**Health Information and Quality Authority Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Thorpe’s Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000436</td>
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<tr>
<td>Centre address:</td>
<td>Clarina, Limerick.</td>
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<tr>
<td>Telephone number:</td>
<td>061 353 007</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:thorpesnh@gmail.com">thorpesnh@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Barnacyle Nursing Home Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Michael O'Shea</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>42</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>39</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.

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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 08 May 2017 10:45 To: 08 May 2017 18:15
09 May 2017 09:00 09 May 2017 16:30

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

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<th>Outcome</th>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This was an announced inspection, carried out over two days, for the purpose of informing a decision to renew the registration of this designated centre. Documentation required as part of the registration renewal process had been completed and submitted in a timely manner. During the inspection the inspector met and spoke with residents and visitors, as well as staff from all areas of service in the centre. On both days of inspection, the representative of the provider entity,
Barnacyle Limited, and the person in charge were in attendance on site.

The last inspection at this centre had been on 7 January 2016, to approve an application to vary conditions and increase occupancy from 26 to 42 residents. A copy of that report can be found at www.hiqa.ie. The findings of that report had been positive and the current inspection confirmed that service at this centre continued to be delivered to a standard in keeping with evidence-based good practice. The increase in occupancy levels had been well managed and work practices had been varied appropriately to meet the increased demand on the service.

Documentation reviewed during this inspection included staff rosters and training records, residents' care plans, meeting minutes, policies and related protocols. The inspector observed work practices, daily routines and interactions between members of staff with residents and visitors. Staffing levels were appropriate to meet the needs of the resident profile, in keeping with the design and layout of the centre. Both the person in charge and the provider representative were actively involved in the day-to-day running of the centre and were readily available and accessible to both residents and staff. Many residents spoken with in the course of the inspection confirmed that they experienced a very good level of care at the centre. These views were echoed in feedback from visitors and in the questionnaires that were reviewed as part of the inspection process. The inspector observed good practice during the course of the inspection when there was evidence that routines of care were delivered in a person-centred manner.

Overall this inspection established that the centre operated in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. Throughout the course of the inspection, management demonstrated a conscientious approach to compliance with regulatory requirements and a commitment to dedicating resources and effort to the continual improvement of a service that placed the individual needs of the resident at the centre of care.
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:**
The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). A copy of the statement of purpose was readily available for reference. It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Appropriate governance arrangements were in place in keeping with the requirements of the regulations. An area for improvement identified on the previous inspection related to
processes for providing meaningful consultation with residents and their families. The inspector reviewed the current annual review and found that action had been taken in this regard; families and their relatives had been provided with an opportunity to give feedback on their experiences of the service. This feedback included both surveys and an opportunity to attend information meetings. A registered company, Barnacyle Nursing Home Ltd, was responsible for the delivery of service at the centre. The service representative was also a nominated director of the company. The provider representative was in attendance throughout the inspection and made any information relevant to the provision of service available, as required. Service provision was directed through a clearly defined governance structure, in keeping with the information provided in the statement of purpose. The person in charge held primary responsibility for the provision of care to residents. The person in charge worked with, and directly to, the service provider. Effective governance was maintained through ongoing communication between senior management. The person in charge confirmed that the provider representative was accessible and regularly attended the centre. The provider representative played a key role in the provision of training and members of staff confirmed that they partook in the regular training programme. Documentation was in place to confirm that the provider representative was appropriately certified to deliver training in relation to manual handling and safeguarding, for example. The person in charge confirmed that resources were available on a consistent basis for training and education. Senior management demonstrated a personal and professional commitment to continual improvement and the development of a person-centred culture of care. This was evident in the action plans that had been implemented in response to previous inspections and also in the care monitoring systems in place. These included regular audits, staff and resident meetings, and surveys and questionnaires to obtain feedback on the service from residents and visitors. Data from audits was collated regularly and reviewed as part of the quality monitoring system in place.

In keeping with statutory requirements, an annual quality review had been completed that included evidence of consultation with residents and relatives. The quality review appropriately referenced the relevant national standards and summarised the results of audits and the areas for improvement identified. The plan also outlined the proposed training initiatives for the coming year. Overall, the governance of the centre demonstrated a conscientious approach to compliance with regulatory requirements, and a commitment to the continual improvement of a service that focused primarily on the individual needs of the resident.

**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:**
Residents were supported in understanding the services available to them in the centre in a number of ways. The person in charge explained that the initial introduction to the service was through the admission process. A residents’ guide booklet also described the service and the facilities that residents could expect during their stay at the centre. Regular resident meetings took place. Residents were provided with contracts that set out the terms and conditions of service. Information was available on the costs of any fees incurred for additional services. Signed copies of contracts were available for reference on residents’ files. Further information on how access to information was supported is set out in greater detail at Outcome 16 on rights, dignity and consultation.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There had been no change to the appointment of person in charge since the previous inspection. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements, by a suitably qualified member of staff, were in place.

**Judgment:**
Compliant

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

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

Theme:
Governance, Leadership and Management

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

Findings:
Throughout the course of the inspection good practice was evident in relation to maintaining records and documentation. Members of staff were readily able to access and provide information on request. Records reviewed were accurate, current and relevant.

The records maintained in respect of residents reflected the requirements of the regulations and, in relation to Schedule 3, included care plans, assessments, medical notes and nursing records. Other records to be maintained by a centre, as specified by Schedule 4, were also in place. These included a log of complaints, a record of notifications and records of incidents and accidents. These records were maintained manually and were readily accessible. The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their general practitioner (GP).

Policies, procedures and guidelines in relation to risk management were current and available as required by the regulations; these included fire safety procedures, emergency plans and records of fire-safety training and drills. Maintenance records for equipment including hoists, lifts and fire-fighting equipment were available. Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:
Management understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge, in excess of 28 days. There had been no such period of absence by the person in charge since the last inspection. Appropriate arrangements were in place in the event of such an absence and a clinical nurse manager was nominated to deputise accordingly.

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 was a policy on, and procedures in place for, the prevention, detection and response to abuse that had been reviewed and that appropriately referenced national policy in relation to the safeguarding of vulnerable adults. The training matrix indicated that all staff had received relevant training in safeguarding and management confirmed that this was the case. The provider representative was qualified to deliver supported training in safeguarding. Members of staff spoken with had received current training and were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information. Residents spoken with stated that they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

The person in charge articulated a progressive attitude and understanding on the use of restraint, and understood the circumstances that differentiated the definitions of enablers and restraint in terms of their use. Management stated that practice at the centre was to reduce the use of restraint where possible. A review of records confirmed that the use of restraints, such as bed-rails, was monitored and that these restraints were removed where assessed circumstances permitted. The centre provided staff with relevant policies and procedures that provided direction on how to respond to residents presenting with the behavioural symptoms of dementia. The centre operated a two year cycle on dementia training and staff in all areas of care at the centre routinely received updated training on managing the care and communication of residents with dementia.
A policy was in place to cover personal property and processes for managing residents’ belongings and ensuring their safe storage and return were in place. Secure storage was provided in residents' rooms for the safekeeping of personal items and finances. Where the centre acted as agents for residents in relation to monies, records were appropriately maintained with receipts retained and documentation counter signed. A sample of records was reviewed and the funds retained reconciled with the balance documented.

**Judgment:**
Compliant

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**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:**

Appropriate action had been taken to address issues identified on the previous inspection. There was a designated area for use as a hairdressing facility that was appropriately equipped and risk assessed. Evacuation plans were easy to read and clearly identified the location of nearest exits. The centre operated appropriate systems of management around risk and health and safety. A risk management policy was in place that referenced those areas required under the regulations. A comprehensive risk register was in place that identified potential and actual centre-specific risks and related control protocols. There was a current safety statement dated 10 January 2017. An emergency plan was in place along with associated policies and procedures.

The fire safety register demonstrated that daily, weekly and monthly checks took place to ensure effective fire-safety precautions. Fire drills were conducted regularly in keeping with statutory requirements. Regular fire-safety training was provided, most recently on 3 April 2017. Training records indicated all staff were appropriately trained. Suitable fire-fighting equipment was available throughout the centre. Documentation confirmed that this equipment was regularly serviced and maintained. Regular checks took place to confirm equipment was functioning effectively. Alarms and emergency lighting were regularly tested. Adequate measures were in place to prevent accidents throughout the premises. Grab-rails had been fitted in toilets and showers. There were hand-rails along corridors. Call-bells were fitted in all rooms, where required. Emergency exits were clearly marked and unobstructed. Routine health and safety checks were undertaken. A hot water audit had been completed on 1 May 2017. A monthly call-bell and maintenance check took place for each room. A log of incidents and accidents was maintained and this record included information on the circumstances, impact, assessment and after-care, as appropriate. The person in charge explained that where
learning was identified, it was communicated to staff through meetings and revised
protocols. However, the smoking area was not equipped with easily accessible fire-
fighting equipment, such as a fire blanket and fire-extinguisher. Management took
immediate action to address this issue and the necessary equipment was put in place.

There was evidence of a regular cleaning routine and the centre was appropriately
resourced, with both staff and equipment, to ensure an effective level of hygiene and
cleanliness throughout. The laundry area was clean and well maintained. Access to
sluice areas was restricted and hazardous chemicals were securely stored. Staff received
regular training on infection control. Practices to protect against cross contamination
included the regular use of sanitising gels. Staff were seen to utilise personal protective
equipment, such as aprons and gloves, as necessary. Hand-hygiene audits took place.
An external service provided a laundering facility for bed linen. Oxygen equipment was
stored appropriately, and its location identified, when not in use. Attendance at the
centre was monitored through the use of CCTV at the entrance and a visitor’s log.

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:
A centre-specific medicines management policy was in place that had been reviewed in
January 2017. This policy provided appropriate directions to staff in relation to
procedures around the ordering, prescribing, storing and administration of medicines to
residents. It also included guidance on the handling and disposal of out-of-date
medicine. All medicines, including controlled drugs, were stored securely and
appropriately. Where required, medicines were stored in refrigerated conditions. In
these circumstances, temperatures were being recorded and monitored. Medicines such
as eye-drops had the date they had been opened recorded on the item for reference.
The person in charge confirmed that the pharmacist attended the centre regularly and
reviewed the medicines prescribed for residents. Pharmacy audits took place and a
documented audit dated 10 March 2017 was reviewed. Several resident records were
sampled as part of this audit and no areas for improvement were identified at the time.
Records indicated that staff had last attended training in medication management on 3
May 2017.

The inspector discussed practice around the administration of medicines with members
of nursing staff; these staff demonstrated a competent knowledge of the relevant
procedures to ensure that the correct medicine was provided, in the prescribed manner, to the right resident. Administering staff were able to describe how medication errors should be recorded. Staff spoken with also explained the process of referral for review by the prescriber, should a resident continually refuse a medicine. Prescription sheets contained the necessary biographical information, including a photograph of the resident. A signature bank for administering nurses was maintained. Information on the identification of medicines was kept for reference on drug trollies. A sample of prescription records was reviewed. Prescriptions at the centre were routinely transcribed to ensure that the information was legible and accessible. The practice of transcribing was controlled by relevant protocols that required double signatures by qualified staff, and that the record be signed off within 36 hours by the prescriber. Where PRN (as required) medicines were prescribed, relevant maximum daily dosages had been indicated by the prescriber. At the time of the inspection no residents were responsible for administering their own medicines.

**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:**
An incident log was maintained that contained relevant information around the circumstances, impact and outcomes of incidents at the centre. Incidents requiring formal notification were submitted in keeping with statutory timeframes. Quarterly returns were also provided in accordance with the regulations.

**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:**
This outcome had been assessed as compliant on the last monitoring inspection in January 2016. There had been no substantive change to the care planning system and care plan records were maintained in hard copy format. The inspector reviewed a sample of several care plans. All were laid out with clear information on the resident’s core details, such as diagnoses, allergies and next of kin information. Documentation recording relevant consent permissions, property inventories and contracts were also in place. All residents were assessed by the person in charge in preparation for admission. A further comprehensive assessment, on the activities of daily living, followed the admission process. Care plans in relation to personal circumstances in areas such as skin integrity, mobility, nutrition and hydration, were informed by the use of validated assessment tools. Discussion with residents and staff, and a review of the documented care plans, indicated that residents’ health and wellbeing were maintained by a high standard of evidence based care. The care plans reviewed were monitored in keeping with requirements and reflected regular attendance by a general practitioner (GP). Residents could nominate their choices for pharmacy and GP services. Consultation records with residents and their relatives were maintained.

At the time of the inspection there were no residents at the centre experiencing weight loss or receiving end-of life care. Processes were in place to monitor health care. The use of antibiotics, and circumstances in relation to the recurrence of infections, were monitored. Vital signs were regularly recorded. Management confirmed that the centre had good access to specialised health care professionals in areas such as speech and language therapy and physiotherapy. Residents assessed as having specific nutritional needs, or skin integrity issues such as pressure sores, had been reviewed appropriately in relation to diet. The care plans in these cases included appropriate monitoring and review, in relation to blood glucose levels, for example. Referral services for an occupational therapist were in place. Residents were regularly assessed in relation to issues of mobility. Related plans of care were in place that set out information as to the type of equipment, or number of staff, necessary to ensure that the moving and handling of the resident was safe and in keeping with recommendations. Documentation around admissions from other services was on file for reference. Consultancy services in psychiatry and gerontology were available, on referral. Members of staff spoken with were able to describe the circumstances and needs of individual residents and these were consistent with the related plans of care that were reviewed. Where available, management also made provision for access to specialised counselling for residents requiring additional support in adjusting to the circumstances of their care.

**Judgment:**
Compliant

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**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 centre was a two-storey building, located in a rural setting, just outside the village of Clarina, in Limerick. The centre was set back from the main road on well maintained grounds, laid to lawn with trees, flowers and shrubs. There was a small grotto to the front of the building. Nearby seating was available for residents and visitors, just outside the entrance to the centre. Ample parking was available around the building. The centre was very well maintained throughout. There was evidence of regular decoration and maintenance. Accommodation for residents was laid out over the ground floor only, and comprised 32 single bedrooms, 16 of which included an ensuite facility. There were five twin-bedded bedrooms with wash-hand basins. Each bedroom provided storage and furniture in keeping with requirements, including a bedside locker, wardrobe, chair and adequate space for any specialised equipment or furniture, as might be required by the resident.

Furnishings were comfortable and in keeping with the style of the centre. Privacy was promoted and shared rooms were equipped with privacy screens. Call-bells were accessible in all areas where they might be required. Bathroom and shower facilities were in keeping with standards and appropriately accessible from communal areas, such as the dining room and day rooms. The dining area was bright with natural light; it was clean and laid out to provide space for access and support. The dining area opened onto a secure, paved and planted courtyard area, with seating and shade for residents and visitors. There were two main communal sitting areas, as well as a library area, an oratory and a separate treatment room. There was a small smoking area, located off a corridor next to the courtyard.

The kitchen area was appropriately laid out and equipped to meet the catering needs of the centre. Relevant reports were available that demonstrated monitoring and compliance in relation to requirements around health and safety, and the preparation of food. Sluicing facilities were in keeping with the size and layout of the centre. Arrangements were in place for the disposal of domestic and clinical waste. The laundering of bed linen was outsourced and laundry facilities on site were adequate to the extent of the personal service provided. Staff changing and storage facilities were available on the first floor. The centre also had capacity to provide overnight accommodation for members of staff, in emergencies, or as might be required to support working arrangements.
Documentation was in place to verify that assistive equipment such as electric beds, hoists and wheelchairs were regularly serviced and maintained. The provider representative was qualified to deliver training on both manual handling and people handling. All staff had received training, as required, in these areas. Suitable storage facilities were available. Equipment was seen to be stored safely and securely.

**Judgment:**
Compliant

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**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 site-specific complaints policy and procedure was in place, that had been reviewed in January 2017. A summary of the complaints procedure was on display in the entrance area of the centre. This information was also summarised in the statement of purpose and as part of the information guide provided for residents. The policy cited relevant legislation and set out the procedure to follow in making a complaint, including how to make a verbal or written complaint, and the expected time frames for resolution. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. The procedure also outlined an internal appeal process and identified the appeal officer. Contact information for the office of the Ombudsman was provided.

A record of complaints and concerns was maintained. Relevant information was available on the nature, circumstances, response and outcome of the complaint. Management confirmed that residents could also raise general concerns through the resident meeting process and that these issues were regularly reviewed for learning. A review of the complaints system indicated that the processes around receiving and dealing with complaints were in keeping with the requirements of the regulations. At the time of inspection there were no active complaints and none subject to an appeal. The records indicated that any issues raised had been resolved satisfactorily. Satisfaction with the service and processes for managing any concerns that might be raised was also reflected in the questionnaires completed by residents and relatives.

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

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

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

**Findings:**
A comprehensive policy was in place on the provision of care at end of life that had been reviewed in January 2017. The policy included guidance around the provision of care that appropriately referenced the emotional, psychological and physical needs of a resident at this time. The person in charge was able to describe processes around communication and consultation with residents, to assess needs and preferences and inform decision making. Admission assessments included information gathering on individual preferences and discussion with families. Documentation was in place to record outcomes on decisions in relation to end-of-life care arrangements. Management were aware of current developments around legislative change and the potential for recording information on decision making. Measures in place to prevent unnecessary hospital admissions included regular attendance and review by a general practitioner. Relevant training was available to staff as part of the regular training schedule. The centre had access to a nearby palliative care service. There was an oratory at the centre for services and prayer. Management confirmed that arrangements were made in keeping with residents’ wishes and faith preferences. There was an annual remembrance tree for residents to mark their respects for those deceased.

**Judgment:**
Compliant

**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

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

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

**Findings:**
Relevant policies were in place on nutrition and hydration that appropriately referenced the assessment and monitoring of residents' nutritional and fluid intake, and also provided guidance on procedures for the recording of this information in resident care plans. Residents' food, nutrition and hydration needs were comprehensively assessed on admission and this data formed the basis of ongoing review through the monitoring of weight and the calculation of scores using a specified nutritional assessment tool. Admission procedures also included oral assessments. At the time of inspection there were no residents who required specific monitoring in relation to weight loss. Training records, and discussion with members of staff, confirmed that appropriate training was provided in relation to nutrition, diet and the management of dysphagia (swallowing difficulty). Effective communication systems were in operation between both kitchen and care staff around the needs of residents with specific dietary needs. A daily communication folder was in place for care staff and information was also exchanged at handover meetings. Residents were consulted about their preferences and a survey had been undertaken that sought views on the dining experience and mealtimes. Residents on modified diets were reviewed as part of the regular collection of data for monitoring the quality of care. The services of a dietician and speech and language therapist were readily accessible. Specialist assessments were documented on individual files and related care plans were revised and updated to reflect the advice of the most recent assessment. The inspector observed staff providing assistance to residents where required and noted that the manner and attitude of staff was patient and helpful. Residents could exercise choice around where they took their meal, either in their room or the dining area. The daily menu provided a choice of options at lunchtime and included dessert. Regular snacks and drinks were also available and seen to be offered throughout the day.

**Judgment:**
Compliant

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

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

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

**Findings:**
There were relevant policies on the rights and entitlements of residents in relation to information, communication and consultation on care plans. A signed memorandum of understanding was in place with an independent advocacy service. Contact details for an
independent advocate were easily accessible and arrangements were in place to support consultation as required.

Interactions observed throughout the inspection between members of staff, management, residents and visitors were familiar and courteous. There was a relaxed and comfortable atmosphere in the centre. Residents spoken with indicated that they were comfortable and felt at home in the centre, and that they had friends there who they were able to socialise with daily. Individual rooms were decorated with personal items and memorabilia, such as a printed bed cover of family photographs.

The activities coordinator explained that efforts were made to ensure that all residents had an opportunity to engage in the course of an activity and also that these opportunities were appropriate to the residents’ ability to understand and respond. The inspector saw that residents with a cognitive impairment were included through tactile contact and regular verbal reference during an activity round of word associations. Management explained that the aim of care was to ensure that residents were appropriately engaged in meaningful communication and interaction that occurred naturally through the opportunities of daily care routines. This was observed in the course of the inspection, for example mealtimes were social with residents, relatives and members of staff chatting about daily topics such as weather and visitors. The centre provided a good range of activities including those specifically designed to support residents with dementia or cognitive impairment. The weekly activity schedule included morning and afternoon arrangements for activities such as music, arts and crafts, Sonas and exercise time. There was a movie night once a week. The activity schedule was illustrated to support residents with a cognitive impairment to understand what was available to them. Residents had direct access to a spacious, paved, patio area with a table and seating. Both residents and visitors were seen to enjoy the weather in this area on both days of inspection. There was a bird feeder outside the window of a resident who had a particular interest in this past time. A hairdresser attended the centre regularly and the well maintained and equipped salon was seen to have regular use by residents in the course of the inspection.

The inspector noted that a visitors’ policy was in place and that there was a regular attendance of visitors on the days of inspection. Facilities were available for residents to receive visitors in private should they so wish. Residents had access to TV, radio, papers and a private phone. Residents spoken with confirmed that they were supported in using technologies for information and communication with family abroad. The ethos of the centre, set out in the statement of purpose, stated that “residents are treated as unique, dignified individuals and are encouraged to fulfil their potential”. The inspector found that this ethos, and a commitment to person-centred care, was consistently promoted by both management and staff.

**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
Theme:  
Person-centred care and support

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

Findings:  
A policy on residents' personal property and possessions was in place and residents were encouraged to maintain control over their belongings and possessions. An inventory of personal items was maintained. General laundry services were contracted out to an external facility. The centre provided an on-site service to manage the laundering of residents' personal clothing. Appropriate equipment and processes were in place to ensure that garments were cleaned effectively and to ensure that clothing items could be returned to their respective owners.

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 planned and actual staff rota was reviewed and the inspector was satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents, having consideration for the size and layout of the centre. There were robust recruitment procedures in place and management demonstrated a commitment to safeguarding measures, including the verification of references and ensuring vetting requirements were fulfilled. Documentation was well maintained in relation to staffing records as per Schedule 2 of the regulations, including Garda vetting as required. No volunteers were engaged at the centre at the time of inspection. Management confirmed that a full complement of staff was in place and that staffing arrangements were consistent with...
those identified as compliant on the last inspection. An appropriately qualified, registered nurse was on duty at all times. A training schedule had been developed that reflected the regime of care as set out in the statement of purpose and was in keeping with the assessed needs of the resident profile. Records indicated that all staff were appropriately trained in mandatory areas such as safeguarding, manual handling and fire-safety procedures. Training programmes were available on a range of subjects including medication management, wound care, dysphagia (managing swallowing difficulties), falls prevention and dementia care, for example. Management demonstrated a commitment to continuous and improved professional development. In keeping with this commitment, the provider representative was appropriately qualified to deliver supported training to staff and the person in charge had completed a post-graduate qualification in dementia studies. Staff were appropriately managed through direct supervision and the implementation of security and procedural controls. Systems to support the identification of training needs included audit processes and regular performance appraisals. Members of staff spoken with understood their responsibilities and the requirements of regulatory controls. Copies of the standards and regulations were readily available and accessible. The inspector noted that staff engaged easily with residents and that communication was responsive and familiar.

**Judgment:**
Compliant

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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