

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Woodlands House Nursing Home
<b>Centre ID:</b>	OSV-0000186
<b>Centre address:</b>	Trim Road, Navan, Meath.
<b>Telephone number:</b>	046 902 8617
<b>Email address:</b>	woodlandshousenh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sandcreek Limited
<b>Provider Nominee:</b>	Fintan O'Connor
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	30
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 following an application to vary registration conditions. 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 April 2017 08:30	20 April 2017 18:00
28 April 2017 15:30	28 April 2017 16:20

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

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

**Summary of findings from this inspection**

This inspection was completed in response to an application made by the provider for variation of a condition of registration of the centre from a maximum occupancy of 30 to 36 residents. The last inspection of the centre by the Health Information and Quality Authority (HIQA) was a thematic inspection completed on 21 September 2016 to assess compliance with the regulations regarding the service provided for residents with dementia living in the centre. There were three actions required from that inspection and were found to be satisfactorily completed on this inspection.

The inspector spoke with residents, their relatives and staff members. Documentation records reviewed included the centre's policies, risk management (including fire safety) procedures and records, audits, staff training records and residents' records.

The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge of the legislation and standards. Monitoring systems were in place to ensure the quality and safety of the service was optimised. The inspector found that the service provided was compliant with the regulations in all outcomes inspected. Care of residents was of a good standard and was provided by trained staff who knew the residents well. The inspector observed that all interactions by staff with residents were courteous, respectful and kind. Procedures were in place to ensure that residents were protected from abuse.

The newly refurbished area of the premises was completed to a good standard and met the requirements of the legislation and National Standards. The layout and design provided six additional resident beds arranged in two single en-suite and two twin en-suite bedrooms on the first floor level of the building. A variety of additional communal rooms were provided on the ground floor. This area combined with the current centre premises provided a comfortable, varied and spacious environment for 36 residents.

Management and staff in the centre demonstrated their commitment to ensuring the quality and safety of the service was maintained to a good standard and that residents experienced positive outcomes and a good quality of life in the centre. Residents expressed their satisfaction with the care they received and confirmed that they felt safe and had a choice in their daily routine. Residents spoke positively about the person in charge and staff who cared for them.

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 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:**

A written statement of purpose document dated 01 March 2017 was forwarded to HIQA. It contained all information required by Schedule 1 of the Regulations and detailed the changes in service provision to meet the needs of 36 residents. The statement of purpose and function accurately described the range of needs that the designated centre meets and the services provided.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure in place and was outlined in the centre's statement of purpose dated March 01 2017. Lines of authority and accountability were defined and all members of the team were aware of their roles,

responsibilities and reporting procedures. A monthly governance meeting schedule was in place and minutes of these meetings were made available to the inspector. Inter-team communication was promoted by regular staff meetings chaired by the person in charge. The person in charge assists with care provision on a day-to-day basis to maintain close contact with residents and to supervise care provided to residents.

There were systems in place to ensure that the service provided was safe, appropriate to meet residents' needs, consistent and regularly monitored. There was evidence that key areas of clinical care, the environment and feedback from residents and their relatives was reviewed to ensure the service provided was safe and met residents' needs. There was evidence that the information collated in audits and in feedback from residents and their relatives was consistently actioned. Findings from reviews and audits were trended and informed proactive quality improvement strategies and assurances that all aspects of the quality and safety of the service were optimised. An annual report detailing a review of the quality and safety of care delivered to residents in accordance with the National Standards was completed for 2016.

Residents and relatives were familiar with the management structure and arrangements in the centre. Residents knew the person in charge well. Residents and residents' relatives spoken with during this inspection spoke positively about the service provided and the staff caring for them. There was evidence that improvements being progressed were made in consultation with residents and residents were given opportunity to express their views. Residents were kept informed on progress with the refurbishment project and some residents were given opportunity to view the newly refurbished area. The inspector also observed where meaningful actions were taken in response to residents' feedback on the menu. This was also demonstrated in the efforts made by the provider, person in charge and staff team to optimise residents' comfort in the centre.

There were sufficient resources provided to ensure the effective delivery of care as described in the centre's statement of purpose document.

**Judgment:**  
Compliant

***Outcome 03: Information for residents***  
***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
A Residents' Guide was available in the centre. The guide was made available to

residents and contained all of the information required by the Regulations. It was updated to include the service changes from refurbishment of an adjacent premises to provide accommodation and facilities for 36 residents.

Each resident had a written contract for the provision of services that was agreed on their admission. The inspector reviewed a sample of contracts and found that they dealt with the care and welfare of residents while in the centre, outlined the services to be provided and the fees to be charged to the resident. Additional fees were also detailed in each case.

**Judgment:**  
Compliant

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

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

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre was being managed by a suitably qualified and experienced nurse in care of older people. Susan Walsh demonstrated that she had authority and was accountable and responsible for the provision of the service to residents. The person in charge demonstrated that she was engaged in the governance, operational management and administration of the centre on a full-time basis over five days each week. The person in charge is supported in her role by a deputy nurse manager, along with nursing, care, administration, maintenance, kitchen and housekeeping staff who report directly to her.

The person in charge is a registered nurse with An Bord Altranais agus Cnáimhseachais Na hÉireann. She has completed a number of postgraduate courses including gerontology and palliative care among other courses and training to maintain her professional development. She demonstrated that she had knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre.

The person in charge had a detailed knowledge of each resident's life history, condition and care needs. Staff confirmed that there was good inter-team communications. The person in charge had effective systems in place to ensure the quality and safety of clinical care was maintained to a good standard. Information required was easily accessed and was well organised. Residents and relatives spoken with knew the person in charge well and spoke positively about her concern that their needs were met and that they were satisfied with the service provided.

**Judgment:**

Compliant

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

All residents' documentation in paper format was maintained securely and electronic records were password protected.

The information as required by Schedule 1 of the Regulations was documented in the centre's recently updated statement of purpose document.

Staff files reviewed contained the information as required by Schedule 2 of the Regulations.

The directory of residents as required by Schedule 3 of the Regulations was maintained in an accessible format. All items of required information were recorded for each resident in the centre.

Other records to be maintained in respect of each resident and otherwise as described by Schedules 3 and 4 of the Regulations were in place and were stored securely.

All of the written operational policies including a policy to inform admission of residents as required by Schedule 5 of the Regulations were available and up to date. These policies were accessible to staff to inform their practice.

**Judgment:**

Compliant

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

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the*



***management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge demonstrated they were aware of their responsibility to notify the Chief Inspector of any proposed absence of the person in charge greater than 28 days from the designated centre and had arrangements in place for the management of the designated centre during any absence.

A suitably qualified registered nurse at clinical nurse manager grade worked alongside the person in charge on a day-to-day basis and deputised in her absence. The person in charge also had arrangements in place to ensure that she and her deputy were not on leave during the same periods. This arrangement ensured that a senior member of the nursing team was available each day during the week.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were measures in place to safeguard and protect all residents from abuse. A policy was in place to inform prevention, detection, reporting and responding to allegations or suspicions of abuse. Staff attended training on protection of vulnerable adults and staff spoken with by the inspector could describe the types of abuse and were aware of their responsibility to report any incidents, allegations or suspicions of abuse. Residents spoken with on the day of the inspection told the inspector that they felt safe in the centre and spoke positively about the staff looking after them. All interactions by staff with residents as observed by the inspector were respectful, supportive and kind.

A positive and compassionate approach was promoted with residents experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector observed that responsive behaviours experienced by residents were well managed in practice. Care plans examined by the inspector demonstrated that a person-centred approach was taken by staff to identify and alleviate any underlying causes for residents' responsive behaviours. Effective de-escalation strategies were documented and staff spoken with by the inspector could describe person-centred de-escalation techniques that they would use to manage individual resident's responsive behaviours. A large percentage of staff had received training that included managing responsive behaviours and training was on-going to ensure all staff had the skills as required by the Regulations.

There were policies and procedures in place to inform restraint use. A restraint register was maintained in the centre. Bedrails were used for nine residents. Each resident had a bedrail risk assessment completed to ensure their safety needs were met. There was evidence that need for bedrail use was being reviewed frequently by staff. There was also evidence that alternatives to bedrails, such as low level beds and foam floor mats were trialled in consultation with residents. Procedures were in place for review of use of psychotropic medications administered on a PRN (a medicine only taken as the need arises) basis for management of responsive behaviours when all other interventions were tried and failed. The inspector was told that no residents received psychotropic medications on a PRN basis.

There were systems in place to safeguard residents' money. The centre kept money on behalf of some residents, and this was securely stored. All transactions were recorded appropriately and signed by a staff member and the resident or their relative. A sample of balances of residents' money were checked by the inspector and were all found to be correct. Residents were provided with a lockable space in their bedrooms to facilitate them to independently secure their personal possessions if they wished.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

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

**Findings:**  
Findings on this inspection demonstrated that the health and safety of residents, staff

and visitors was protected and promoted. There was an up-to-date safety statement available for the centre. A proactive approach to risk management in the centre was demonstrated. For example, trees within close proximity to the centre were felled as roots were damaged. Risk management procedures as required by Regulation 26 were also in place to protect vulnerable residents. A hazard register was maintained which was frequently updated. It referenced identification and assessment of risks with controls to prevent potential adverse incidents to residents, visitors and staff. The register included clinical risks such as residents using bedrails. Arrangements were in place for risk assessment of individual residents who smoked. No current residents engaged in smoking. Hazardous areas such as sluice rooms were secured at all times to prevent unauthorised access. Health and safety and risk management was a standing agenda item in governance meetings. A health and safety committee met regularly.

All incidents and accidents involving residents, staff and visitors were logged. They were reviewed and with actions documented and implemented to mitigate risk of recurrence. Data on resident falls was collated, analysed and used to inform risk management strategies and staffing resources. There was a low incidence of resident falls necessitating hospital care in the centre in 2016 to date. Each resident has a risk of fall assessment completed on admission and was regularly reviewed thereafter, including after a fall incident. Hip protection equipment, low level beds, foam floor mats, hand rails in corridors, toilets and showers in a contrasting colour to surrounding walls, staff supervision and sensor equipment were used to reduce risk of fall or injury to vulnerable residents.

Residents were protected against risk of fire in the centre. All residents had evacuation risk assessments completed and documented. Fire safety management checking procedures were in place and no gaps were observed in these records. Servicing of the fire panel, alarm, emergency lighting, directional signage and smoke/heat sensor equipment had been completed. Work was completed to integrate the fire alarm system in the newly refurbished area of the centre. Equipment including fire extinguishers were available at various points throughout the centre. Fire evacuation drills were completed at very regular intervals and reflected testing of day and night-time resources and conditions to ensure residents could be safely evacuated in an emergency. A number of staff were trained as fire wardens. Staff training records referenced that all staff had completed fire safety training and had participated in a fire evacuation drill. Staff spoken with by the inspector were aware of the emergency procedures in the event of a fire in the centre.

An infection control policy informed procedures for management of communicable infection and infection outbreak to guide and inform staff. The centre was visibly clean. Hand hygiene facilities were located throughout the premises including in the newly refurbished area. Environmental cleaning procedures reflected best practice in infection prevention and control standards. Most staff, including cleaning and laundry staff, had attended training on infection prevention and control.

**Judgment:**  
Compliant

### ***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were protected by safe medication management policies and practices. The inspector observed that residents' medicines were stored appropriately, including medicines controlled under Misuse of Drugs legislation and medicines requiring refrigeration. Checks were consistently completed on controlled medicine balances and refrigerator temperatures. Residents' prescribed medicines were reviewed at least on a three-monthly basis. The person in charge completed medicines management audits at regular intervals.

The inspector observed medicine administration to residents on this inspection. Medicines were administered on an individual resident basis from the drug storage trolley and were recorded in line with professional guidelines. Procedures were in place to record the date of opening of residents' topical creams, ointments and oral liquid medicines to ensure they were not used beyond the timescales recommended by the manufacturer. Procedures were also in place to ensure medicines no longer used by residents in the centre were removed from the medicines trolley and discarded appropriately.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligations. Residents had access to a local pharmacist and the pharmacist was available to meet with residents as they wished. The pharmacist undertook regular audits of medicines in the centre.

**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 and accidents to residents that occurred in the centre was maintained, and records since January 2016 were reviewed by the inspector. The provider representative and person in charge was aware of the legal requirement to notify the Chief Inspector of specified accidents and incidents occurring in the centre. To date and to the knowledge of the inspector, all relevant incidents have been notified to the Chief Inspector by the provider and person in charge.

A quarterly notification report was forwarded to HIQA referencing details of required information up to the end of quarter 1, 2017, including use of restraint in the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre catered for residents with a range of needs and the inspector found that their healthcare needs were met on this inspection. There was evidence that residents received timely access to health care services and were supported to attend out-patient appointments as necessary. Residents had a choice of GP and some residents who lived in the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents' documentation confirmed they had timely access to GP care including an out-of-hours service. Residents had access to physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, optician and chiropody services as necessary. The community psychiatry of older age specialist services supported GPs and staff with care of residents experiencing behavioural and psychological symptoms of dementia as needed. The inspector's review of a sample of residents' care plans confirmed that recommendations made by these services were documented in their care plans. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, an annual influenza vaccination programme, regular vital sign monitoring, blood profiling and medication reviews. There was good access to community palliative care services who were available to support staff with management of residents with chronic pain and management of symptoms during end-of-life care as appropriate.

There was systems in place to ensure assessment and documentation of residents' needs was maintained to a good standard. Residents' care plans were person-centred and informed their needs. Assessments of residents' needs were carried out within 48 hours of their admission. Care plans were developed based on assessments of need and thereafter in line with residents changing needs. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. Residents' care plans were updated routinely on a three-monthly basis or to reflect their changing care needs as necessary. The inspector found that staff spoken with knew the residents well and were knowledgeable regarding their likes, dislikes and needs. There was evidence of involvement of residents and their families in residents' care plan development and reviews thereafter.

Arrangements were in place to ensure residents with wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate, was photographed and included a treatment plan to inform care procedures. Wounds were photographed to monitor progress. Tissue viability, dietitian and occupational therapy specialists were available as necessary to support staff with management of wounds that were slow to heal or were deteriorating. The inspector was told by the person in charge that no residents had pressure ulcers in the centre on the days of this inspection. Procedures were in place to prevent pressure related skin injury to residents. Their level of risk was assessed on admission and regularly thereafter. Equipment such as pressure relieving mattresses and cushions, in addition to care procedures, including repositioning schedules were used as prevention strategies.

**Judgment:**  
Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Effective care and support

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

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

**Findings:**

The design and layout of the designated centre met its stated purpose to a good standard. The current centre is a purpose built single story premises located within close proximity to the local town centre. The interior accommodation of the current centre premises provided a spacious and comfortable environment for residents. A temporary

entrance is in operation to the current centre while refurbishment work is underway in a connecting adjacent two storey house. The main entrance to the centre will be through the newly refurbished premises. This newly refurbished area will provide spacious accommodation for six residents in two single and two twin bedrooms on the first floor and was finished to a high standard. Many of the original decorative and ornate features of the house were preserved in the refurbishment. This new area provides a bright, spacious and comfortable environment for residents. A wide stairs from the reception area provides access to the first floor. A stair-lift is in place pending installation of a lift which the provider advised the inspector was in progress. Pending installation of the lift, the provider had put arrangements in place where residents accommodated in this area will be assessed to ensure there is no restrictions on them accessing both floors. All bedrooms are fitted with spacious en-suite toilet, shower and wash basin facilities. Support rails were fitted in en suites in a contrasting colour to surrounding walls to support residents with reduced vision and dementia.

A small communal rest area and a linen storage press are also provided on the first floor. The ground floor is directly linked to the current designated centre by means of a communal corridor. The ground floor accommodation in the newly refurbished area includes a reception area, dining room, sitting room, oratory, visitors' room, communal toilet, treatment room, hairdressing salon, sluice room and office accommodation. The temporary entrance to the centre is currently staffed by a receptionist until 18:00hrs five days per week and will be increased to seven days each week when the newly refurbished area is operational.

Communal rooms for residents' use in the current centre premises included a quiet room where residents could relax to read, listen to the radio or meet with visitors. A dining room and spacious sitting room was also available with seating arranged to support residents to socialise and relax. The additional sitting and dining facilities provided with the newly refurbished area will give residents choice of location and sufficient space to dine and relax comfortably. Additional wheelchair accessible toilets were available throughout the centre and were within close proximity to communal dining and sitting areas.

The floor space in residents' bedrooms met size, privacy and dignity requirements as outlined in HIQA's Standards and the legislation. Each bedroom was serviced with full en-suite facilities which were spacious and contained a toilet, shower and wash-hand basin. Bedrooms were fully fitted with lighting, heating and bedroom furniture consisting of beds, lockers, spacious wardrobes, a comfortable chair, bed tables, call bells and televisions. Each resident in twin bedrooms had access to their own television. Reading lights were also fitted and in working order.

The layout and design of bedroom and communal accommodation in the current and newly refurbished area was spacious and bright, provided residents with choice and promoted their independence. Circulating corridors were fitted with wall-lights and handrails were painted a strongly colour to surrounding walls to define their visibility. The use of colour and natural light throughout the current and new area of the premises was optimised to support the quality of life of residents. Floor covering on corridors and in bedrooms was a neutral colour and bold patterns were avoided to promote ease of access. Doors were in a contrasting colour to walls. There was good use of signage and colour on doors to support residents with identifying key areas. Large-face clocks

throughout promoted orientation.

Residents had unrestricted access to an internal safe courtyard. Raised flower and vegetable beds were located for residents' use in this area. Seating was provided in the courtyard and at various points along the exterior of the centre. Bedroom windows overlooking public areas were fitted with net curtains. The exterior of residents' bedroom windows overlooking the internal courtyard and a window on a quiet sitting room overlooking a children's playground was covered with a material that obstructed view inwards but did not prevent view outwards. Windows in the newly refurbished area were covered to ensure privacy as appropriate.

Suitable assistive equipment to support residents including grab rails in toilet/shower facilities, handrails along corridors, hoists, pressure relieving mattresses and cushions, profiling and low level beds among other equipment was provided available if needed. Adequate storage facilities were available for residents' equipment.

**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:**

A complaints policy and log was in place. There were no active complaints under investigation on the days of inspection. Records were maintained of any complaints received including details and the outcome of investigations. Complainants' satisfaction with the outcome of complaint investigations was recorded. An independent appeals process was in place and detailed in the complaints policy including contact details for the office of the ombudsman. The complaints procedure was prominently displayed in the centre. The residents' guide also held details of the complaints policy and independent appeals process.

Residents spoken with confirmed they were aware that they could make a complaint if dissatisfied with any aspect of the service. Residents and relatives spoken with by the inspector expressed their satisfaction with the service provided. Residents confirmed to the inspector that they knew who to make a complaint to and felt they would be listened to. An advocacy service was available to residents who required assistance with making a complaint if they wished.



**Judgment:**

Compliant

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. A policy was in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Access to a dietitian and speech and language therapist was available to residents on a referral basis based on assessment of need or a change in a resident's condition. Residents' food likes and dislikes were ascertained on admission and they were also facilitated to provide feedback on the menu options and choices provided to inform improvements. The inspector observed that residents' feedback was reflected menu options provided for them. Residents were provided with food and drink at times and in quantities to meet their needs and wishes. Food was properly served and presented in an appetising way.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations made by the dietitian and speech and language therapist where appropriate. Since the last inspection in September 2016, procedures for monitoring residents' fluid and dietary intake were revised and informed intake with improved clarity and accuracy. The menu was displayed in pictorial format and a written menu was placed on each table. Staff also told residents what menu options were available at mealtimes. These combined actions ensured the information needs of all residents were met to enable them to make an informed choice regarding the food they ate.

Residents had a choice of hot meal for their lunch and tea each day and alternatives to the menu were available. Snacks and refreshments were provided throughout the day and were available at night if residents wanted them. Some residents with unintentional weight loss or weight gain were also prescribed specialist diets by the dietitian. Staff preparing, serving and assisting with meals and drinks were familiar with residents' dietary requirements, needs and preferences. The inspector observed that residents with specialist dietary and fluid consistency requirements received the diets and thickened

fluids recommended to meet their needs. There were sufficient numbers of staff available in the dining room to support residents at mealtimes. Staff sat with residents and provided them with encouragement and discreet assistance with their meals as necessary. Residents expressed their satisfaction with the menu choices and quality of the food provided.

**Judgment:**  
Compliant

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

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

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

**Findings:**  
Residents were consulted with and supported to participate in the organisation of the centre and were encouraged by staff to make choices about their day-to-day lives. There were opportunities for residents to participate in activities that suited their interests and capabilities. Residents' privacy, dignity and overall quality of life in the centre were maintained to a good standard.

Residents' participated in regular resident forum meetings. The minutes of these meetings were made available to inspectors and referenced active discussion about life in the centre. This forum was used to keep residents updated on progress with the building project now completed. Areas for aspects of service review were identified by the meeting participants and were actioned accordingly. The inspector observed that staff consistently took every opportunity to encourage and support residents to make independent choices about all aspects of their day to day lives in the centre. Residents had access to independent advocacy services in addition to a volunteer advocate who visited the centre a number of times each week. Residents were facilitated to exercise their civil, political and religious rights.

There was a comfortable and happy atmosphere in the centre. Staff and residents chatted together and clearly enjoyed each others company. Staff were observed by the inspector to request permission from residents before undertaking any care task and respected their individual preferences and wishes. Residents' choices were respected and they were free to choose how they spent their day, where they took their meals and what clothes they wore. Residents' positive comments to the inspectors demonstrated

their satisfaction with the service they received, staff caring for them and their quality of life in the centre. Residents privacy and dignity was respected by staff at all times. Staff were observed knocking on bedroom and toilet doors before entering and closing bedroom doors and bed screens in twin bedrooms before delivering personal care. Privacy locks were available on all bedroom and toilet doors for residents' use if they wished. All interactions between staff and residents were respectful, patient and kind. Staff addressed residents by their preferred name.

An activity co-ordinator was responsible for assessment and provision of suitable activities to meet the interests and capabilities of each resident. With the support of care staff, she organized and facilitated a variety of meaningful and interesting activities for residents in the centre. The activity co-ordinator was employed from Monday to Friday each week and care staff facilitated activities in the evenings and at weekends.

Residents were observed to enjoy the group activities and were actively engaged in them. Residents with needs that were better met on a 1:1 basis were provided with a sensory based activation programme. The activity schedule included activities arranged for the mornings and afternoons and included music, dancing, quizzes, gardening, art and crafts, baking and sensory stimulation among others. Inspectors saw the many artistic creations made by residents which were displayed throughout the centre. Residents had also made wooden bird houses which they were painting on the day of inspection. The activity coordinator was creative and enthusiastic about her work and knew the residents well. Documentation referencing each resident's level of participation in activities was collated to assess whether the activities provided met the interests and capabilities of each resident. The provider advised the inspector that arrangements were in place to increase activity co-ordinator resources to meet the needs of increased numbers of residents and to facilitate activities in the newly refurbished area of the centre. This arrangement will provide residents with a choice of activities over six days per week.

There were no restrictions on visitors and there were a number of areas in the centre where residents could meet visitors in private. The new extension provided a visitors' room. Visitors were observed visiting throughout the day. Visitors spoken with by an inspector expressed their satisfaction with the care their relatives received in the centre. The centre is located close to the town centre and family members availed of all opportunities to take residents out. Residents had access to national and local newspapers, televisions, radios and telephones.

**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 inspector found that the levels and skill mix of staff were appropriate to meet the assessed needs of residents. The person in charge demonstrated that staffing was regularly reviewed in response to residents' changing dependency levels and increased needs. A registered nurse was on duty at all times in the centre. There was an actual and planned staff rota available that reflected the staffing on the days of the inspection. The inspector observed that residents were well supervised and assisted as necessary. Residents' call bells were answered promptly and they were provided with timely assistance by staff.

The centre had effective recruitment and staff induction procedures in place. Staff were supervised appropriately in their role and the person in charge completed annual appraisals with all staff.

A staff training programme was demonstrated. All staff were facilitated and supported to complete mandatory and professional development training. Professional development training facilitated for staff was informed by the needs of residents and feedback gained from staff appraisals.

The inspector reviewed a sample of staff files and found that they contained all of the documents required by Schedule 2 of the Regulations, including An Garda Síochána vetting. Current professional registration details were available for all nurses working in the centre.

**Judgment:**  
Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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