

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Beechlawn House Nursing Home
<b>Centre ID:</b>	OSV-0000115
<b>Centre address:</b>	Beechlawn House Campus, High Park, Gracepark Road, Drumcondra, Dublin 9.
<b>Telephone number:</b>	01 836 9622
<b>Email address:</b>	catherine.condon@olc.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sisters of Our Lady of Charity
<b>Provider Nominee:</b>	Catherine Condon
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	4

## **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: 25 July 2017 09:15 To: 25 July 2017 19:00

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 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an announced inspection carried out over one day, the purpose of which was to inform a decision of the renewal of the centre's registration and increase its occupancy capacity from 40 to 57 residents. The centre is registered for 40 residents; however, as a result of the refurbishment of the Nursing home, its maximum capacity was reduced to 37. There were 36 residents and one vacancy on the day of inspection.

During the course of the inspection, the inspector met with residents, visitors and staff, the person in charge and the provider nominee. The views of residents, visitors and staff were listened to, practices were observed and documentation was reviewed. Sixteen questionnaires completed by residents and/or their relatives or representatives in preparation for this inspection was also reviewed that communicated high levels of satisfaction.

Ten outcomes and relevant regulations were inspected against and found to be

compliant. The care environment was calm, homely and welcoming. The support service available and delivered to residents was of a high standard.

Staff knew residents well, were friendly and welcoming to them and to their visitors. Staff discharged their duties in a respectful and dignified way. Residents who spoke with the inspector and those who completed questionnaires said they knew their rights, were respected, consulted with and well cared for by the staff team.

The management and staff of the centre were striving to improve residents' outcomes. A person-centred approach to health and social care was observed. Meaningful activity and therapeutic relationships were promoted.

Residents were well cared for and expressed satisfaction with the care they received, they felt safe and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them and the service provision.

Reasonable systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements. There were sufficient resources in place and planned to ensure the effective delivery of care as described in the statement of purpose to increase occupancy from 40 to 57 residents following the refurbishment and extension to parts of the centre.

The action required following the last inspection 21 February 2017 had been satisfactorily addressed. The inspection findings are discussed within the body of the report.

**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 statement of purpose was reviewed and amended appropriately following a recent changes in the layout, management and organisational structure.

It detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**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 with explicit lines of authority and accountability. The management team's roles and responsibilities for the provision of care were unambiguous. The person in charge has worked as the manager of the centre since August 2014. He meets the required criteria as a registered general nurse with experience of working with older persons in the previous six years and works full time in the centre. He is currently undertaking a post graduate management course. During the inspection he demonstrated that he had good knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

The person in charge is supported in his role by the nursing, care, administration, maintenance, kitchen and activity staff, who report directly to him and he in turn reports to the provider nominee and registered provider.

The inspector was satisfied that the centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

The inspector was informed of ongoing efforts to recruit a suitably experienced candidate for a vacancy that occurred in June 2017 in one of the two clinical nurse manager positions was described. In the interim, senior nurses were supporting the management team in the governance arrangements.

Staff and residents were familiar with current management arrangements. Both staff and residents spoken with were complimentary of the management team, telling the inspector that staff were approachable, supportive and available to them when required.

There were sufficient resources in place and planned to ensure the effective delivery of care as described in the statement of purpose. An application to increase occupancy from 40 to 57 residents was made following the refurbishment and extension to parts of the centre. Admission and staffing plans discussed proposed by the person in charge and provider nominee during this inspection were reasonable. The proposal to admit a maximum of three residents per week was included in the statement of purpose and was dependant on the availability of appropriate staff numbers and skill mix.

The recruitment and induction of staff was ongoing to facilitate the increase in resident numbers. The provider nominee and person in charge confirmed that all rostered staff had a Garda Vetting disclosure and that newly recruited staff would complete this process before working in the centre.

A comprehensive auditing and management system was in place to capture statistical information in relation to resident outcomes, operational matters, servicing of equipment and staffing arrangements. A low turnover of staff was reported.

A strategic overview of the quality and outcomes of the service was maintained. Health and safety audits and the management of actual and potential risks were well maintained. Clinical audits were carried out that analysed accidents, complaints, medicine management, skin integrity, care plans, the use of restraint, nutritional risk

and dependency levels. The information available showed a low level of incidents, accidents and written complaints.

An annual review of the quality and safety of care for 2016 was completed and available to residents and visitors in the reception area along with the residents guide and statement of purpose. The annual review of 2016 informed improvements for the service in 2017 such as evidencing that residents and family were involved in the planning and review of care that was seen to be progressed.

Interviews with residents during the inspection and in the 16 satisfaction surveys completed by or on behalf of residents were positive in respect to the provision of the care, the facilities and the services provided.

There was evidence of consultation with residents and their representatives regularly. Monthly resident meetings were maintained, well attended with up to 17 and chaired by the activity co-ordinator. The most recent resident meeting was well represented on 30 June 2017 and relevant matters such as food and planning the activity schedule and day trips were key topic in most meetings.

Resident and representative satisfaction survey results for February 2016 and July 2017 were available and an improvement in the satisfaction levels was evident. The findings of the recent survey July 2017 was on display in the reception area of the centre for examination by all.

Other opportunities for consultation with residents were afforded during daily social and recreational activities and during discussions with staff at meal times. A record of care plan review outcomes was also maintained and signed by those involved demonstrating resident or their representatives engaged in the development and review of care plans. Any issues identified during consultation periods were seen to be managed to ensure corrective or appropriate action was taken.

Suitable and sufficient governance and management arrangements were in place and proposed to facilitate the increase from 40 to 57 residents.

**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:**

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose, resident guide and annual review for 2016.

The sample of staff files reviewed was found to be compliant with the regulations.

A record of visitors and the directory of residents were available and maintained in the centre, as required.

The centre's insurance cover was current and a certificate of insurance was available on display in reception next to the registration certificate and complaints procedure.

Operating policies and procedures were available for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 were reviewed within the past two years and had been approved by the current management team.

**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:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy and arrangements in place which provided guidance for staff to identify and manage or report incidents of elder abuse.

The training records identified that staff had opportunities to participate in training in

the protection of residents from abuse. Staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, monitoring of external exit and entry points were maintained, supply and servicing of equipment and access to outings following risk assessments and clinical judgements. The main entrance gate and door was controlled by staff and monitored by security personnel. All parts of the centre or communal areas were accessible to residents, where appropriate.

During conversations with the inspector, residents confirmed that they felt safe in the centre due to the support and availability of the staff team and secured entrance and premises. Responses within the questionnaires returned also supported this view.

Systems and arrangements were in place for safeguarding resident's finances and property. Some residents in the centre were represented by a ward of court order while others had enduring power of attorney representatives and or family support. The provider or person in charge told the inspector they were not pension agents for any resident. Procedures were in place for carrying out and documenting all transactions involving resident property and money held in safekeeping for residents. The inspector saw individual logs and records detailing transactions and frequent checks of the balances carried out to ensure that they were correct. The inspector checked the money held for two residents and found them to be in order with records tallying with the amounts available. The procedure was transparent and set up to accommodate residents.

The centre aimed to promote a restraint free environment that was reflected in the centre's policy. A low rate of restraint and use of both bedrails by residents was reported and seen. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident or representative and staff members. Decisions were also reflected in the resident's care plan and subject to review.

Due to their medical conditions, some residents displayed behaviours that challenged them or those around. During the inspection, staff were observed approaching residents in a sensitive and appropriate manner, and the residents responded positively to them and techniques used by staff.

Good support from the community mental health team was reported and seen in a sample of resident records reviewed.

Staff spoken with were familiar with appropriate interventions to use to respond to individual residents behaviour that may challenge. Behaviour logs formed part of the nursing assessment and care plan process and changes in behaviour were analysed for possible trends to inform reviews by the General practitioner (GP) or psychiatric team. Chemical restraint and the use of PRN (as required) medicines were used as a last resort. Four of the 36 residents had received PRN mood enhancing medicine on a few

occasions in the past three months. When administered a record to include the rationale and effect was maintained and was subject to audit and review by nurses and the resident's GP and pharmacist.

**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:**

The centre had policies and procedures in place to ensure that the health and safety of residents, visitors and staff was promoted and protected.

There was a risk management policy and arrangements in place to assess and control all identified risks. Measures and action plans were in place to mitigate and control such risks.

An up-to-date health and safety statement was available. Staff had completed a range of training that included manual handling, fire safety and infection control.

There was a policy and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for preventing accidents, and for investigating and learning from serious incidents or adverse events within the centre. The inspector saw that there were suitable facilities in place to assist residents to promote and retain their independence and mobility. For example, call-bell facilities were in place and responded to in a timely manner when activated by residents during the inspection. Mobility aids and hand rails were available for residents in communal and circulating areas. Staff presence and availability to support residents when required was reported as good.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had good access to hand washing facilities. Hand sanitisers were strategically located at the entrance to the centre and along corridors. Staff and visitors were seen using these during the inspection. The standard of cleanliness throughout the centre was excellent.

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire equipment and systems was provided throughout the centre. Documentation reviewed by the inspector evidenced services of the fire alarm and equipment were completed at

appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. A designated staff member responsible for ensuring that fire exits were clear spoke with the inspector outlining his role and responsibilities. Checks, drills, assessments, audits and maintenance undertaken were documented appropriately. A number of fire drills had been completed this year and outlined in fire drill records seen. Simulating evening and night time conditions was practiced that identified those involved, the outcome and time required to evacuate a particular area. Staff spoken with were familiar with residents personal emergency evacuation plans (PEEP), associated evacuation symbols on bedroom doors and confirmed their participation in fire drills carried out.

**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 medicine management policies and practices seen in place.

There were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling and checks of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register by two nurses in keeping with legislative requirements.

Nursing staff demonstrated and described safe practices in medicine administration and management. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking the medicines following receipt of the monthly supplies, return and disposal of medicines. The safe storage of refrigerated medicines was also seen.

The centre had a system in place for recording and managing medicine errors. Since the last inspection one medicine error was found and recorded. The error related to an

omission of a nurse signature following the administration of a medicine. The nurse involved had undergone a competency assessment and completed additional training in medicine management delivered by the pharmacist.

A system was in place for reviewing and monitoring safe medicine management practices. An arrangement for a review of all residents on admission and subsequent reviews of prescribed medicines by the GP on a three monthly basis was in place, and records on prescription charts were available to demonstrate this arrangement was implemented in practice.

An audit and review system that included a member of the nursing staff, the resident's general practitioner (GP) and the pharmacist was in place to improve the overall management and review of medicine management.

The pharmacist was available to residents as required. Five confirmed dates of the availability of the pharmacist to residents and staff in the centre this year was advertised on the treatment room door. Residents spoken with were satisfied with the medicine and pharmacy arrangements available to them.

**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:**

Suitable arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare.

From an examination of a sample of residents' records and care plans, and discussions with residents and staff, the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions and/or treatment plans implemented accordingly.

There were processes in place to ensure that when residents were admitted, transferred

or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans were reviewed. A pre-assessment prior to resident admission formed part of the centre's admission policy and practice. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Social and recreational assessments and plans were also completed in the sample reviewed. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls and malnutrition, cognition, depression, pain, mobility and skin integrity.

The development and review of care plans was carried out in consultation with residents or their representatives and information received on admission. Each resident's care plan was subject to a formal review at least every four months.

The assessment of resident's views and wishes for the end of life were recorded and outlined in a related care plan and subject to regular reviews. A care plan to include details and information known by staff regarding religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was noted in the sample of residents records reviewed. Advanced care directives were seen in place for some residents that involved the GP, family and staff which was subject to ongoing reviews. Palliative care services were available but not in use by any resident at this time.

There were no residents with pressure ulcers. The inspector reviewed the management of wound care for one resident. Records showed advice and support from a tissue viability nurse and vascular clinic was arranged and facilitated appropriately for the resident. Falls risk assessments were maintained and reasonable measures were in place to mitigate identified risks. Mobility and daily exercises were encouraged. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids and modified chairs following seating assessments undertaken by an occupational therapist or a physiotherapist. Hand rails on corridors and grab rails in facilities used by residents were available to promote independence.

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. The nutritional need of one resident was being maintained by a percutaneous endoscopic gastrostomy (PEG) tube. Staff were knowledgeable and described practices and communication systems in place to monitor residents' clinical observations that included regular monitoring of weight, desire for recommended food and fluid consistency and intake. The recording of intake and output was maintained, if required, and the assessment and management of pain was well maintained.

Access to dietician and speech and language therapists was provided on a referral basis based on an assessment of need or change in resident condition. The inspector reviewed residents' records and found that some residents had been referred to these

services and results of appointments were written up in the residents' notes and reflected in care plans.

Residents who spoke with the inspector and those who completed questionnaires reported they were provided with food and drink at times and in quantities adequate for their needs.

Residents were satisfied with the services provided. Residents had access to GP services, and out-of-hours medical cover was provided. Psychiatry services were available to the residents and staff supporting residents. A range of other services was available on a referral basis that included chiropody, audiology, dental and optician services.

Residents were seen enjoying various activities during the inspection. Each resident's likes and preferences were assessed, known by staff and daily activities undertaken were seen recorded in logs held by the activity coordinator. Relevant information was reflected in a care plan and used to plan the weekly and daily activity programme.

Two dedicated activity staff members co-ordinated the weekly activity programme that was delivered seven days per week. Other staff supported residents' participation in activities and on day trips. The inspector saw that residents were encouraged to participate in group or individual activities. The weekly programme included a variety of activities such as exercises, sonas, bingo, choir practice, stories, movies and board games that were tailored for the resident group. Arts and crafts, knitting, painting, reading and pottery activities had resulted in the production of many items seen on display throughout the centre.

Emphasis was placed on residents accessing external functions such as bingo in a nearby hall in Whitehall, trips with friends or outings for family events. The inspector was told by residents and staff of their recent trip to Howth.

Birthdays and religious ceremonies were celebrated and a daily mass service formed part of the routine for many residents. Overall, residents had opportunities to participate in meaningful activities that were purposeful to them and which suited their needs, interests and capacities

**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 action required following the last inspection February 2017 had been satisfactorily addressed. The privacy locks on resident en-suits were functioning in the rooms examined.

The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and amendments.

The location, design and layout of the centre were suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely manner. The premises was suitably decorated throughout and benefited from good natural and artificial lighting. The view from rooms occupied by residents was pleasant and decor was of a high standard. Rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings. The centre was well maintained and refurbishment of parts of the centre had been completed since the last inspection February 2017.

The centre was laid out in three wings called the Liffey, Grafton and O'Connell wings. The Liffey and Grafton were occupied at this time and the O'Connell wing was awaiting registration for increase in capacity from 40 to 57 residents.

A feature that brought together all wings was the chapel at one end and the recreation/activity room on the other. The centre had been refurbished and extended to comfortably accommodate 57 residents. It had 41 single and eight twin bedrooms with full en-suites and privacy screening in twin rooms located in O'Connell wing. Each room had bell systems, suitable and adjustable furniture and sufficient storage facilities. The Liffey wing accommodated 19 residents over two floors, with nine single bedrooms on the ground floor and 10 on the first floor. It was serviced by a spacious passenger lift and staircases. The Grafton wing had 18 single bedrooms with full en-suite facilities. The vacant O'Connell wing had 20 beds laid out in four single and eight twin bedrooms that had full en-suites.

All rooms and bedrooms had an outlook outside, mainly onto the mature gardens or well maintained surrounding grounds. Internal rooms had privacy screening in addition to curtains. A dedicated end of life suite was incorporated into the redesign of the Liffey wing. It was spacious and appropriately furnished that included a sofa bed for resident's families. Like all bedrooms, it had good natural lighting and access via a patio door to a paved and stoned landscaped area with water features. The resident's bed was positioned to enable a view of the landscaped area and an additional sky-light was purposely positioned over the bed area so the resident could have a view of sky and nature outdoors.

Each wing was tastefully decorated with attention to details such as cladding to reduce

noise levels on the ceiling of the dining room and on walls where groups of resident were likely to come together. Each wing had suitable dining and day rooms. They had independent toilets and bathrooms that were easily recognizable by the lemon shade of door colour. Communal areas were within reasonable reach and had soft seating strategically placed along corridors and in alcoves where access to phones was also available for residents use. The dining rooms were modelled on a household or home style design. Kitchen units and appliances were available to service residents at and outside of set meal times. Each had five tables attractively set up to accommodate four residents. The objective was to accommodate a maximum of 20 residents per dining room which could also facilitate a mix of residents from other wings, if desired. A lounge area was included in each of the dining room areas that included a sofa, soft armchairs and a table to rest at.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their assessed needs. Supportive equipment such as remote control beds, hoists, weigh, bath and shower chairs, and pressure relieving aids were seen available for residents. Handrails were provided on corridors, and grab-rails were available in bathrooms and toilets.

Corridors and door entrances were wide and spacious to facilitate modified, support or bulky equipment and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required. Residents were encouraged and availed of the opportunity to have personal mementos and possessions in their own bedrooms. At the entry to the bedrooms on the Liffey wing there were wall mounted glass cabinets with spot lights that were referred to as 'memory boxes' where residents displayed personal mementoes and items of personal interest to their identity. The inspector was told that this initiative was expensive but was to be provided throughout the centre by 2018 on a phased basis.

The centre was clean, warm, well ventilated and well maintained. The reception was staffed daily by administration staff members. Entry and exit to the centre via the main entrance was monitored by CCTV and the entrance gate and main door was controlled by an electronic device operated by staff only. The Person in Charge's office was located off the main reception area.

Staff facilities, offices and treatment rooms were available. The onsite catering facilities serviced the dining rooms and were separate from care facilities. Cleaning and storage rooms were available and laundry was contracted externally. Other communal areas included an activity room and dedicated hairdressing facility.

Car parking facilities were available at the centre.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation  
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving***

***visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that residents were consulted with and had opportunities to participate in their daily routine and in the organisation of the centre.

Monthly meetings were facilitated for residents to meet and discuss issues of interest or concern. The recorded minutes showed meetings were well attended and represented by residents. The involvement of family in resident care and welfare was promoted and a record of consultation with family members was seen in the sample of resident files reviewed.

Access to and information in relation to the complaints process and advocacy services was available to residents. Residents' independence and autonomy was promoted.

Practices observed demonstrated residents were offered choices. Residents who spoke with the inspector and all those who completed questionnaires said they were able to make choices about how they spent their day, when and where they ate meals, rise from and return to bed or partake in activities. Residents knew they had a right to be listened to and knew who to complain to. They had options to meet visitors in a private or in communal areas based on their assessed needs. There were two wall mounted televisions in twin rooms so that residents accommodated would have a choice of service.

Communication and notice boards, daily news papers and telephone arrangements were available. Computer access and free Wi-Fi was reportedly available to residents but not used. The provision and use of electronic aids such as 'virtual reality goggles' was discussed with staff and was to be explored for residents.

The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was very much encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise, go on holiday and link with the wider community by arranged outings and visits by members from the local community was facilitated.

Visitors were unrestricted except in circumstances such as an outbreak of infection. A register of visitors was maintained in the main entrance area. Residents could receive visitors in private or in communal rooms.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in private. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents' bedrooms were personalised with items and memorabilia. Religious and relevant artefacts were available that respected residents' cultural and religious background. Good use of colour, tactile and sensual objects was noted by the inspector in some parts and rooms occupied by residents. However, further items and colour would enhance both inside and outside the centre. For example, a lack of signage, pictures, features and colour on the newly refurbished corridor along O'Connell wing was noted. Laminated directional signage for orientation was in place. While extensive outdoor spaces and patios were available that were well maintained and seen in use by residents and visitors, two enclosed outdoor areas that were not seen in use would benefit from an upgrade with appropriate individual and group seating, cultural, sensual and colourful features and planting in the raised flower beds available. The inspector was told by management that plans to upgrade these areas were in progress and acknowledged this area in need of improvement.

Residents who spoke with the inspector and those who completed questionnaires said they knew their rights, were respected, consulted with and well cared for by kind, nice or friendly staff.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Staffing levels and the staff skill mix were sufficient to meet the health and social care needs of residents.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and the management team explained the systems in place to recruit, supervise and appraise staff. Staff were seen to be supportive of residents and responsive to their

needs in a timely manner.

In preparation for the inspection, relatives and some residents had completed 16 questionnaires regarding the centre. In these questionnaires, respondents were complimentary regarding the staff team and numbers available. The inspector also spoke with a number of residents individually or in groups, who were all complimentary of the staff and of the care that they provided.

The inspector reviewed the roster for staff and found that management, nursing, care and support staff were adequate. Requests and residents' alarm bells were promptly responded to by staff during the inspection. Residents chose the time that they wished to get up, eat and seek assistance with personal care and dressing, and this was seen to be facilitated by the staff team.

Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2 records and found to be compliant. The provider nominee told the inspector that all staff had completed Garda vetting and supervision of staff included induction and appraisal. Monthly staff meetings formed part of the operational management and communication systems that afforded staff to raise issues of concern with management and discuss areas to be developed or improved.

Evidence of professional registration for all rostered nurses was available and current.

Staff training and development was promoted. A staff training programme was in place and a record of training for rostered staff was available. Mandatory training such as moving and handling, cardio pulmonary resuscitation (CPR), fire training and the prevention, detection and management of abuse had been provided. Manual handling practices observed were safe and appropriate, with assistive equipment available for use. A range of other relevant training was completed by staff that included care for residents with dementia, medicine management, nutrition, infection control and health and safety.

Staff were seen to be kind and friendly towards all residents and respectful towards their privacy and dignity, for example, knocking on residents' bedroom doors and waiting for permission to enter and for the resident to unlock their bedroom door. Staff were heard offering residents the choice to join others outside in the courtyard, to attend activities and to dine in two the main dining areas. They also respected residents' choice to refuse to join others and remain in their own bedroom.

The inspector was told there were no volunteers involved 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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