<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Mountbellew Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000362</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Mountbellew, Galway.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>090 9679735</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:phil_murphy@eircom.net">phil_murphy@eircom.net</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Mountbellew Nursing Home Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Philomena Murphy</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>PJ Wynne</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>35</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></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 April 2016 08:45 To: 19 April 2016 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</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>Substantially 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>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially 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>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<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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<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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</table>

Summary of findings from this inspection
This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The centre can accommodate a maximum of 35 residents who need long-term care, or who have respite, convalescent or palliative care needs. The centre was fully
occupied at the time of inspection. The inspector reviewed progress on the action plan from the previous inspection carried out in January 2016. Notifications of incidents received since the last inspection were reviewed on this visit.

The inspector met with the provider and person in charge who displayed a good knowledge of the regulatory requirements. There was evidence of a commitment to providing quality, person-centered care. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents’ needs being met. Staff supported residents to maintain their independence where possible. The premises, fittings and equipment were clean, well maintained and decorated.

There a good standard of evidence-based care and appropriate medical and allied health care access. Residents spoken with stated that they felt safe in the centre. The building was comfortably warm. A wide range of activities was facilitated by an activity coordinator. Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. Residents were facilitated and supported to practice their religious beliefs.

A total of 18 Outcomes were inspected. Fifteen outcomes were judged as compliant with the regulations and the remaining three as substantially in compliance with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for 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 set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and revised in January 2016.

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

Findings:
The provider has ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place.

The governance arrangements in place are suitable to ensure the service provided is
safe, appropriate and consistent. The registered provider is actively involved in the centre. She is well known to residents and their families.

The audit program was reviewed to ensure a defined set of criteria are reviewed regularly and systemically. A comprehensive audit of accidents or falls by residents was completed. An improvement plan was developed and all staff received falls prevention training in March 2016.

A medication audit was completed in conjunction with the pharmacist. The medication audit reviewed the storage medication, maintenance of medication records and included a competency assessment of all nurses administering medication. The outcome of the audit resulted in the medication management policy being updated to include procedures for residents who may wish to take responsibility for their own medication. Individual tablet crushers were obtained for each resident who requires their medication to be crushed.

A system has been implemented to audit the usage of psychotropic and might sedative medication to inform practice to ensure enhanced individual outcomes for residents. An audits of care plans and weight checks is undertaken at intervals to ensure consistency in work practices.

**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):**

**Findings:**
The inspector found that all residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties.

The contracts specified the amount paid by the Fair Deal Support Scheme. The amount contributed by a resident from their pension was clear. This included an additional personal contribution for social activities and toiletries.

Expenses not covered by the overall fee incurred by residents for example, chiropody, hairdressing and escort to appointments were clearly explained in the contract of care.
However, the contract of care did not outline the arrangements for the payment or refund of monies owed to a resident on the accrual of financial support received.

There was a residents’ guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

**Judgment:**
Substantially Compliant

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**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 person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge is a registered nurse and holds a full-time post. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulations. She is a qualified trainer in adult protection and completed a certificate level course in gerontology nursing.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

**Judgment:**
Compliant

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

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre-specific, were in place to inform practice and provide guidance to staff.

Medical records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents’ personal property.

The directory of residents contained all the information required by schedule three of the regulations and was maintained up to date.

The complaints procedure was displayed inside main entrance for visitors to view and provided guidance on how to raise an issue of concern.

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 was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A key senior manager has been notified to the HIQA to deputise in the absence of the person in charge.

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):**

**Findings:**
The financial controls in place to ensure the safeguarding of residents’ finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents’ personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction.

There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. A small number of residents left the centre daily on their own to go for walks or undertake personal activities in the locality. Consent was obtained from residents and their wishes respected. A small number of residents chose not to have foot plates on their wheelchairs. A risk assessment was completed and the calculated risk discussed with the residents. On this basis, their choice was supported. There were sufficient numbers of suitably qualified staff on each work shift to promote residents’ independence.

All staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. Staff were familiar with the role of the Health Service Executive (HSE) adult protection case worker. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

There is a policy on the management of responsive behaviour. Staff spoken with were familiar with resident’s behaviours. A number of residents were discharged from the care of the psychiatry team to their general practitioner (GP). Staff could describe particular residents’ daily routines very well to the inspector. The majority of staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. However, additional training is required for recently recruited...
There was a policy on restraint management (the use of bedrails and lap belts) in place. A restraint free environment was bring promoted. At the time of this inspection there were five bedrails in use. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. When a resident requested the bedrail is raised for use as an enabler, a risk assessment was undertaken to ensure the practice was safe. A restraint or enabler register was maintained. This recorded the times bedrails were raised and taken down. All residents were checked periodically throughout the night. Bumpers were fitted over bedrails to minimise risk of injury for residents with poor skin integrity or those with involuntary movement.

On the last visit a small number of bedrails were independently attached to the bed. These bedrails have now been secured to ensure safe positioning. Safety checks are undertaken weekly to ensure correct dimensional limit requirements to minimise the risk of entrapment.

**Judgment:**
Substantially 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):**

**Findings:**
The governance arrangements to manage risk situations were specified. The actions in the previous inspection which related to risk, health and safety were satisfactorily completed.

The fire policy was renewed to ensure it was centre specific. The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures to include residents accommodated on the first floor. Staff had completed refresher training in fire safety evacuation procedures.

The procedures to undertake and record internal fire safety checks were revised. The records demonstrated accurately what equipment was being checked and how it safety was ensured to include the fire extinguishers, the fire panel and automatic door closers.

The procedures to complete and record fire drill have improved since the last inspection to help staff understand the fire safety precautions. Regular fire drill have been undertaken by staff reflecting different scenarios in various fire compartments. Each
resident had a personal emergency evacuation plan developed. This detailed their evacuation requirements for both during the day and night time.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Illuminated exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Restrictors were fitted to all bedroom windows. However, the restrictor was not engaged on all bedroom windows.

There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person’s policy and procedures on incident reporting and risk escalation were in place.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination.

There was one resident who smoked. A smoking risk assessment was completed. It detailed if the resident was safe to smoke independently and outlined the level of assistance and supervision required in a plan of care. This was an area of improvement required from the action plan of the previous inspection.

Falls and incidents were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed to identify any contributing factors.

Training records evidenced that staff had up-to-date refresher training in moving and handling.. There was sufficient moving and handling equipment available to staff to meet residents’ needs. Each resident’s moving and handling needs were identified to include the type of hoist and sling size. These were documented in care plans and displayed discreetly in bedroom for staff to check.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors.

**Judgment:**
Substantially Compliant

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**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures*
<table>
<thead>
<tr>
<th>Theme:</th>
<th>Safe care and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding requirement(s) from previous inspection(s):</td>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td>Findings:</td>
<td>There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration. These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked to ensure all medication orders were correct for each resident. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined. Nursing staff transcribed medication. Transcribed medication was countersigned by a second nurse in each of the sample of records examined in accordance with An Bord Altranais guidance on medication management. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet. Medication was being crushed for some residents. Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs being crushed were signed by the GP as suitable for crushing. Each resident had their own crusher for their medication. Medicines were being stored safely and securely in the clinic room which was secured. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded. Medications that required strict control measures were kept in a secure cabinet which was double locked. At the time of this inspection four residents were being administered controlled drugs. The inspector checked a selection of the medication balances and found them to be correct.</td>
</tr>
<tr>
<td>Judgment:</td>
<td>Compliant</td>
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</tbody>
</table>
### Outcome 10: Notification of Incidents
_A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector._

**Theme:**
Safe care and support

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

**Findings:**
The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Authority as required.

**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:**
There were 35 residents in the centre during the inspection. There were six residents with maximum dependency care needs. Twenty residents were assessed as highly dependent and nine had medium dependency care needs. Three residents were assessed as low dependency. All residents were residing in the centre for continuing care.

All residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Ten residents had a diagnosis of either dementia, cognitive impairment or Alzheimer’s.

A preadmission assessment was completed to ensure the centre could meet the needs of prospective residents.

The arrangements to meet residents’ assessed needs were set out in individual care plans.
A range of risk assessments had been completed. These were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care.

The inspector reviewed three resident’s care plans in detail and certain aspects within other plans of care. There were plans of care in place for each identified need. Care plans described well residents’ level of independence and what they could do for themselves.

In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident’s health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP’s reviewed and re-issued each resident’s prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Residents had timely access to allied health professionals to include speech and language therapist, dietitian, physiotherapy and a chiropodist. On the previous visit one resident was noted to have inadequately supported seating. Advise was obtained from an occupational therapist. Suitable seating following assessment was provided for the resident.

There were two residents with vascular wounds at the time of this inspection. The inspector reviewed the care plan for one resident. A plan of care was in place and regularly revised. Wound assessment charts were completed each time the dressing was changed.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health.

There were opportunities for residents to partake in activities. An activity coordinator was employed for five days per week. The inspector met with the activity coordinator and reviewed the activity schedule which provided both physical and sensory stimulation. A physical therapist visits the centre two days per week and undertakes seat based exercises with residents.

**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
**Theme:**
Effective care and support

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

**Findings:**
The building is designed to meet the needs of dependent older people. The building was well maintained, warm, comfortably decorated and visually clean.

There was a high standard of décor throughout and good levels of personalisation evident in residents’ bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

There are is one sitting room and a conservatory style sitting area available for use by residents. A dining area suitable in size to meet residents’ needs is located off the kitchen. Other facilities include a room where residents can meet visitors in private, smoking room and an oratory.

Bedrooms accommodation comprises of 23 single and six twin bedrooms.  Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident’s bed. Suitable lighting was provided and switches were within residents reach. There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents’ convenience.

Staff facilitates were provided. Separate toilets facilitates were provided for care and kitchen staff in the interest of infection control.

A safe enclosed garden was available to residents.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations. This was revised as required by the action plan of the last inspection.

No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints and the complainants satisfaction with the outcome.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. There were 11 residents with a do not attempt resuscitation (DNAR) status in place.

A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team.

Resident’s end-of-life care preferences or wishes are identified and documented in their care plans. A system is developed since the last inspection to ensure residents with a DNAR status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.
Each resident had a plan of care for end-of-life needs. The care plans contained good detail of personal or spiritual wishes. Decisions concerning future healthcare interventions were outlined. Resident’s preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of-life care plans.

The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There was one resident under the care of the palliative team at the time of this inspection.

**Judgment:**
Compliant

**Outcome 15: Food and Nutrition**

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

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

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

**Findings:**
The inspector reviewed the menu and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those for those on fortified diets. A trolley served residents mid morning and afternoon offering a choice of tea/coffee fruit, buns and biscuits.

There was a high level of independence observed amongst the resident profile. Thirty one residents attended the dining room for lunch and 28 for evening tea. Of the 31 residents present for lunch the majority fed themselves independently. Only four required assistance to eat their meals. On the last inspection it was identified the provision of a plate guard would further enhance one residents’ ability to eat more independently. A different form of crockery was provided which assisted the resident to eat more independently.

Nutritional risk assessment were completed. Residents had care plans for nutrition in place. There was access to allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition and skin integrity.

All residents were weighed monthly and those at risk on a more frequent basis. Two residents were being weighed fortnightly at the time of this inspection. Food intake records were maintained and well completed.
Judgment:
Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/ she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
There was evidence of a good communication culture amongst residents, the staff team and person in charge.

Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. A small number left the centre during the day for walks or to visit the shop.

Staff promoted residents mobility. Care staff encouraged residents to walk for exercise to the dining and provided the appropriate level of assistance. Residents who spoke with the inspector complimented the food and the staff.

Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the centre’s management team.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily. A residents’ forum was in place. Residents had access to an independent advocate who provided feedback to the person in charge.

Residents’ civil and religious rights were respected. Residents could practice their religious beliefs. There was a visitor’s room to allow residents meet with visitors in private.
Judgment:
Compliant

Outcome 17: Residents’ clothing and personal property and possessions
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents’ clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry six days of the week. A clear system was in place to ensure all clothes were identifiable to each resident. A property list was completed with an inventory of all residents’ possessions on admission. The property list was updated at regular intervals.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The provider employs a whole-time equivalent of 5·3 registered nurses including the
person in charge and 15·2 care assistants. In addition, there is catering, cleaning, laundry and activity coordinator employed.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspector noted that the planned staff rota matched the staffing levels on duty.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care and falls prevention. All nursing staff were facilitated to engage in continuous professional development and had completed training on medication management.

**Judgment:**
Compliant

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**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:**

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract of care did not outline the arrangements for the payment or refund of monies owed to a resident on the accrual of financial support received.

1. Action Required:
Under Regulation 24(2)(c) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of the arrangements for the application for or receipt

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.

**Please state the actions you have taken or are planning to take:**
A system has been put in place to facilitate a refund of monies owed to a resident on the accrual of financial support received. These monies are now lodged in their personal Post Office accounts. The relevant Contracts of Care have been amended.

**Proposed Timescale:** 01/06/2016

**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Additional training is required for recently recruited nurses and care assistants in responsive behaviours and caring for older people with cognitive impairment or dementia.

2. **Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**
The newly recruited staff are scheduled to attend a training course in Galway on Behaviours that are Challenging on June the 10th.

**Proposed Timescale:** 10/06/2016

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

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Restrictors were fitted to all bedroom windows. However, the restrictor was not engaged on all bedroom windows.

3. **Action Required:**
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.
**Please state the actions you have taken or are planning to take:**
The restrictors on all windows were checked as a result of these findings and all necessary adjustments were made to comply with our Risk Management Policy. Restrictors are checked and documented on a weekly basis.

**Proposed Timescale:** 01/06/2016