviews with the inspectors residents confirmed that they felt safe in the centre due to the measures taken such as a locked front door entrance and relatives confirmed that they were satisfied that residents were protected from harm and were safe in the designated centre due to the support and care provided by the staff team.

**Judgment:**
Compliant

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**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:**
From a review of the risk management documentation in the centre, inspectors found that the centre had relevant policies in place relating to risk management. Inspectors found that there was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk.

There was an up to date health and safety statement and related policies and procedures.

Inspectors reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation.

Arrangements were in place with a facility in close proximity to the centre in the event of an emergency evacuation whereby residents and staff would be unable to return to the designated centre.

There was a clear personal emergency evacuation plan (PEEP) for each resident that clearly identified the resident’s cognitive and mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time. A shorter version of the PEEPs were on display by the bedside of each resident in their individual single bedrooms.

Inspectors reviewed logs of daily, weekly, monthly, quarterly and annual checks and tests by the staff and by external organisations and found them to be well recorded and clearly archived.

Certification and inspection documents were archived on fire fighting equipment service, emergency lighting tests and the six-monthly fire drills that were conducted as part of staff fire safety training. It was noted that all staff working in the centre had received
fire safety training in the past 12 months.

There was documentary evidence in respect of the upholstery and curtains in the centre being flame retardant and inspectors were informed that any furniture brought into the centre by the resident had been treated with a spray retardant.

All doors in the centre were fire doors, and were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation.

Emergency exist and fire assembly points were clearly indicated.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place.

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 inspectors were informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prior to administering medicines to residents the inspectors observed the staff nurse consulting with residents, seeking approval from residents for the inspectors to accompany the staff nurse while administering medicines and performing good hand hygiene.

Medicines were contained in a blister pack prepared by the pharmacist. Prescription and administration sheets were available. Inspectors saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was evidence of general practitioners (GPs) reviewing residents’ medicines on a regular basis. The inspectors were informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be
identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspectors examined medicines available and this corresponded to the register.

**Judgment:**
Compliant

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**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:**

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspectors found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days.

Quarterly reports were provided, where relevant, for example accidents and incidents involving evacuation.

**Judgment:**
Compliant

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

Findings:
The centre provides care primarily for residents with long-term nursing needs.

Relatives confirmed that staff informed them of their relatives’ health care needs and any changes in the conditions.

The matter arising from the previous inspection related to the assessed needs of residents. From an examination of a sample of residents’ care plans, discussions with residents, relatives and staff, inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents’ choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition and continence. The care plans were up-to-date and had been audited.

There were arrangements in place to manage and monitor wounds. The inspectors, in particular, examined the care plans of 2 residents with wounds. The nursing team were aware that wound prevention and treatment was multi-factorial and the inspectors saw specific person-centred care plans and regular reviews. Wound assessment charts were in place and provided a clinical picture for comparative purposes to monitor whether the wound was progressing or regressing. A noted improvement was evident for both residents. There was a policy of photographing wounds and this was practiced by the staff. There was documentary evidence that residents were reviewed by tissue viability specialist services. Repositioning charts and monitoring charts for fluid and nutritional intake were available. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers. Evidence was available that these were serviced annually and there was a procedure in place to regularly check the correct functioning of these aids and to ensure settings were correctly set. Pain assessment charts were in place and evidence was recorded in the narrative notes of residents’ care plans that prescribed analgesia was administered to promote comfort if the assessment recommended this, prior to completing a dressing of a pressure ulcer.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physiotherapists and speech and language therapists.

There were systems and practices operating regarding restraint and where restraint was used as an enabler for example, the use of bedrails and personal alarms to keep residents safe. The documentation showed consultation with the resident or the resident’s relative, the general practitioner and the nurse in charge. Reviews of restraint measures were evident and records were maintained, for example the times when lap belts were released.

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:
This purpose built single floor centre consisted of 66 single occupancy bedrooms divided into three units.

Inspectors found the premises to be designed and laid out to meet the needs of the residents, and all parts of the building and grounds were accessible for residents using wheelchairs.

The building was sufficiently heated and ventilated with plenty of natural light. The centre was of sound construction and kept in a good state of repair and upkeep, with full time maintenance staff.

The centre was appropriately painted and decorated, with residents’ artwork and photos from events and outings displayed on the walls. Residents, relatives and visitors to the centre highlighted the homely nature of the centre.

All of the bedrooms had en suite facilities (toilet and wet room shower facilities) which were spacious and could comfortably accommodate modern day equipment such as hoists and specialised seating. They were fitted with emergency alarm systems and hand and grab rails.

Inspectors saw that the residents' bedrooms were well proportioned and suitably decorated, with adequate space for storage of personal belongings, including lockable storage for valuables. Residents were encouraged to bring in their own personal mementos and furnishings which many availed of.

There were two dining areas. The main dining room was spacious and comfortably and a separate dining space was available for residents who required extra time and staff assistance at mealtimes to enjoy their meals at their own pace.

There was an adequate number of large and medium size sitting rooms, day rooms for activities, and quiet space in which residents could receive visitors. There was a guest room with a shower and sofa bed for visitors who wished to stay overnight.
The centre had an oratory with doors leading to the external of the centre. A variety of services were held including memorial services.

Additional services included a sensory relaxation room, on-site hairdressing salon, multiple therapy rooms and a well ventilated indoor smoking lounge. Kitchen and laundry facilities were onsite, and the kitchen was open for resident's requests throughout the night.

The centre had suitable equipment to assist residents, with adequate storage space for same. Medication storage rooms, cleaner's stores and sluicing facilities were secured and kept in good order.

The premises were safe and secure, with a contained garden and electronic external door locks that did not overly restrict residents' movement. Close-circuit television (CCTV) was present in the centre but camera devices were subtly placed, and notices of their presence were posted.

All bedrooms, bathrooms and communal areas were fitted with a call bell system and large LED displays clearly identified the location of a call.

There was adequate car parking in the grounds and the external gardens were free of trip hazards and other features detrimental to residents' accessibility.

Judgment: Compliant

**Outcome 13: Complaints procedures**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and residents and relatives who communicated with the inspectors were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.
The inspectors examined the complaints record and there were no serious complaints as it was the policy of the centre to address complaints through the local resolution process.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**
From discussion with staff and relatives it was found that end of life care was person centred and respected the values and preferences of individual residents.

Staff described the policy and protocols in place for the end of life care.

There was good evidence of relatives’ involvement in a resident’s care plan who was assessed as nearing end of life. The information identified in this care was detailed and informative.

Care planning assessments related to the resident’s physical, emotional, psychological and spiritual needs. Risk assessments in relation to eating and drinking, nutritional screening and pain management were available.

There was documentary evidence of interventions and treatments to support the resident at end of life in the centre, for example availability of general practitioner, out of hours service, palliative care team and the use of subcutaneous infusions and oral antibiotics.

**Judgment:**
Compliant

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**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:
Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served and presented in an appetising way.

Menus showed a variety of choices at mealtimes and there was a menu on each table.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the mealtimes.

The main dining room and additional space designed for dining are spacious and inspectors heard from residents that they were satisfied with the dining experience.

Documentation showed that staff were knowledgeable of the nutritional care needs of the elderly. This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid records.

Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents’ needs were served.

Documentation in the residents' care plans examined by the inspectors showed that residents were weighed on a monthly basis and appropriate action taken as necessary.

There was a policy on food, nutrition and hydration management.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were evident in the documentation.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers and fresh fruit were available.

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:**
Residents’ forum meetings are held every 6-8 weeks in each unit in the centre. Inspectors reviewed the minutes and found that these were clear and detailed.

Residents provided feedback on matters such as the quality of care, laundry, food, housekeeping and other issues and suggestions that was relevant to their lives. The main points of these meetings were collated and made into an action plan by management and the outcome of the feedback was relayed to the relevant resident(s).

There was evidence that residents completed a regular quality of care survey which rates the services of the centre. There has been a 83-97% response rate over the past two years.

The main points from the respondents were relayed to the relevant staffing group, for example kitchen or housekeeping staff and brought up at the weekly management meetings in order to contribute to ongoing improvement of the service.

There was a policy on residents' access to visitors and communication outlets. Visitors were unrestricted except in circumstances such as an outbreak of infection.

Residents have access to the internet and private telephones.

Three activity coordinators were employed, one for each unit and there was a variety of evidence indicating that a wide range of activities are offered for residents to participate in as well as outings and local events. Staff in the centre encourage traditional celebration such as birthdays and wedding anniversaries. The minutes of some of the residents' forums highlighted suggestions and feedback on recreational activities and events to ensure that they are meaningful and appropriate to residents' wishes.

**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):**

**Findings:**
There was a policy on handling residents' personal property.

An inventory of residents' belongings and personal possessions is compiled for each resident on admission and updated as required.

Residents have adequate storage space in their bedrooms including lockable storage for valuables and the centre provides secure storage for residents' valuables.

Residents' clothing was identifiable and laundry was carried out in batches so as to ensure that residents do not have their clothes misplaced.

Inspectors were informed that in 2015 there was only one minor instance of a misplaced article of clothing and this was promptly found and was noted in the minutes of the regular laundry staff meetings.

**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

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

The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
The action arising from the previous inspection related to the maintenance of staff records. Inspectors reviewed a sample of personnel files and found them to contain all documentation required by Schedule 2 of the regulations.

Inspectors found staffing levels and skill mix of staff to be sufficient to meet the needs of the residents in the centre. There were appropriate numbers of healthcare assistants and nurses on shift at all times of day and night and the planned and actual staff rosters clearly identified staff by name, role, area of duty and shift times.

All staff were up to date on their mandatory training, for example, fire safety, manual handling, infection prevention and control, challenging behaviour and protection of residents from abuse. The majority of staff had received training in dementia care and falls management. Some staff had received specialised training such as wound care, diabetes care, venepuncture and continence care.

Staff who communicated with the inspectors demonstrated that they had a good knowledge of the residents in the centre and were familiar with procedures of emergency evacuation, and in identifying and reporting instances of resident abuse.

Residents and representatives were full of praise for the staff team and spoke highly of their competency, friendliness and delivery of care.

Inspectors observed staff being kind and friendly towards residents, and being respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

There is a suitable recruitment policy maintained in the centre and inspectors were satisfied with the arrangements for supervision and development of staff which included induction, probationary period and an annual appraisal system.

Systems were in place for vetting, supervising and establishing the level of involvement for volunteers and persons on work experience in the centre.

The service did not utilise agency staffing.

**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:

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