

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Beechtree Nursing Home
<b>Centre ID:</b>	OSV-0000116
<b>Centre address:</b>	Murragh, Oldtown, Co. Dublin.
<b>Telephone number:</b>	01 843 3634
<b>Email address:</b>	info@beechtree.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Beechtree Healthcare Limited
<b>Provider Nominee:</b>	Nuala Walsh
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Shane Walsh
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	54
<b>Number of vacancies on the date of inspection:</b>	25

## **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 1 day(s).

**The inspection took place over the following dates and times**

From: 29 June 2017 08:45 To: 29 June 2017 16:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	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. There were 54 residents and 25 vacancies on the day of inspection.

During the course of the inspection, the inspectors 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. Twenty seven questionnaires completed by residents (10) and/or their relatives or representatives (17) in preparation for this inspection was also reviewed.

Ten outcomes were inspected against and all found to be compliant with the relevant regulations in the outcomes examined. The inspectors found that the care environment was homely and tastefully decorated. Staff were welcoming, care and support services delivered to residents was of a high standard.

Staff knew residents well and discharged their duties in a respectful and dignified manner. Residents who spoke with the inspectors and those who completed questionnaires said they were happy, respected, consulted with, and felt well cared for by friendly staff.

The management and staff of the centre were striving to improve the quality of care and services for residents. A person-centred approach to health and social care was observed. Meaningful activity and social engagement were promoted. Opportunities to engage within the wider community akin to residents previous lifestyles was encouraged and facilitated where appropriate.

Residents were well cared for and expressed satisfaction with the care received. They felt safe and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff 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, management and administration of the service and resources demonstrated an ability to meet regulatory requirements.

The action required following the last inspection 21 June 2016 had been satisfactorily addressed.

The inspection findings are discussed within the body of the report and compliance was found in all of the outcomes inspected.

**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 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 with explicit lines of authority and accountability. The management team's roles and responsibilities for the provision of care were unambiguous. Governance meetings were held where senior managers discussed operational matters, developments and resident outcomes.

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 all staff were approachable, supportive and available to them when required.

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. A comprehensive auditing and management system was in place to capture statistical information on a quarterly basis. Audits in relation to resident outcomes, occupancy, operational matters, servicing of equipment, risk management and staffing arrangements were maintained.

Health and safety audits and the management of risks were discussed at governance and management meetings held. Clinical audits that analysed accidents, complaints, medicine management, skin integrity, care plans, incidents, accidents and complaints, the use of restraint, nutritional risk and dependency levels. These audits were available demonstrating consistent and effective monitoring of the quality of the service and to inform improvements.

A comprehensive annual review of the quality and safety of care and service provision in 2016 was completed. Areas for improvement had been identified and implemented in 2017 such as a review of policies and procedures, additional staff training and auditing systems. Satisfaction surveys completed by residents (15) and relatives (15) in 2016 had

been evaluated to inform learning and improvements such as better communication arrangements with families and induction and appraisal of new staff.

Interviews with residents during the inspection and in the 27 completed questionnaires by or on behalf of residents were positive in respect to the provision of the care, the facilities and the services provided prior to this inspection. Any issues highlighted for improvement were communicated to the management team for follow up.

There was evidence of ongoing consultation with residents in a range of areas on a daily basis and in resident meetings held four to six weekly. Residents' family or representatives were also seen to be informed of changes in conditions and consulted with and or involved in decisions. Other opportunities for consultation was afforded when staff were engaged in reviewing and assessing the needs of residents and care planning process, during daily social and recreational activities and during discussions at meal times. Any issues identified during consultation periods were seen to be managed to ensure appropriate action was taken in a timely manner.

**Judgment:**

Compliant

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was no change in the person in charge of the centre since the last inspection or registration granted.

The person in charge is a registered general nurse, has experience of working with older persons in the previous three years and works full time in the centre.

During the inspection she demonstrated that she had good knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

She is supported in her role by the nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she 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 provider nominee support the person in charge in her role and works in the centre on a full time basis and is also a registered nurse.

The person in charge, provider nominee and staff team facilitated the inspection process by providing information and documents available and they had good knowledge of residents' care and conditions.

Staff confirmed that good communications exist within the staff and management team and residents highlighted the positive interactions and support provided by the entire team. Minutes of staff and management meetings were recorded and available to ensure good governance, communication and management arrangements.

**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.

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. The training records identified that staff had opportunities to participate in training in relation to the detection and protection of residents from abuse.

Great emphasis was placed on residents' safety and the inspectors saw that measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, access to all parts of the centre including the internal courtyard and garden was available. Smoking facilities within this area was provided for residents following risk assessments. Entry and exit was seen to be controlled by the receptionist or staff on duty without delay.

During conversations with the inspectors, residents confirmed that they felt safe and secure in the centre and well supported and cared for by the staff team. Responses within

the questionnaires returned also supported these views.

Systems and arrangements were in place for safeguarding resident's finances and property. The provider nominee and person in charge told inspectors they were pension agents and not involved in managing residents' finances. They did have an arrangement to hold petty cash for residents' personal use. This was examined and found to be transparent, correct in balance and in accordance with best practice standards with two signatories and a description of transactions undertaken.

A restraint free environment in line with the national policy was promoted. A policy reflecting the national guidance document was available to guide restraint usage. A low rate of bedrail usage by residents was reported to use both bedrails. Three residents were using bedrails by choice and all other residents had less restrictive safety measures in place. 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, staff and their general practitioner (GP). Decisions were also reflected in the residents' care plans that were subject to reviews. Discussions with staff, observations in practice and records maintained demonstrated that various alternative equipment such as, low low beds, bumpers/wedges, sensory alarms and floor mats were available as an alternative to bedrails.

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

Support from the community psychiatry team was available on a referral basis and seen to have been available to residents in a sample of resident records reviewed.

Staff spoken with were familiar with appropriate interventions to use to respond to individual residents responsive behaviour. Behaviour logs formed part of the nursing assessment and care plan process and changes in behaviour were analysed for possible trends and to inform reviews undertaken by the General practitioner (GP) or psychiatric team.

Chemical restraint and the use of PRN (as required) medicines were subject to review by nurses and the GP or psychiatry team. When used, a record to include the rationale and effect was to be maintained to inform the monthly audits carried out.

**Judgment:**

Compliant

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

**Theme:**

Safe care and support

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

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

**Findings:**

The centre promoted the health and safety of residents and staff in the centre. Risks in the centre were identified and controls were put in place to manage them.

The centre had policies in place in relation to health and safety, and in relation to risk management. The centre had an in date safety statement that had been signed by a representative of the provider. A risk register was in place for the centre which identified risks with in the centre, for example the risks associated with the outdoor smoking area and the risk of breach in security. Every risk identified had controls, additional controls and a risk rating documented. Risks had also been assessed for individual residents and were recorded in their file. For example all residents who smoked had a regularly updated risk assessment in place which included information such as if a resident may require assistance or supervision when smoking.

The centre had suitable fire safety procedures in place. The centre had the fire procedure displayed throughout the centre. The displayed procedure was formatted in two ways, the first guided staff and the second guided residents. The inspectors spoke to a number of staff about their role if the fire alarm sounded and all seemed to be familiar with the procedure. The centre carried out fire drills approximately once per month at varied times, including both staff rostered during the day and staff rostered at night. All staff had also completed fire safety training within the last year. Personal emergency evacuation plans were in place for residents. Those that were assessed as highly dependent, had ski sheet under their bed to allow staff to evacuate the resident in a timely manner if required.

The centre was adequately compartmentalised by fire doors in hallways. All of these doors were on magnetic closing mechanisms that would activate when the fire alarm sounded. The inspectors tested four sets of fire doors and found they closed with no noticeable gap when released. The doors to resident's rooms were also fire doors but were not on self closing mechanisms. The fire procedure stated that these doors were to be closed behind staff as they left rooms during an evacuation, and staff spoken with confirmed the same. Fire exits throughout the centre were clearly signposted and were unblocked. Records confirmed that a visual check of fire exits was done twice daily while a check of fire doors was done weekly. There was a suitable amount of fire fighting equipment throughout the centre which had been serviced within the last year.

Servicing records in the fire register were reviewed by the inspectors. The fire alarm system and the emergency lighting system had been serviced on a quarterly basis. The fire alarm was tested weekly.

An emergency plan was in place which outlined alternative temporary accommodation in the event a full evacuation was required.

The inspectors observed the infection control practices throughout the inspection. It was noted that hand sanitiser and personal protective equipment was regularly available

throughout the day. Staff were observed to follow good hand hygiene practice.

**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 safe 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.

Nursing staff demonstrated and described safe practices in medicine administration and management. An inspector observed a staff nurse consulting with residents prior to and during the administration of medicines. Medicines were administered in accordance with residents' prescriptions and recorded as administered following safe administration. Nurses were seen performing good hand hygiene practices between residents.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines. An 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. The safe storage of refrigerated medicines was also found.

The centre had a system in place for recording and managing medicine errors. No errors were reported since the previous inspection.

An audit of prescriptions and review of administration records was carried out on a monthly basis to promote safe practices. Areas for improvement following audits over the past four months had been addressed satisfactorily.

A review of medicines by the resident's general practitioner (GP) was maintained and recorded and checks undertaken by the pharmacist a member of the nursing staff was completed on a monthly basis against orders delivered to promote resident safety.

**Judgment:**

Compliant

**Outcome 10: Notification of Incidents*****A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*****Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. These were reviewed on inspection and discussed with staff to establish trends and resident status.

Management systems were in place to alert staff to notify HIQA of notifiable events, incidents or accidents within three days and arrangements were in place to inform improvements from audits of incidents.

Quarterly reports were provided, where relevant, for example, the use of restraint and number of deaths as prescribed in 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:**

Suitable arrangements were in place to ensure each resident's wellbeing and welfare

was maintained by a high standard of nursing, medical care and allied health care.

From an examination of a sample of residents' 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 medical history, background, 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 seen. 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 plans and resident life stories were also completed in a sample reviewed. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls and malnutrition, cognitive status, mood, mobility status and skin integrity.

The development and review of care plans was carried out by a named nurse and key worker in consultation with residents or their representatives. Information received on admission also informed care plans. Each resident's care plan was subject to a formal review at least every four months or as changes occurred.

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.

There were one resident with a pressure ulcer. The inspector reviewed the management of wound care and found they were well managed and guided by policies. Audits of falls, risk management and mobility assessments were maintained. The inspector found that preventive measures to mitigate the indentified risk were in place. Activities such as daily exercises were encouraged to promote movement and strengthen muscles. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids, hoists and modified chairs following seating assessments by an occupational therapist or a physiotherapist. Hand rails on corridors and grab rails were seen in facilities used by residents, which promoted 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. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, the food and fluid consistency and arrangements recommended following assessments by speech

and language professionals or by a dietician. Assessment and reviews for food and fluid intake and weights were recorded, as and when required, to inform dietician assessments and subsequent reviews.

Good access to dietician and speech and language therapists was seen to be provided on a referral basis based on nursing assessments or changes in a resident's condition. 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. An audit of the centre's menu was completed by a dietician in February 2017. Recommendations made to reduce chips and increase the provision of oily fish in the menu was being implemented.

Residents were satisfied with the health and social care services provided. Residents had good access to General practitioner (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. The review of residents' records showed that some residents had been referred to these services and results of appointments were written up in the residents' notes and reflected within their care plans.

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

Dedicated activity staff members co-ordinated the activity programme that was delivered daily. Other staff supported residents' participation in activities and on day trips. Residents told inspectors they were encouraged to participate in group or individual activities. The weekly programme included a variety of activities such as exercises, sonas, bingo, movies, prayer and games. Activities were tailored for individuals and the resident group. During the inspection a number of residents were receiving reflexology on a one to one basis while others were engaged in group activities.

Much emphasis was placed on residents accessing external functions, outings and events. Residents had free access to the centre's minibus for transport and to attend community events and outings. The inspectors were told by residents and staff of their recent trip to Croke Park to the GAA match of Dublin and Westmeath. Residents described other day trips that included visiting the Botanic Gardens, Howth, The Pavilion shopping centre in Swords, Ardgillan Castle and woolly farm.

Religious ceremonies, birthdays and mass services formed part of the activity programme. Overall, residents had regular opportunities to participate in fun activities that were meaningful and purposeful to them and which suited their needs, interests and capacities.

**Judgment:**  
Compliant

**Outcome 13: Complaints procedures**

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had procedures in place to receive and act on complaints from residents and relatives.

The centre had displayed its complaints procedure throughout the centre, both in A4 and A3 format to make it more accessible to residents with impaired vision. The procedure included information on how to give both a verbal and a written complaint. It also included the appeals process and contact details for the office of the ombudsman. Complainants could raise a complaint to any member of staff but also letter boxes were located throughout the centre to allow for the submission of comments and complaints.

The centre had nominated the person in charge to manage the complaints and had nominated a company director to oversee the management of complaints. The inspectors reviewed the records of complaints in the centre and found that they were detailed, outlined any action taken and if the complainant was satisfied or not. Complaints had been addressed promptly by the person in charge and the records outlined that some improvement measures had occurred following the receipt of a complaint.

There was no evidence to suggest that any resident had been adversely affected for making a complaint.

**Judgment:**

Compliant

**Outcome 16: Residents' Rights, Dignity and Consultation**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were consulted with in making decisions around the running of the centre. Residents' rights were respected and their dignity was maintained.

Residents' meetings were held in the centre to discuss various aspects of the running of the centre. The last residents' meeting had been held in June 2017. The inspectors reviewed the minutes of the meeting and found that residents discussed topics such as additional activities they would like to avail of, accessing some knitting and flower arranging materials and trips outside of the centre. Two trips the residents showed interest in attending were the local Taste of Fingal event and the Dublin/ Westmeath GAA game in Croke Park. The inspectors queried if these trips had occurred with the provider and were informed that some residents had gone to both of the events. The centre owned a mini-bus and thus could offer trips outside the centre once to twice a week. The residents observed activities occurring during the day and noted that residents seemed to enjoy them.

The inspectors reviewed the activities schedule with the activities staff member on duty. An activities staff member was rostered on seven days a week. The inspectors were informed that a number of activities were sourced from external companies and that musicians were also often brought into play to the residents. The activities staff maintained a record of residents' participation in activities to ensure no residents were missing out. One to one reflexology and music therapy were offered approximately twice a week to residents who had higher dependency levels and may not participate in group activities.

Information around the centre and other services was made accessible in the centre. The daily staff roster was listed with the photographs of staff displayed. The daily menu was available in written and in a picture format. Information on residents' rights, citizen information details and local solicitor contact details were all displayed on a residents' information board.

Residents had access to a local independent advocate who regularly visited the centre and to an advocate service. The complaints records confirmed that the services of the advocacy service had been availed of by the past and the centre had facilitated this. However there was no contact details displayed for advocacy. This was amended before the end of the inspection.

Residents had their religious and civil rights respected. The centre had an oratory which inspectors observed residents using. Roman Catholic Mass was held in the centre once a week. The provider informed the inspectors that there were no residents practicing another faith at the time of the inspection, however in the past the centre had supported residents to access other religious services and would do so again if needed in the future.

All residents were given the option to be registered to vote in the centre. A polling booth

was set up in the centre in past elections.

Visiting was open except during meal times. There was also a private family room to allow residents to meet their visitors in private if they wished. Relatives and friends of residents were observed to visit the centre throughout the inspection.

**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:**

There was a suitable number of staff and appropriate skill mix to meet the assessed needs of the residents. Staff had received up to date mandatory training.

The inspectors reviewed the planned and the actual roster for the centre, and observed the staffing levels throughout the inspection. The staffing level and skill mix were suitable to meet residents' needs, and took into account the layout of the building.

Throughout the day there were three staff nurses and eleven healthcare assistants. A clinical nurse manager and healthcare manager were supernumerary and provided supervision of staff on the floor. There was also three housekeeping staff, three catering staff, one laundry staff, two administrative staff, one maintenance and one activities staff.

At night two staff nurses and three health care assistants were on duty.

The inspectors reviewed four staff recruitment files, two from recently recruited staff. All four had copies of the staff members' vetting disclosure from the Garda vetting unit. The provider also informed the inspectors that all other staff in the centre had been vetted. The files also had all the requirements as listed in schedule 2 of the regulations.

There was one volunteer currently working in the centre. The volunteer's file had a copy of the vetting disclosure, description of their role and the supervision process in place.

All of the rostered nurses working in the centre had current professional registration with the Nursing and Midwifery Board of Ireland.

The centre maintained a training matrix for all staff employed there. The matrix outlined that all staff had up to date training in fire safety, safeguarding against elder abuse, manual handling and infection control.

All nurses in the centre had also completed training in cardio pulmonary resuscitation (CPR) and medication management. A significant number of healthcare assistants had also completed training in CPR.

Staff received formal supervisory meetings on a six monthly basis.

**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:***

Sonia McCague  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority