

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Catherine McAuley House
Centre ID:	OSV-0000125
Centre address:	Beaumont Woods, Beaumont, Dublin 9.
Telephone number:	01 837 9186
Email address:	pconnor@mcauleybeaument.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Congregation of the Sisters of Mercy South Central Province
Provider Nominee:	Anne Doyle
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	1

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: 30 August 2017 09:25 To: 30 August 2017 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 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 following an application by the provider to accommodate up to 35 residents.

There were 33 residents in the centre on the day of inspection as one resident was on holiday with a niece, one was receiving treatment in another healthcare facility and there was one vacancy. The centre is currently registered for a maximum of 35 residents.

During the course of the inspection, the inspector met with residents and staff, the person in charge and the provider nominee. The views of residents and staff were listened to, practices were observed and documentation was reviewed.

Ten outcomes and relevant regulations were inspected against. The inspector found

that the care and environment provided was of a high standard. The centre was suitably laid out, calm and welcoming. The nursing and support services delivered to residents was appropriate.

Staff knew residents well, were friendly and discharged their duties in a respectful and dignified way. Visitors were welcomed and social inclusion and well-being was promoted.

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 engagement was promoted in keeping with the ethos of the centre.

Residents who spoke with the inspector said they knew their rights, were respected, consulted with and well cared for by helpful staff. Residents were well cared for and expressed satisfaction with the care they received, 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.

Suitable 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 a positive attitude, sufficient knowledge and an ability to meet regulatory requirements.

The centre was compliant in all of the outcomes inspected and the 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 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 were sufficient resources in place to ensure the effective delivery of care as

described in the statement of purpose.

There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care were unambiguous.

There was a change in the person in charge of the centre since the previous inspection. She 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 knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre. She is supported in her role by a team of 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's advisory board. Minutes of staff and management meetings were recorded and made available.

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 person in charge is supported in her role by a clinical nurse manager who has worked in the centre over 10 years. Both had maintained their professional development in healthcare topics relevant to their roles and responsibilities.

The provider nominee, person in charge and the staff team facilitated the inspection process by providing information and documents readily available. 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, including the person in charge.

Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team, telling the inspector that staff were approachable, kind, caring and helpful.

Comprehensive auditing and management systems were in place to capture statistical information in relation to resident outcomes, operational matters and staffing arrangements.

Clinical audits were carried out that analysed accidents, complaints, medicine management issues/errors, skin integrity, care plans, nutritional risk and dependency levels. This information was available for inspection. No physical means of restraint was in use or used since the previous inspection and a low level of serious incidents, accidents and complaints was reported.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017. Identified improvements such as resident satisfaction surveys, human resource (HR) file audits, dementia signage and provision of colour contrasting toilet seats had been completed.

Discussions with residents during the inspection and 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 in a range of areas on a daily basis and via a formal resident forum that was held every two months.

Other opportunities for consultation was afforded when staff were engaged in reviewing and assessing the needs of residents and completing the care planning process, during social and recreational activities and in discussions at meal times. Issues identified or suggestions made by residents were managed to ensure improvement or corrective action was taken.

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.

A sample of staff files reviewed were found to be compliant with the regulations.

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

The centre's insurance cover was current and a certificate of insurance was available for inspection.

All policies listed in Schedule 5 were available. The inspector reviewed a sample of schedule 5 operational policies and procedures in relation to the health and safety of residents such as missing persons, risk management, medicine management, management of responsive behaviours, complaints and the prevention, detection and response to abuse. Some of the schedule 5 policies had been developed by an external consultant and were approved by the person in charge and clinical nurse manager. The policies were centrally located and available to all staff members and residents. Staff were required to sign off that they had read and understood the policies.

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 safeguarding policy which provided guidance for staff to identify and manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The person in charge had approved the designated centre's policy which included the necessary steps to be taken and referrals to external agencies. A summary or flow chart of the policy steps was to be developed and made available to staff.

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. The inspector saw that a number of measures in addition to staff training and completion of Garda vetting prior to commencement of employment had been taken to ensure that residents safety was promoted while at the same time had opportunities for maintaining independence and fulfilment. For example, CCTV at the main entrance which was controlled by staff and or a keypad lock which some residents managed independently. All parts of the centre or

communal areas were accessible to residents. The inspector saw that there were facilities in place to assist residents to promote and retain their independence, communication and mobility. For example, lockable storage facilities, phones, call-bell facilities, mobility aids, hand rails in communal and circulating areas were available for residents.

During conversations with the inspector, residents confirmed that they felt safe in the centre due to the measures in place, such as the secured entrance and support and care provided by the staff team and volunteers.

Systems and arrangements were in place for safeguarding resident's finances and property. Records of personal property on admission and thereafter was seen in the files examined.

The inspector found that the centre promoted a restraint free environment in line with the national policy. An approved policy reflecting the national guidance document was available to guide restraint usage. Staff and records confirmed that bedrail use by residents had been eliminated. Risk assessments had been completed and records of decisions regarding the non use of bedrails were available. Decisions made following risk assessments were in consultation with the resident or representative, staff and resident's general practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review. Alternative equipment used such as, low low beds, foam wedges, sensory alarms and bedside mats were available and in use instead of bedrails.

A small number of residents used PRN (as required) medicines. On examination of the medicine administration records the inspector noted that six residents had received a PRN medicine in the past three weeks. Four of the six residents had requested the PRN medicine on a few occasions and two residents were administered a PRN medicine to modify responsive behaviour, and as indicated in their GP prescriptions. For example, one of the two had received PRN medicine on three occasions within the past 23 days. An audit of PRN medicine usage was maintained to monitor and promote resident wellbeing.

A small number of residents displayed behaviours that challenged them or those around or responding to them, due to their medical conditions. During the inspection, staff approached residents in a sensitive and appropriate manner, and residents responded positively to techniques seen used by staff.

Staff described how support and distraction techniques were used for those with responsive behaviours. Education, support and training for relevant staff to de-escalate responsive behaviour and care for residents with dementia were provided. Measures were in place to ensure every effort was made to identify antecedents and/or triggers of behaviours as well as to minimise the consequences and maximise their safety.

Support from the community psychiatry and multidisciplinary outreach team was reported and seen to be provided in resident records reviewed. Staff spoken with were familiar with the interventions used to respond to residents behaviour and mannerisms. Behaviour logs formed part of the assessment, communication and care-plan process. Activities specific to each resident's likes and interests was encouraged to promote

positive behavioural support.

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 had policies and procedures relating to health and safety that included a health and safety statement and risk management policies to include items set out in Regulation 26(1). There were policies 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 investigating and learning from audits, incidents and adverse events involving residents. Measures and actions were taken to prevent incidents included increased supervision, activity and support equipment. An emergency response kit that included relevant equipment was centrally located at the nurse's station to support staff to react in an emergency situation such as a missing person. An AED was available and relevant staff had completed first aid and cardio pulmonary resuscitation (CPR) training to respond to medical emergencies onsite. A generator was in place in the event of a power outage and records of regular checks carried out was maintained.

A risk register was maintained that assessed/rated identified risks (actual and potential). Control measures were put in place following assessments and implemented to promote resident safety.

Reasonable measures were in place to prevent accidents to persons in the centre and within the grounds. The management and staff team had completed a review of incidents and accidents involving residents to identify trends, the key cause or likely factors in order to inform control measures.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to hand washing facilities and hand sanitisers were available on corridors. Staff were seen using these facilities appropriately and between resident contact. The standard of cleanliness throughout the centre was excellent. The main kitchen had completed an inspection in June 2017 by an environmental health officer that was

satisfactory.

Suitable arrangements were in place in relation to promoting fire safety. The actions required in relation to the maintenance of emergency lighting and fire drills were completed. The fire alarm system was serviced on a quarterly basis and fire safety equipment including the emergency lighting and fire extinguishers were serviced on an annual basis. An inspection May 2017 by the local fire brigade had been carried out to ensure fire safety compliance.

Fire safety and response equipment was provided and readily available throughout the centre. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Corridors were compartmented and magnetic release devices were in place to facilitate door closures and containment. Fire evacuation procedures were prominently displayed throughout the building. Staff were trained in fire safety and those who spoke with the inspector confirmed this. Weekly tests of the fire alarm and daily checks of exits and escape routes were also completed.

A personal emergency evacuation plan (PEEP) for each resident that identified the resident's mobility levels and requirements for assistance in the event of an emergency evacuation was available in residents' bedrooms. Staff and records reviewed showed that they had completed a simulated fire drill in the centre and lessons from each event were communicated to all staff to bring about improvements.

Staff spoken with and records reviewed confirmed that fire safety training and fire evacuation drills had occurred. Records showed the successes or failures identified during the simulated drills, the scenario simulated, the staff and residents involved, the time taken for and extent of the evacuation. Each bed was fitted with a ski evacuation sheet and checks were maintained to ensure they were in place as required. The audit findings were recorded and corrective action was subsequently taken to ensure correct positioning of the ski sheets and straps to aid timely evacuation.

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 relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Access to the pharmacy and a pharmacist was available as required.

Nursing staff demonstrated safe practices in medicine administration and management. The inspector observed the staff nurse consulting with residents during the administration of medicines and performing good hand hygiene 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. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded by nurses at the beginning and end of each shift in a register in keeping with legislative requirements.

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

The inspector was informed that a review of prescribed medicines was undertaken by the resident's GP within a four monthly basis, and records were available to demonstrate this arrangement was implemented in practice. The usage of PRN psychotropic medicines was audited monthly by the nursing team and reviewed on a regular basis by the prescriber.

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):

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

Findings:

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.

The actions arising from the previous inspection relating to residents end of life assessments and care planning was addressed. In addition the actions related to food and nutrition was also addressed. Meals provided to residents were as advertised on the menu and snacks that included fresh fruit and nutritious smoothies were available between meals. A stocked fridge with snacks and facilities for hot or cold drinks was freely available to residents and visitors.

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

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 included a pre-admission assessment completed by the clinical nurse manager prior to the resident's admission. This procedure 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 plans were completed in a sample reviewed. There was evidence of a range of evidence based assessment tools being used to monitor areas such as the risk of falls and malnutrition, cognition, mobility status and skin integrity.

The development and review of care plans was undertaken by a nurse in consultation with residents or their representatives. Each resident's care plan was subject to a formal review at least every four months or as changes in conditions 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 records reviewed. Advanced care directives decisions in relation to medical treatment were seen recorded that involved the GP, residents and or relative with staff.

The inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed. Mobility and daily exercises were encouraged. Residents were seen in a variety of separate rooms during the inspection that included the main day and recreation room, dining room and chapel. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids 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 and the automated

doors to the dining room promoted free movement.

Residents were satisfied with the service provided. They had access to GP services, and out-of-hours medical cover was provided. Psychiatry or mental health services were available to residents and staff supporting residents. A full range of other services was available on a referral basis including chiropody, audiology, dental, tissue viability nurse and optical services. 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 care plans.

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' 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, when required, and the assessment and management of pain was monitored.

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 and received these services. Recommendations made were reflected in care plans reviewed.

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

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 daily activity programme. Residents were satisfied with the routine and activity programme available. A dedicated activity coordinator was put in place this year and when on leave other care staff maintained the activity programme.

A weekly activity programme was displayed, co-ordinated and delivered daily. The weekly programme included activities such as prayer, mass, exercises, bingo, quizzes, arts and crafts, music, singing and board games that were tailored for the resident group. A variety of activities were seen being provided on inspection that included songs and music by a harpist who had previously attended the centre this year. The inspector saw that residents were encouraged to participate in group or individual activities. Residents' preference not to attend some activities was also seen to be respected. Residents were encouraged and supported to attend day trips, family occasions, holidays and outings that included locally sourced transport and overseas travel.

Religious ceremonies and a daily mass and prayer service formed part of the activity programme that was well attended. Overall, residents had opportunities to participate in activities that were meaningful and 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):

No actions were required from the previous inspection.

Findings:

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.

The location, design and layout of the centre were suitable for its stated purpose and meets residents' individual and collective needs in a comfortable manner. The premises was suitably decorated throughout and benefited from good natural and artificial lighting. The view outdoors 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 is a ground floor purpose built centre registered for a maximum capacity of 35 residents. All bedrooms were for single occupants with full en-suite facilities. The building design, layout and decor were of a high standard. Sitting rooms, the quiet room, seated areas and dining room were spacious and decorated to a high standard with purposively selected items akin to most residents' previous life were on display.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Regular and appropriate service of support equipment such as hoist, chairs and beds was seen to be maintained. Supportive equipment such as call-bell facilities, remote control beds and chairs, and pressure relieving aids were seen in use by residents.

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. Handrails were provided on corridors, and grab-rails were available in bathrooms and toilets. All bedrooms,

bathrooms and communal areas were fitted with a call bell system, and displays clearly identified the location of a call. Residents were encouraged and availed of the opportunity to have personal mementos and possessions in their own bedrooms. Many availed of this. Adequate personal and general storage facilities and arrangements were in place.

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

The onsite catering and laundry facilities were maintained separate from care facilities. Other communal facilities for residents included a chapel, recreation/activity room and hairdressing facility.

Spacious secure internal courtyards were available for residents and visitors to access outdoors as desired. These areas had suitable outdoor furniture, colourful plants, flower beds and items of interest for residents' to see, interact with and admire. The internal courtyards could be viewed and freely accessed from a variety of areas including some residents bedrooms and main corridors.

Car parking facilities were available at the centre.

Closed circuit television (CCTV) cameras were provided externally at entrance/exit doors ensuring additional safety and security for residents.

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 the organisation of the centre. A residents' committee/-forum was facilitated on a regular basis, and family or representative involvement was central to

the care decisions and services provided. A recent addition of the 'Holy Well' to one of the internal courtyard areas had been completed having been suggested by one resident and supported by others in the resident forum.

Information in relation to local and independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, the inspector saw residents being supported by their in-house advocate and they were able to access all parts of the centre independently or with staff support at a time of their choosing.

Residents who spoke with the inspector and those who completed questionnaires said they were able to make decisions about their care and had choices about how they spent their day, when and where they ate meals, and when they rise from and return to bed. Residents had options to meet visitors in a private or communal areas based on their assessed needs.

The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged. Visitors were unrestricted except in circumstances such as an outbreak of infection. A record of visitors was maintained. Arrangements were provided for residents to attend external appointments or family occasions and maintain links with their religious or wider community. The centre arranged transport and escort or support arrangements for residents to access to the wider community. Overall, the practices in place promoted social inclusion, engagement and access to internal and external facilities. Outings to enhance engagement and social inclusion included trips to shows at the Helix Theatre, and to the Botanic Gardens, Leinster House, Knock shrine, Newbridge House and Lourdes pilgrimage.

There was a policy on residents' access to visitors and communication. Communication aids, telephones and computers were available to residents, as required or desired. Notice boards were strategically to aid communication and update residents on events. An informative newsletter was available and produced on a quarterly basis that included pictures of outings, events and developments that involved residents.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in their own en-suite and bedrooms in private.

Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Those who spoke with the inspector and who completed questionnaires said they were respected, consulted with and well cared for by courteous, pleasant and kind 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. Residents said they chose the time that they wished to get up and go to bed and this was seen to be facilitated by the staff. Residents' dependency levels were assessed using a recognised dependency tool and the staffing rotas were adjusted accordingly. A registered nurse was on duty at all times. The rota for the previous weeks was reviewed and inspectors saw that the normal staffing compliment in addition to the person in charge was one nurse and five care assistants on duty in the morning, one nurse and three care assistants in the afternoon and evening and at night there was a nurse and two care assistants on duty. Additionally an activities coordinator and the liaison officer were on duty during the day and a second activities coordinator came on duty in the evening.

Cover for staff holidays was provided by regular staff who were student nurses and worked in the centre as part of their placement.

Inspectors were told by the person in charge and that there was a low turnover of staff which helped ensure good continuity of care.

Appropriate recruitment procedures were in place. The provider gave assurances that all staff had been appropriately vetted prior to working in the centre. Inspectors examined a sample of three staff files and found that they contained all of the information required in schedule 2 of the regulations including evidence of An Garda Síochána vetting and appropriate photo identification and references. There were no volunteers involved in the centre. Inspectors confirmed that up to date An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers were in place for nursing staff.

Residents and relatives spoken with were very complimentary regarding the staff and described them as 'really helpful and 'very caring'. They told inspectors that the staff were respectful to them and responded promptly to their calls for assistance. Calls bells tested during the inspection were promptly responded to by staff.

A training programme was in place and a record of training for staff was available. Mandatory training such as safe moving and handling, fire training and safeguarding residents from abuse had been provided. Some additional training was provided to help staff to deliver evidence based care. For example, on the day of the inspection some staff members were completing training on new equipment recently provided for a

resident with a respirator condition however; inspectors saw that there was limited additional training provided to help maintain and supplement staff skills and there wasn't a comprehensive training needs analysis completed for staff members to assess what additional training they required to provide evidence based care in accordance with the residents needs.

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
