

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Signature Care Killerig
Centre ID:	OSV-0005454
Centre address:	Killerig, Carlow.
Telephone number:	059 916 3544
Email address:	mags@prudentcapital.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Prudent Healthcare Limited
Provider Nominee:	Margaret-Anne Walsh
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	45

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 decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 August 2016 09:30	22 August 2016 18:00
23 August 2016 09:30	23 August 2016 17:00

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

Outcome	Our Judgment
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

Currently, there are no residents living in this centre as it is not operational as yet. All proposals outlined and plans agreed will be verified at the next inspection.

The inspector reviewed the proposed documentation to be used such as care plans, logs, policies and procedures. The person in charge, provider nominee and the

business development and facilities manager were available on the days of inspection and all were interviewed as part of the inspection. The provider nominee will be referred to as provider throughout the report.

Plans were in place to ensure that the health needs of residents were met. Residents will have access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care will be provided. The person in charge discussed arrangements in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their interests and preferences.

The inspector saw that a planned induction programme was in place for staff to attend prior to the opening the centre. This programme included all mandatory training in addition to clinical issues such as nutritional care and infection control. Ongoing professional development for staff will be promoted and the inspector saw that plans were at an advanced stage for the provision of eLearning courses.

The sample of staff files reviewed were complete and a policy was in place to guide recruitment. The person in charge discussed the proposed fire procedures and the inspector was satisfied that if implemented they are sufficiently robust. Adequate fire equipment was in place. The health and safety of residents and staff will be promoted and an emergency plan was in place.

These are discussed further in the report. No actions were required from this inspection

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the regulations. It accurately described the service that will be provided in the centre and will be kept under review by the provider. It will be available to residents.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the quality of care and experience of the residents will be monitored and developed on an ongoing basis. Effective management systems will be in place to support and promote the delivery of safe, quality care services.

The inspector was satisfied that there was a clearly defined management structure that

identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

The inspector saw that a comprehensive audit had already been completed to benchmark the service against the regulations and standards. Plans were then put in place for any improvements that were required. Plans were also in place to set up a quality and safety committee within the centre to drive the auditing process.

The person in charge and provider discussed plans to complete audits on several areas such as complaints, falls and medication management. They discussed how the results of these will be analysed for the purposes of learning and improving practice.

The inspector saw that plans were already in place to ensure that the annual review of the quality and safety of care was completed. The inspector saw that the template for completion was available and plans were in place to carry out the necessary audits.

Data will also be collected each week on the number of key quality indicators such as antibiotic use and the number of wounds, to monitor trends and identify areas for improvement.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector read the proposed contract for the provision of services and saw that it met the requirements of the regulations. It included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it too met the requirements of the regulations. The person in charge confirmed that it will be available to all residents. The inspector noted that it was designed in an easy read format with appropriate sized print.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge is a registered nurse with the required experience in caring for older people. She told the inspector that she will work full-time in the centre. This was confirmed by the sample rosters reviewed.

The person in charge demonstrated her commitment to her own professional development and education. For example she had previously completed a frontline management course and a postgraduate diploma in gerontological nursing. She has just completed a certificate course in health and safety. She attended numerous clinical courses such as medication management, wound care and nutrition and also undertook training and acted as a dementia champion in previous employments.

During the inspection the person in charge demonstrated a satisfactory knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge also understood the regulatory responsibilities associated with the role and demonstrated an ongoing commitment to compliance with the statutory requirements.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the records set out in Schedules 2, 3 and 4 will be kept in a designated centre and available for inspection by the Chief Inspector.

The inspector was satisfied that the records listed in Part 6 of the regulations will be maintained in a manner so as to ensure their safety and accessibility as required by the regulations.

The provider was aware of the periods of retention for the various records.

The designated centre had in place the written operational policies required by Schedule 5 of the regulations. Adequate insurance cover was also in place.

All information requested by the inspector was readily available.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days.

The person authorised to act on behalf of the provider deputises for the person in charge in her absence. The inspector interviewed this person and found that she was aware of her responsibilities and had up to date knowledge of the regulations and standards.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that measures will be in place to safeguard and protect residents from abuse. There was a policy in place covering the prevention, detection, reporting and investigation of allegations or suspicion of abuse. It incorporated the national policy on safeguarding vulnerable persons at risk of abuse. The provider and person in charge were clear on the procedures they will follow in the event of an allegation of abuse. They also said that this training will be covered on the staff induction programme prior to the centre opening.

Because of their conditions, some residents may have episodes of behaviour that challenges. There were policies in place about managing behaviour that challenges. Policies were seen to be comprehensive and contained sufficient detail to guide practice. The inspector saw that specific details such as possible triggers and interventions will be recorded in their care plans. Training will be provided and the inspector saw that additional support and advice will be available to staff from the psychiatry services.

The provider and person in charge described proposed procedures that will be in place to safeguard residents' finances. The inspector read the policy and saw that it provided sufficient guidance to staff and if implemented will be sufficiently robust.

The provider and person in charge told the inspector that it is their intention to operate a restraint-free environment. The inspector noted that bedrails were not standard on the beds in place. Additional equipment such as ultra low beds and crash mats were available. The inspector read the policy which incorporated the national guidelines on the use of restraint. Training will also be provided for 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff will be sufficiently promoted and protected.

There was a Safety Statement in place. The risk management policy met the requirements of the regulations. The provider and person in charge told the inspector that it is their intention to carry out a final environmental health and safety audit prior to accepting residents to ensure that the risk register contained details of all possible hazards and appropriate controls within the centre.

The provider told the inspector that contracts will be in place to provide quarterly servicing of the fire alarm system and yearly servicing of the equipment. The inspector read documentation confirming this. Both the person in charge and the provider discussed plans to ensure that all staff had received fire training prior to commencing work in the centre. The inspector noted that plans were in place to carry out fire drills on a minimum of a three monthly basis initially and routine checks of the fire panel and escape routes will be carried out. The evacuation procedure will be on display around the centre

The inspector read the proposed emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was specified should evacuation be required.

A personal emergency evacuation plan (PEEP) will be developed for all residents taking into account the number of staff required to evacuate the resident, the ideal means and route of evacuation. An emergency bag containing equipment such as torches and telephone numbers will be available to take with residents should it be required.

A plan was in place to ensure that, if required, all staff will attend mandatory training in moving and handling as part of their induction programme. This training will include the use of hoists and slings.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector reviewed the medication policy which was comprehensive and gave clear guidance to nursing staff on areas such as medication administration, refusal and withholding of medications, medications requiring strict controls, disposal of medications and medication errors.

The person in charge told the inspector that all staff nurses involved in the administration of medications will undertake a medication management course. In addition competency assessments will be carried out.

The provider had secured the services of a pharmacy to supply the medication and the inspector saw samples of completed prescription and administration kardex which were clear and in line with national guidelines. The inspector saw that additional safeguards will be in place around medication administration. This includes an electronic checking system to ensure that the medications being administered are to the correct resident at the correct time.

The inspector saw that the pharmacy will provide additional training and guidance for staff and residents. This will include general sessions for residents on topics such as understanding flu.

A resident's medication information pack will be available to any resident who requires one. This will contain details of each medication and its uses. General advice and possible side effects will also be included.

Plans were in place to carry out regular audits to ensure compliance with the policy.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge and the provider were aware of the legal requirement to notify the

Chief Inspector regarding incidents and accidents. The inspector saw that an electronic record of all incidents will be maintained. The provider and person in charge discussed plans to analyse all incidents that occur. These results will be shared with staff for the purpose of learning.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that based on the proposals outlined by the provider and person in charge, residents' wellbeing and welfare will be maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare.

General practitioner (GP) services will be provided by a local practice. A full range of other services will be available on referral including speech and language therapy (SALT), occupational therapy (OT), physiotherapy and dietetic services. It is intended that ophthalmology and chiropody services will be provided in the centre and dental services will also be locally sourced.

The inspector reviewed the proposed nursing documentation which was on a computerised system and noted that it included nursing assessments and additional risk assessments to be carried out on all residents. Comprehensive person-centred care plans will be put in place for all residents' needs. The person in charge stated that residents' and relatives' will be involved at assessment and review stages and this will be documented.

Plans will be in place to promote health including flu vaccinations and early detection of infections. Training will be provided to staff on recognising delirium.

An activity coordinator will be employed in the centre and the person in charge outlined the plans to have an extensive range of activities available for residents. A schedule of activities will be available based on the assessed needs of residents. The person in charge outlined how residents who may be confused or who may have dementia related

conditions will be encouraged to participate in the activities. 'This is me' will be completed with each resident and this will contain detailed information on each resident's assessed needs, likes and interests and past life. Individual one to one time will be available for residents who may not wish to join group activities.

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):

This was the centre's first inspection by the Authority.

Findings:

This centre had been redesigned and renovated from its previous purpose to comply with the requirements of the regulations.

The entrance leads into a large open plan foyer with a reception desk, an open plan lounge and a coffee dock. Various offices and a meeting room are located off the main foyer.

Three floors will be in use with bedroom accommodation on the first and second floor. Two lifts provide access between the floors.

The inspector was satisfied that the bedroom accommodation will meet residents' needs for privacy, leisure and comfort. In total there were 35 single and five twin rooms, all with full en suite facilities. Appropriate furniture will be available in each room. Adequate lighting is provided including sensor lighting for all toilet areas.

This building promotes a dementia friendly environment. All toilet doors were a similar colour while each bedroom door was a different colour to act as a prompt for residents. Contrasting colours were also used in the toilets to aid orientation. Appropriate signage in word and picture format was available at eye level height throughout the centre.

All bedrooms and communal areas had call bell facilities.

There are additional assisted toilets and bathrooms throughout the premises; these are located strategically, for example, close to day rooms and along the corridors. A

wheelchair accessible visitors' toilet is also available. Baby changing facilities will be provided.

A variety of communal day and dining spaces will be available. The day and dining rooms were bright with large windows looking out onto the nearby golf course. The provider had designed a village streetscape which had old style shop fronts to the hairdresser, the multi-faith prayer room, a GP and allied health treatment room called the clinic and a post office front where residents will be able to buy cards and post their letters. The inspector saw that a bar was also available on the ground floor. The provider discussed plans to have this set out in old style design.

The corridors are wide and will allow residents to easily move about when using assistive equipment such as walking frames and wheelchairs. Seating areas have been provided along some of the corridors. To promote independence handrails are provided in all corridor areas and grab rails are installed in all toilets and bathroom.

There are two fully equipped sluice rooms. Adequate arrangements were in place for the disposal of clinical and domestic waste. There is adequate storage space provided to ensure that equipment and assistive devices are stored in a safe and discreet manner.

Additional facilities available include a kitchenette on each floor, staff changing rooms and dining room, main kitchen with facilities for the catering staff. Two fully equipped cleaners' rooms will also be provided. The laundry is described under Outcome 17.

The inspector saw that an adequate supply of assistive equipment will be available for use including a variety of hoists and pressure relieving mattresses. The inspector saw that servicing contracts were in place.

There is a secure garden area to the back of the building which can be accessed from the day room and dining room. This has been finished to a high standard and includes safe walkways and planted areas. Contrasting stone colours have been used at the edge of the pathways to assist residents. In addition non-slip rubber flooring has been provided on the decking area. The provider discussed plans to develop this further with raised flower beds and appropriate seating.

There is an additional garden area to the front of the building which was being developed at the time of inspection. Adequate parking was available to the front of the building.

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The provider and person in charge both had a positive attitude to receiving complaints and considered them a means of learning and improving the service.</p> <p>The inspector reviewed the complaints policy and found it described in detail how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. It also contained details of the nominated person available to ensure that all complaints are appropriately responded to and records maintained.</p> <p>The inspector saw that the complaint's procedure was on display prominently in the front foyer.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 14: End of Life Care</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector was satisfied that caring for a resident at end-of-life will be regarded as an integral part of the care service provided in the centre.</p> <p>This practice will be informed by the centre's policy on end of life care. Additional facilities will be provided for relatives including accommodation to stay in the centre if that is required. Snacks and drinks will be readily available for relatives. There is also a kitchenette on each floor.</p> <p>The local home care team will be available to provide support and advice when required. Additional training will be provided for staff as required.</p> <p>The person in charge discussed plans to introduce documentation which will allow exploration of the residents' wishes regarding end of life.</p>

There will be a procedure in place for the return of possessions. A specific bag will be set aside for this and relatives will be given adequate time to return to the centre to gather any belongings they wish to keep.

The person in charge discussed with the inspector plans to introduce other initiatives such as the hospice friendly hospital (HfH) initiatives. This included the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

Information leaflets will be available for bereaved residents. The inspector saw that these contained useful information such as how to get the death certificate. Other information available included a list of local accommodation and contact details for local undertakers.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that each resident will be provided with food and drinks at times and in quantities adequate for his/her needs.

The kitchen was large and very well equipped. Adequate storage space was provided.

There is a large dining room nicely furnished located near the kitchen. There is a servery located to the side of the dining room which will allow residents to see the food choices on offer. Desserts will also be displayed here. The person in charge told the inspector that residents could choose where to have their meals, either the dining room, in other communal areas or in their own bedroom.

The inspector saw some sample menus but the person in charge told the inspector that menus will be modified following resident admissions and will be based on residents' food preferences. Plans were in place to have these menus assessed by a dietician to ensure they were nutritionally adequate.

The person in charge told the inspector that residents requiring special diets or a

modified consistency diet will have the same choices available to them. Conventional meal times will be in place although residents will choose when to have their meal.

The inspector reviewed the policy on monitoring residents' nutritional intake and food and nutrition. The person in charge told the inspector that all residents will be nutritionally assessed and weighed monthly. She said that weight loss will be closely monitored and that referrals to the GP and dietician would be made if required.

The person in charge confirmed that snacks and drinks will be available throughout the day and night.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents will be consulted with and participate in the organisation of the centre. Each resident's privacy and dignity will be 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.

The person in charge told the inspector that they planned to set up a residents' committee. She told the inspector that minutes of meetings will be documented and circulated to all residents. The provider and person in charge stated that they intended to act upon any issues that may arise and view it as a way of improving the service and quality of life for residents.

The provider told the inspector of plans to carry out resident satisfaction surveys on a regular basis to monitor the residents' level of satisfaction with the service provided.

There were ample sitting areas which will allow residents to receive visitors in private. The provider told the inspector that relatives will be able to visit at any time and that residents will be encouraged to go out to visit and attend family occasions. She also said that families will be invited to attend special occasions in the centre such as birthday

parties and other events.

Most residents will have single bedrooms to ensure privacy and dignity is maintained. Residents may also avail of a shared room if they wish. There will be sufficient screening in the shared rooms to maintain privacy.

The person in charge told the inspector that residents' religious and political rights will be facilitated. A quiet room is set aside as a multi-faith room to use for religious ceremonies and available for use by residents of different religious beliefs if required. The provider told the inspector of plans currently afoot to stream religious ceremonies to the centre from the local church.

She stated that arrangements will also be made regarding in house voting. Residents who wish to return to their own locality to vote will be facilitated to do this.

Landline phones with extra large buttons were available in each bedroom and the inspector was told that these will be set up for any resident who required one. Wi-Fi will also be available throughout the centre as will Skype facilities.

The person in charge outlined details of independent advocacy services that will be available to the residents. This contact information will be on display.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider and person in charge told the inspector that they have put measures in place to protect residents' personal property and possessions.

The inspector was informed that particular attention will be taken to ensure that residents' clothes were well managed. The inspector visited the laundry. It was spacious and suitably equipped. Separate areas were available for clean and dirty laundry. In addition there was ample storage room for clean linen.

The person in charge told the inspector that residents' clothing will be marked discreetly

by relatives or on admission by staff and all residents' clothes can be laundered on site or by relatives who may wish to take them home.

The inspector saw that all bedrooms were of sufficient size. Adequate and suitable storage space was provided including a lockable space for each resident.

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):

This was the centre's first inspection by the Authority.

Findings:

From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the regulations. A checking system had been introduced to ensure that required information was in place. The recruitment policy met the requirements of the regulations.

The person in charge told the inspector that the staffing levels will based on the assessed needs of the residents. Sample rosters were reviewed but the person in charge told the inspector that these will change depending on the needs of the residents.

The inspector saw that there was an induction and appraisal system in place. The provider outlined the purpose of these which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

An extensive training plan was in place including some extensive eLearning packages with on site practical training when needed. In addition to mandatory subjects, training

planned included nutrition, dementia care, hazard analysis and critical control points (HACCP) and infection control. Training on clinical issues such as wound care will be provided as needed.

There were no plans in place at present to have volunteers in the centre but the provider was aware of the requirements of the regulations in this regard.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority