

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Moorehall Lodge Ardee
<b>Centre ID:</b>	OSV-0000147
<b>Centre address:</b>	Hale Street, Ardee, Louth.
<b>Telephone number:</b>	041 685 6990
<b>Email address:</b>	sean.mccoy@mhliving.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Moorehall Lodge Healthcare Services Limited
<b>Provider Nominee:</b>	Sean McCoy
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Leanne Crowe
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	81
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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: 04 October 2016 09:10 To: 04 October 2016 17:00

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

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

**Summary of findings from this inspection**

This report sets out the findings of a two day inspection, the purpose of which was to inform a decision for the renewal of the centre's registration.

During the course of the inspection, the inspectors met with residents, relatives, staff, the person in charge and the provider. The views of staff, residents and relatives were listened to, practices were observed and documentation was reviewed.

Surveys completed by residents and/or their relatives were also reviewed. Overall, the inspectors found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way.

The management and staff of the centre were striving to improved residents outcomes. A culture of individualized care which supported a person centred approach was noted. Residents appeared well cared for and expressed satisfaction with the care they received in the centre and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Reasonable systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge, deputy and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Actions required following the last inspection in March 2016 had been addressed and compliance with the Regulations was found in the 18 outcomes inspected. The findings are discussed throughout the report.

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.

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose was 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

***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:**

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. 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. Staff and residents were familiar with management arrangements. Both staff and residents were complimentary of the management team, telling an inspector that they were open and approachable and were receptive to new ideas.

There were comprehensive auditing and management systems in place to capture statistical information in relation to resident outcomes and staffing arrangements. For example audits were carried out and analysed in relation to accidents, complaints, medicine management, skin integrity, care plans, menus, and infection control, use of restraint and staff absence or sickness levels. This information was made available for inspection.

An annual review of the quality and safety of care delivered to residents for 2015 was completed that informed the service plan being implemented in 2016.

Interviews of residents and or 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 was evidence of consultation with residents and their representatives in a range of areas on a formal and informal basis. For example, residents committees, relatives forums, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities and discussions during meals provided. Where issues were identified a corrective action was taken.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a guide in the centre that was made available to residents, which included a summary of the centre's services and facilities, the terms and conditions of residence, the complaints procedure and visiting arrangements for residents.

The inspectors reviewed a sample of residents' contracts of care, which were found to set out the services provided and the agreed fees charged to residents.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was no change in the person in charge of the centre since the last inspection that informed the current registration.

Inspectors were satisfied that 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 in excess of three years 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 a care manager, along with 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 representative of the 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 records listed in 2,3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained to ensure completeness, accuracy and ease of retrieval. 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 were available in the centre, and had recently been updated.

Records relating to residents and staff were stored securely, but were made available to inspectors on the day of the inspection.

The centre was found to be adequately insured against accidents or injury to residents, staff and visitors.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

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 her

absence.

The deputising person in charge is a nurse with a minimum of 3 years experience in the area of nursing older persons in the previous 6 years and has experience of providing care to older people and deputising when the person in charge was on leave for short periods.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

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

**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 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 some households but 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 call bell facilities and hand rails were fitted in communal areas.

During interviews with an inspector residents confirmed that they felt safe in the centre due to the measures taken such as a locked front door entrance. 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. Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place for carrying out and documenting transactions. Clear records were kept and two signatures were recorded for money transactions. Balances checked on inspection were correct.

A policy along with the national guidance document was available to define and guide restraint usage.

An aim to promote a restraint free environment in line with the national policy was described. A high rate in relation to the use of bedrails by 37 residents was reported. This was acknowledged by the management and staff team who were undertaking regular reviews as seen in resident's records and in the restraint register maintained. Risk assessments had been completed and records of decisions regarding the use of bedrails were to show the decision was made in consultation with the resident or representative, staff nurse and General Practitioner (GP). Decisions were also reflected in a care plan and subject to review. Records to demonstrate regular checks of restraint and release practices were included in the care plans.

Some residents told an inspector they liked a bed rail to keep them safe and aid movement. Staff spoken with confirmed this and highlighted the various alternatives available and that had been tried prior to the use of bedrails. Equipment such as low low beds, sensory alarms and floor mats were seen in use following a risk assessment to reduce the use of bedrails.

Because of their medical conditions, some residents showed behavioural and psychological signs of dementia (BPSD). Residents were provided with support and distraction techniques that promoted a positive approach to behaviour that challenges. Good support from the community psychiatry team was reported and seen in the records reviewed. Staff spoken with were very familiar with appropriate interventions to use to respond to residents behaviour that may challenge. Behaviour logs formed part of the assessment and care plan process and episodes of BPSD were analysed for possible trends and inform reviews. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

**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 found that there were measures in place to ensure that the health and safety of residents, visitors and staff was promoted and protected.

The centre had policies and procedures relating to health and safety, as well as an up-to-date health and safety statement. There was a comprehensive risk management policy in place, which assessed the identified risks throughout the centre and outlined measures and actions to mitigate these risks.

There was a documented plan in place to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. Arrangements were in place to investigate and learn from serious incidents or adverse events involving residents.

The centre maintained fire records which included details of fire drills, fire alarm tests and fire fighting equipment. Fire alarms and fire safety equipment were found to be serviced as frequently as required, and two fire drills had been recently completed.

Fire evacuation procedures were prominently displayed throughout the building. Fire exits were unobstructed and a proper means of escape was available to staff, residents and visitors.

Documentation provided to inspectors evidenced that fire safe bedding and furnishings were used throughout the centre.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

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

**Findings:**

Residents were protected by safe medication management policies and practices.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Nursing staff demonstrated safe practices in medication administration and management. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines.

A system was in place for reviewing and monitoring safe medication management practices. An audit and review system that included a member of staff from the nursing team, the resident's general practitioner (GP) and the pharmacist was in place to improve the overall management and review of medication management. The action arising from the previous inspection related to administration and prescription times matching, omissions of signatures and individual medicines to be prescribed for crushing was addressed.

An arrangement for the review of prescribed medicines by the GP on a three monthly basis was in place and records were available to demonstrate this arrangement was implemented in practice to enhance safe practices.

**Judgment:**  
Compliant

***Outcome 10: Notification of Incidents***

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

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

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

Management systems were in place to alert staff to notify the Authority of notifiable events, incidents or accidents within three days.

Quarterly reports were provided, where relevant, for example the use of restraint and number of deaths as prescribed in the regulations.

A six monthly report to confirm the non-event of three day and quarterly incidents was to be submitted following the inspection.

**Judgment:**  
Compliant

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

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

**Theme:**

Effective care and support

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

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

**Findings:**

The action arising from the previous inspection related to resident assessments and care planning was addressed. Arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans was reviewed. There was evidence of a pre-assessment undertaken prior to admission for residents. There was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls, malnutrition and pressure ulcer development.

The development and review of care plans was done in consultation by a key worker with residents or their representatives. Each resident's care plan was subject to a formal review no less frequently than at four-monthly intervals.

The assessment of each resident's views and wishes for the end of life were recorded and outlined in a related care plan and subject to regular reviews. A care plan to include details and information known by staff regarding preferred religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was noted in the records reviewed.

An inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by policies. Mobility and daily exercises were encouraged. Residents had suitable mobility aids and modified chairs following seating assessments by an occupational therapist and or the physiotherapist. Hand rails on corridors and grab rails of contrasting colour to the wall were seen in facilities used by residents which promoted independence.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry services were available and provided very valuable services to the residents and staff supporting residents. A full range of other services was available on a referral basis that included speech and language therapy (SALT), dietician and tissue viability advice services. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Chiropody, podiatry, audiology, dental and optical services were also provided on a referral basis. An inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes and care plans.

Residents were seen enjoying various activities during the inspection. Each resident's likes and preferences were assessed in an 'about me' record. The relevant information was reflected in a social and recreational care plan and used to plan the individual's daily activity programme.

A dedicated activity staff member co-ordinated a weekly activity programme that was delivered by staff within each household with her support. An inspector saw that residents were encouraged to participate in group activities and many of the activities such as the exercises, music, singing and ball games were particularly suitable or tailored for the resident group. A variety of activities were seen being provided in each household. A prayer group facilitated by volunteers and members from the wider community was also held during the inspection.

Opportunity for a small group and one to one hand massage activity was also seen available. Religious ceremonies, mass, bingo, games, films, reading, pet therapy and music sessions formed part of the weekly activity programme. Overall, residents had opportunities to participate in activities that were meaningful and purposeful to them which suited their needs, interests and capacities.

**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):**

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

**Findings:**

The location, design and layout of the centre were suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely manner.

The actions arising from the previous inspection related to the maintenance of the premises and storage arrangements were addressed.

The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is located within a retirement village on the edge of a town. The centre is purpose built and registered for a maximum capacity of 81 residents. Residents' accommodation is on the ground floor in four households. The centre comprises of 69 single bedrooms and six twin bedrooms. Forty of the single bedrooms and two of the twin bedrooms have full en-suite facilities. Other bedrooms have a wash hand basin and share communal toilet and bath/shower facilities.

The building design and layout was of a good standard that could comfortably accommodate 81 residents. Sitting rooms, seated areas, kitchenettes and dining rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings. Refurbishment of households had been completed since the last inspection.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote control beds, chairs and televisions along with battery operated or motorised pressure relieving aids were seen in use by residents that promoted their well being.

Corridors and door entrances were wide and spacious to facilitate modified, support or bulky equipment and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required. Handrails were provided on corridors and grab rails were available in bathroom and toilet facilities. All bedrooms, bathrooms and communal areas were fitted with a call bell system and displays clearly identified the location of a call.

The centre was clean, warm, well ventilated and well maintained in areas occupied and used by residents, visitors and staff. The reception was staffed daily by an administration staff member. Entry and exit to the households and via the main entrance centre was monitored and controlled by an electronic device. The Person in Charge's office was located of the main reception area and other staff offices were located on the first floor.

Catering and laundry facilities were separate from care facilities and households. Other communal areas included an oratory, civic area and hairdressing facility.

Seven secure internal courtyards were available for residents and visitors to access

outdoors as desired. These areas were accessible and had suitable outdoor furniture and colourful plants, items of interest such as a car for residents use, pleasure and admiration.

A smoking room was available in one household.

Car parking facilities were available at the centre.

Close-circuit television (CCTV) was present in communal areas and notices of their presence were advertised both externally and internally.

**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 policy and procedure in place for the management of complaints. A summary of the complaints procedure was also clearly displayed at the entrance area.

There was a person nominated to deal with complaints, as well as a person nominated to ensure that complaints were appropriately recorded and responded to. A complaints log was maintained in the centre, and this was made available to inspectors on the day of the inspection. The log was found to include the details of the investigation into the complaint, the outcome of the complaint and whether the complainant was satisfied with the outcome of the complaint. Records of complaints also included any improvement measures taken in response to complaints.

All complaints were found to be resolved promptly and to the satisfaction of the complainant.

**Judgment:**  
Compliant

***Outcome 14: End of Life Care***

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

***and autonomy.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. At the time of inspection inspectors were informed that five residents were approaching the end of life.

Involvement of a multi-disciplinary approach to treatment and care that included a palliative care team was available. Medical decisions regarding care and treatment decisions at the end of life were recorded and an inspector found evidence that some residents and relatives' wishes were discussed during the assessment and review process.

Staff training in caring for residents at end-of-life was provided.

Staff who spoke with an inspector explained that caring for a resident at end of life was regarded as an essential part of the care service provided. Staff members described how residents and their family had choices and were offered the facilities available and supported with refreshments as required. Most residents had a private single room and alternative arrangements may be facilitated when required by those in twin rooms.

An oratory facility was available in the centre with suitable equipment and necessary religious artefacts available to improve the level of respect shown to the deceased.

**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):**

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

**Findings:**

Mealtimes observed were unhurried social occasions that provided opportunities for

residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner.

Staff preparing, serving and assisting with meals and drinks were familiar with residents dietary requirements, needs and preference. Staff offered choices and sought resident satisfaction levels during meals requested and provided.

Systems were in place to ascertain residents' views and preferences for a varied menu on a daily basis. A recent audit of the menu by a dietician was completed in August 2016 with recommendations highlighted to be implemented.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food and fluid consistency and arrangements for intake recording. Communication systems were in place to ensure that residents nutritional and care needs were available to and known by staff supporting residents to eat and drink and to those preparing and serving food. A list of residents and their specific dietary needs was maintained in the kitchen and the cook demonstrated a very good knowledge of these needs.

Systems were in place to ascertain each residents food preferences on admission and to facilitate residents to provide feedback on the menu options and choices, to inform improvements.

Access to dietician and speech and language therapists was available and provided on a referral basis based on an assessment of need or change in resident condition. 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.

Snacks and beverage were offered to residents at intervals between main meals.

**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):**

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

**Findings:**

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident's committee and relatives forum was facilitated on a regular basis. Residents' family members and their involvement was central to care and services provided.

Access to and information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, an inspector saw residents from households being able to access all parts of the centre independently or with support at a time of their choosing, for the prayer group, hairdresser or when a group activity was taking place in another household.

The action arising from the previous inspection related to offering a visual choice at mealtimes was addressed. Practices observed demonstrated residents were offered choices and had written and visual menu options at mealtimes. Residents who spoke with an inspector and those who completed questionnaires said they were able to make choices about how they spent their day, when and where they ate meals, rise from and return to bed. Residents had options to meet visitors in a private or communal areas based on their assessed needs.

An inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community was provided for residents.

Social activities such as day trip activities or outings formed part of the activity programme. Overall, the arrangements in place promoted social inclusion, engagement and access to external facilities. The centre had its own transport arrangements for residents access to wider community. Photographs on display, staff and residents confirmed the events highlighted in the activity programme.

There was a policy on residents' access to visitors and communication. Visitors were unrestricted except in circumstances such as an outbreak of infection. An inspector saw that residents' privacy and dignity was respected and personal care was provided in their own en-suite and bedrooms and they could receive visitors in private.

Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing.

**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):**

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

**Findings:**

The action arising from the previous inspection related to records of residents property was addressed.

An inspector saw that there was adequate space provided for residents' personal possessions and mobility aids. Residents had a lockable facility in their bedrooms.

There were arrangements in place for regular laundering of linen and clothing, and the return of clothes to residents.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

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

**Findings:**

Staffing levels and skill mix were sufficient to meet the healthcare needs of the residents and the layout of the premise.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities and management team explained the systems in place to supervise and appraise staff. Staff were seen to be supportive of residents and responsive to their needs.

In preparation for the inspection, relatives and some residents had completed a questionnaire regarding the centre. In these questionnaires, respondents were complimentary regarding the staff team. An inspector also spoke with a number of residents and visitors, who were complimentary of the staff and of the care that they provided.

An inspector reviewed the actual and planned rosters for staff, and found that management, nursing, care and support staff were adequate. Residents alarm bells were promptly responded to by staff. Residents chose the time that they wished to get up, eat and seek assistance with personal care and dressing and this was facilitated by the staff team.

Some residents in discussions with an inspector confirmed that staffing levels were satisfactory and that staff were supportive and helpful.

There was a suitable recruitment policy 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.

Recruitment procedures were in place for staff. The staff member responsible for collating staff files confirmed to inspectors that Garda vetting was in place for all staff and volunteers. A sample of staff files examined by inspectors confirmed that they were found to contain all of the information required by Schedule 2 of the Regulations, including Garda vetting. Evidence of professional registration for all rostered nurses was available and current.

A number of volunteers were operating in the centre. A review of all volunteers' files evidenced that Garda Vetting was in place, and volunteers' roles and responsibilities were set out in writing.

Systems were in place for Garda 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.

A staff training programme was in place and a record of training was available for all staff. Mandatory training such as moving and handling, fire training and the prevention, detection and management of abuse, cardio pulmonary resuscitation, hand/food hygiene and infection control had been provided. Manual handling practices observed were safe and appropriate with assistive equipment available for use.

Staff were seen to be 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.

**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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