<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cuil Didin Residential &amp; Nursing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000219</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Skahanagh, Tralee, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>066 711 9090</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:catriona.oconnor@cuildidin.ie">catriona.oconnor@cuildidin.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
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<td>Cuil Didin Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Catriona O'Connor</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Maria Scally</td>
</tr>
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<td>Type of inspection</td>
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<td>64</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

The inspection took place over the following dates and times
From: To:
20 September 2016 11:30 20 September 2016 19:30
21 September 2016 09:30 21 September 2016 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<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>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
This inspection of Cuil Didin Residential Home by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. As part of the monitoring inspection, inspectors met with residents, relatives, the assistant person in charge, supervisory staff and staff members. Inspectors observed practices and reviewed documentation for example, care plans, incident records, training records, risk management and staff files. There were 62 residents in the centre during the inspection and two residents were in hospital.

Inspectors found that the premises, furniture and fittings were of a very high standard and the centre was clean and well maintained. There was a fresh, homely standard of décor throughout. Feedback from residents and relatives was one of satisfaction with the service and care provided. Family and community involvement were encouraged in the centre. Relatives and friends of residents were seen to visit on both days. One relative stated that she was told on admission that her relative
would be cared for 'as if it was her own home' and she found that this was the case. Inspectors formed the view that care was person-centred and individualised and that appropriate staff training was provided. One resident spoke with inspectors about staff in the centre. He stated "one is better than the next". A staff member told inspectors that the home had "very high standards" which were driven by the person in charge.

The centre was found to be compliant 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. However, while there was a robust risk management policy and risk register available in the centre an immediate action plan on an identified risk, was issued by inspectors. This related to the unsafe use of oxygen and associated risks. This was significant as there had been a previous serious incident in the centre.
Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The quality of care and experience of residents was monitored and reviewed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services. There was a clearly defined management structure in place that identified the lines of authority and accountability. Audit of the quality and safety of care delivered to residents was robust and frequent. Improvements were brought about as a result of learning from the monitoring review according to minutes of staff meetings seen by inspectors. There was evidence of consultation with residents and their representatives. A quality improvement initiative was underway in the centre. Inspectors saw evidence which indicated that ‘diabetes’ was being discussed with staff during the second day of inspection. Minutes of staff meetings were viewed and staff supervision and appraisals were on-going. The person in charge had the support of a knowledgeable deputy person in charge, an operations manager and two senior staff nurses. One senior nurse informed inspectors that she monitored, mentored and supervised staff. The management team were involved in audit and in supporting the person in charge in promoting compliance with standards and regulations for the sector.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management
**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge who was also the provider worked full time in the centre. She was a registered nurse with the required experience and competence. In her interactions with HIQA she demonstrated excellent knowledge and understanding of the regulations, the Health Act 2007 and the national standards for the sector. She lead a team of dedicated managers and staff in applying best evidence based practice to enhancing the lives of older adults.

Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. There was evidence that she had a commitment to her own continuing professional development and had undertaken updated training in dementia care, person-centred care, leadership and management. She provided regular in-house training, an e-learning forum: the "Cuil Didin Academy", for staff and external training. The person in charge was absent from the centre during this inspection. She was represented by the deputy person in charge and the operations manager who stated that she was always accessible by phone for guidance and advice, even when on holidays.

**Judgment:**
Compliant

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**Theme:**
Governance, Leadership and Management

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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.

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

**Findings:**
Inspectors reviewed a sample of staff files and found that they contained most of the regulatory information in relation to matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in
Designated Centres for Older People) Regulations 2013. However, of the sample viewed, one staff file did not contain a reference from the person's most recent employer as required by the regulations. This was submitted immediately following inspection.

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained accurately and were easily accessible to inspectors. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by inspectors. The policies required under Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) were in place and were seen to be reviewed regularly. These referred to best evidenced based practice and referenced national policies and guidelines. Staff were aware of the policies and the assistant person in charge stated that these were implemented. Staff had signed when they had read the policies. Complaints and incidents were documented. Copies of medication errors were maintained in the centre. A copy of the statement of purpose, the Resident's Guide and previous inspection reports were available to residents.

Judgment:
Substantially 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):**
No actions were required from the previous inspection.

**Findings:**
A comprehensive induction programme was in place for all staff which included guidance on safeguarding and safety of vulnerable adults. Staff supervisors informed inspectors that staff were supervised to ensure that their practice was respectful and kind. Feedback from residents was positive and those spoken with by inspectors said they felt ‘safe’ in the centre.

Residents’ finances were maintained by the office administrator. Residents' personal money was securely maintained in line with best practice. This system was reviewed by inspectors. Invoices were sent out to residents for expenses, such as, pharmacy charges, chiropody costs and hairdressing charges. These were seen to correlated with information in the receipts book.

There was an up-to-date policy for the prevention of elder abuse which referenced the most recent national policy and guidelines for safeguarding vulnerable older adults. The
Policy was signed as having been read and understood by all staff in the centre. Staff with whom inspectors spoke were aware of how to report suspected abuse and they stated that there was a zero tolerance approach to elder abuse in the centre. Management staff were aware of the protocols to be followed if an allegation of abuse was made.

Staff were trained in understanding and supporting residents with dementia, who exhibited the behaviour and psychological systems of dementia (BPSD). There was a detailed policy in the centre which guided staff in best evidence based practice. Person-centred plans were in place for residents with dementia, which were seen to be utilised in practice.

Bedrails were in use for a number of residents. Risk assessments and signed consent were in place for their use and regular daily and nightly observations were documented on the safe use of these restraints. Alternative measures to bedrails such as sensor mats were in place for some residents. Regulatory notifications of the use of these restraints had been submitted to HIQA, as required.

A small number of new staff were seen to be scheduled for training in BPSD and training in the prevention of elder abuse in the next few weeks. A number of these staff members spoken with stated that they were trained in the relevant policies on induction.

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

Findings:
The risk management policy contained comprehensive details on the identification and prevention of risks in the centre. The emergency plan was available, dated 01/08/2016, and contained details of alternative accommodation in the event of evacuation of residents. The health and safety committee met once a month with senior staff members from each work area included in the meeting. Comprehensive health and safety audits were undertaken. Relevant checklists were filled in on a daily basis to ensure compliance with health and safety guidelines. Audit action plans were agreed and these were followed up at subsequent meetings. The health and safety statement and had been reviewed in June 2016.

The centre had a policy in place on infection prevention and control. Signage for hand washing was displayed and hand hygiene gel dispensers were readily available. Staff had completed training in infection prevention control and hand hygiene. Each member
of staff had a hand hygiene indicator to indicate if this was performed in compliance with best practice. This record was synchronised with a software application. The assistant person in charge told inspectors that recordings from this were reviewed by the provider/person in charge as part of the quality assurance programme.

Most staff had completed mandatory fire training. New staff had been introduced to the fire safety system on induction and they were seen to be scheduled for further training. A number spoken with by inspectors were found to be knowledgeable of fire safety procedures. Fire drill records were reviewed by inspectors and relevant fire certificates for the maintenance and servicing of the fire safety system were displayed. Guidance was in place for staff in relation to risk assessments for residents who smoked. The room set aside for residents who smoked was seen to have an extractor fan in place which staff stated operated automatically. Adequate fire safety equipment, including a fire safety blanket, a call bell alarm and appropriate ashtrays were provided in this room. However, inspectors found a strong smell of smoke in the bedrooms and hallway adjacent to this room as the door was open while residents were smoking. This was addressed by staff immediately and on the second day of inspection these issue were seen to be resolved. In addition, while the furniture was labelled as made of ‘fire safe’ material inspectors formed the view that the integrity of the furniture may have been compromised in some way by the existence of cigarette type burns on the surface material, which left the inner foam-like material exposed. Furthermore, there were some scorch marks on the floor covering. This was significant as one resident liked to spend a lot of time in this room. Risk assessments had been undertaken. However, due to the burn and scorch marks it was apparent to inspectors that more supervision was required when the ‘smokers’ room was in use.

There had been a serious incident in the centre previously, involving a resident who used oxygen. This had been reported, investigated and recorded as appropriate. Management staff informed inspectors that training had been provided to all staff following this incident, on the safe use and storage of oxygen. Signage and updated risk assessments confirmed that this had taken place. Staff also informed inspectors that safety awareness of oxygen use had been highlighted. However, on the first day of inspection, inspectors found that oxygen had not been turned off in one bedroom when the resident had left the room. This was significant in view of the previous serious incident and also in view of the fact that this bedroom was located near to the room where people were smoking. An immediate action plan was issued by inspectors in response to the potential serious risk posed by this. Management and health and safety supervisors responded robustly to the immediate action plan. The risk assessment was updated, a checklist was established and responsibility was allocated to supervisory staff to check all oxygen cylinders and oxygen concentrators at intervals during the day.

A record was maintained of incidents and accidents and these were reviewed by inspectors. Residents’ care plans were reflective of interventions documented in the incidents and accident forms completed. Laundry was segregated appropriately and alginate bags were available where required. Sluice rooms were clean and were furnished with suitable stainless steel equipment.

Judgment: Non Compliant - Major
**Outcome 09: Medication Management**  
Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**  
Safe care and support

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

**Findings:**  
A medication management policy was in place to guide staff on the procedure for ordering, prescribing, storing and administration of medicines. Staff informed inspectors that the pharmacist was attentive to residents and provided staff training. A pharmacy audit was being undertaken at the time of inspection. It was seen to be detailed and thorough and had been planned prior to the inspection. The time of the audit was documented on the weekly roster. This audit involved a nurse from the centre and the pharmacist.

Nursing staff with whom inspectors spoke had undertaken updated medication management training. Photographic identification was in place for residents on medication administration record charts. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely stored at the nurses’ station. Medication reviews were completed at least every three months and these reviews were documented on residents’ prescriptions and in the medical notes.

**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.

Quarterly notifications had been submitted to HIQA as required and within the appropriate time frame.

However, inspectors found that notification of injuries in relation to two residents had not been sent to HIQA as required by regulations.
Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
Residents had timely access to general practitioner (GP) services and allied health services including physiotherapy, dietician, speech and language therapy (SALT), psychiatry, optician, occupational therapy (OT), dental and chiropody. Inspectors reviewed a sample of residents' care plans with associated risk assessments, which were completed on admission. The information documented in the plan of care was person-centred and reflected an in-depth knowledge of each individual. Residents' weights and other clinical observations were completed on a monthly basis. A daily activities flow chart and narrative note were maintained on each resident outlining the care given and the status of residents' health and social care. Consent for photographs and for bedrail use for example, was obtained from the resident or in the case of those with cognitive impairment through discussion with their next of kin. Residents and relatives indicated that care plans and future wishes for care were discussed with them.

Residents had opportunities to participate in meaningful activities appropriate to their interests and needs. A group of male residents sat in the hallway each day and sang and conversed about their lives and news items. The wall behind this seating area was painted with decorative information signage which was laid out in the form of a signpost. Background information in the form of life story work such as, 'getting to know me' and 'the key to me', informed activities and recreation. Staff and relatives encouraged residents to attend activities. Staff also held one-to-one sessions in residents' bedrooms. Four staff had been licensed to facilitate the 'Sonas' programme (music, reminiscence and activity session). Residents' art, poetry and photographs were displayed in the halls and communal rooms. Several residents stated that they enjoyed the 'morning coffee club' which was held in a section of the sitting room where there was a kitchenette and tea making facilities. There was an extensive activities programme facilitated by the full-time activities person. This member of staff was interviewed on inspection and was found to be aware of the likes and dislikes of residents. She showed inspectors the weekly programme of activities which included:
card playing, bingo, art, mass, TV and sports, Sonas, training sessions, induction for staff, cinema days, café and music.

Residents spoke about outings including an excursion to Donegal with the person in charge/provider. This excursion had been undertaken with a resident who was a 'super-fan' of Daniel O' Donnell. The resident involved showed inspectors a DVD of the singer’s visit to Cuil Digin when he had entertained all residents with a music session. This resident's room was decorated with photographs and memorabilia of meetings with the singer. The decoration of the room personified the ethos of the centre as residents' belongings from home, favourite pictures, preferred foods and personalised bed-linen were seen by inspectors. Inspectors formed the view that residents lived fulfilled, holistic lives in this centre, they were aging in place and had a sense of autonomy and security. Residents were involved in speaking to staff on their induction training day and family and friends were invited to afternoon parties and film days. On the day of inspection one resident had a visit from family which included a toddler. Residents were all happily engaged watching the child and were seen to be smiling and animated by the presence of visitors. Visitors were seen to be offered tea with residents and this added to the homely and welcoming atmosphere. Residents were heard to be familiar with staff, who interacted in a respectful and kind manner with residents and relatives, during the two days of inspection.

There was an enclosed secure garden which was used to enhance outdoor activities and sensory enjoyment. Staff informed inspectors that residents had helped to paint murals on the external walls and adequate seating areas and walkways were laid out in the landscaped gardens at the front and rear of the building. The chicken coup in the garden could be seen from residents’ bedrooms and from one sitting room.

**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:**
Residents spoken with by inspectors stated that they were aware of how to make a complaint if they wished to do so. The resident who acted as the residents' representative spoke with inspectors. This resident explained how meetings were convened and stated that any issues which were brought up by residents were addressed promptly. Inspectors reviewed the records of complaints maintained in the centre. The outcome of any complaint and the satisfactory of the complainant was
The centre had an up-to-date policy and procedure on the management of complaints. Inspectors spoke with the assistant person in charge who confirmed that the supervisor of healthcare and operations was nominated to oversee the management of complaints.

The procedure for making complaints was displayed prominently in the centre. Inspectors reviewed the records of complaints detailing investigations, responses and outcome of any complaint and found that the satisfaction of complainants was recorded.

**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:**
Care plans and care practices were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Inspectors reviewed the file of a resident who had recently died. There was evidence that the resident was cared for by the multi-disciplinary team, including, the palliative care team, the GP, the physiotherapist and staff in the centre. Individual religious and cultural practices were facilitated. Relatives were informed of the resident’s condition and staff were present when the resident died. Relatives were encouraged to stay overnight in the event that a resident’s condition deteriorated.

The senior nurse discussed the training which had been provided to staff. She stated that some residents had discussed their advanced care wishes. These were seen to be documented in relevant care plans. Property inventories were maintained for resident, who were encouraged to bring in favourite items from home. For example, inspectors saw that residents had items such as a bureau, comfortable armchairs, photographs and personal cushions and bedding. There was a end of life box available in the centre. This contained items for spiritual care such as prayer leaflets and candles. Informative brochures and leaflets were seen at the entrance to the centre.

Residents were facilitated to participate in spiritual events such as the rosary and mass and had access to their appropriate priest or minister.

Staff informed inspectors that one undertaker said that it was refreshing to see the respect shown to deceased residents. He stated that he was very impressed that these...
residents left the centre by the front door and were accompanied to the front gate by
staff. The names of deceased residents were recorded each year on a gold coloured
plaque which was displayed in the spacious oratory. A mass was held in their memory as
well as a yearly memorial mass for all who died during the year. Families were invited to
attend and talk about their deceased resident with staff.

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:**
Residents and relatives spoke positively about staff and indicated that they were caring, responsive to their needs, and treated them with respect and dignity. Inspectors reviewed a sample of staff rosters, observed practices and conducted interviews with a number of staff. Inspectors observed positive interactions between staff and residents over the course of the inspection and found staff to have excellent knowledge of residents' needs as well as their likes and dislikes. Supervisory staff had been appointed and hand-over reports were detailed and informative. This was a learning organisation and training was on-going during the inspection on topics such as, polypharmacy and managing the inspection process.

There was a nurse on duty at all times. Staff were supervised appropriate to their role. A staff development and appraisal system as well as a mentoring system was implemented for all staff. Inspectors saw evidence of this in staff files viewed. Staff induction was also comprehensive, Staff stated that they often attended this more than once, as a refresher, which they found helpful.

There was a clear management structure and staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities. Staff meetings were held regularly and staff stated that communication between staff and management was transparent and inclusive. Care management meetings were organised twice in the month.
Inspectors reviewed staffing rotas, staffing levels and skill mix. The assistant person in charge informed inspectors that she was satisfied that there were sufficient staff on duty to meet the needs of residents.

Inspectors found that there was a good level of appropriate and mandatory training provided to staff. In addition, staff were supported to deliver care that reflected contemporary evidence-based practice. Most staff had completed training in manual handling of residents. However, two new staff members were yet to receive this training. It was seen to be scheduled for the weeks following the inspection. The staff supervisor informed inspectors that two members of staff were always required to attend to residents requiring sling hoist transfer.

Registration details with An Bord Altranais for 2016 for nursing staff were seen by inspectors.

There were no volunteers in the centre at the time of inspection.

**Judgment:**
Substantially 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:**

Mary O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>20/09/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13/10/2016</td>
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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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One staff file did not contain a reference from the person’s most recent employer as required by the regulations.

1. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Actioned immediately and reference on file

Proposed Timescale: 13/10/2016

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:
Hazard identification and assessment of risks throughout the designated centre was not sufficient robust in relation to the safe use of, and observation of the use of, oxygen.

2. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Actioned immediately as per the report findings

Proposed Timescale: Completed and Ongoing Monitoring

Proposed Timescale: 13/10/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider was required to provide assurances to HIQA that the room set aside for residents who smoke conformed with all fire safety guidelines, as regards, furnishings, fire safety equipment and supervision.

3. Action Required:
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:
New flooring with Fire Rating was upgraded in early 2016

Proposed Timescale: 13/10/2016
Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medicines which had been completed had not been signed as discontinued by the prescriber.

4. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
The GP has updated his medication documentation for this one chart to indicate signature and discontinued date.

Proposed Timescale: 13/10/2016

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all serious incidents had been notified to HIQA within three days of their occurrence.

5. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
The PIC has updated her protocol to ensure that events that are intrinsic to chronic health conditions are reported. (2 separate cases in this instance)- NF03 with supporting rationale submitted.

Proposed Timescale: 13/10/2016

Outcome 18: Suitable Staffing
**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had appropriate training in manual handling techniques completed.

**6. Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
All staff have completed Handling training and 2 new staff had completed in house assessment & orientation for Safe Handling/Hoist usage – they both had been scheduled to attend refresher training on 21/10/16

**Proposed Timescale:** 21/10/2016