<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sacred Hearts Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000156</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Roslea Road, Clones, Monaghan.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>047 51 069</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sacredhearts@arbourcaregroup.com">sacredhearts@arbourcaregroup.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Varna Healthcare Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Donal O’Gallagher</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>35</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</tbody>
</table>
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: 27 February 2017 09:00 To: 27 February 2017 17:45

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

In applying to renew registration of the centre the provider has applied to accommodate a maximum of 41 residents who need long-term care, or who have respite, convalescent or palliative care needs. This is the same level of occupancy the
centre is currently registered to accommodate. There were 35 residents in the centre during the inspection and six vacancies.

The registered centre is located within a building which was originally a house. It was extended to the rear in order to accommodate its current use as a residential centre for older people. It is located on a site providing off street car parking and green areas around the building. There are also numerous single storey buildings located on the site, mostly used for storage.

The premises takes account of the residents’ needs and abilities, and was maintained in line with Schedule 6 of the regulations. The bedrooms and care environment was adequately lit, heated and ventilated.

The inspectors met with the provider and he demonstrated his knowledge of the legislation and statutory responsibilities. The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

Residents had required access to general practitioner (GP) services. Access to allied health professionals including speech and language therapist and dietetic services were available.

Each resident was provided with fresh food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious.

One outcome was judged as non-compliant moderate with the regulations and four outcomes as substantially in compliance with the regulations. The remaining 13 outcomes were in compliance with regulatory requirements. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.
<table>
<thead>
<tr>
<th><strong>Outcome 01: Statement of Purpose</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Governance, Leadership and Management</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
<td>The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.</td>
</tr>
<tr>
<td></td>
<td>The statement of purpose was kept up to date. The inspection evidenced the service provided was reflective and as described within the statement of purpose.</td>
</tr>
<tr>
<td><strong>Judgment:</strong></td>
<td>Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outcome 02: Governance and Management</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Governance, Leadership and Management</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
<td>The governance arrangements in place were in accordance with the statement of purpose to ensure the service provided is appropriate and consistent.</td>
</tr>
</tbody>
</table>
The management structure is appropriate to the size, purpose and function of the service. There was an organisational structure in place to support the person in charge. The person in charge is supported in his role by a deputy nurse manager.

During the inspection the inspectors met with the provider and he demonstrated his knowledge of the legislation and understanding of his statutory responsibilities.

There was evidence of quality improvement strategies and monitoring of the services. A range of areas were audited including management of medicines, accidents and incidents, restraint management (use of bedrails), nutrition and hand hygiene.

While some audits were well completed from the range of data collected and reviewed other areas audited required further development. Nutritional audits were clear and the action to take arising from findings was well defined. The audit of restraint management for example, requires further review to ensure an improvement plan is developed leading to enhanced outcomes for residents.

An annual report on the quality and safety of care was compiled for the past year. The report was in draft format at the time of inspection. This outlined details on aspects of the service over the previous year and plans for 2017.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 03: Information for residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.</strong></td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Findings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was a residents’ guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.</td>
</tr>
</tbody>
</table>

All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents.

Expenses not covered by the overall fee and incurred by residents for example, chiropody, escort to appointments or hairdressing were identified. All contracts were signed by relevant parties.
In line with the amendment to the regulation in June 2016 the conditions of occupancy in the contracts of care did not specify whether the bedrooms to be occupied by residents were single or twin occupancy bedroom.

**Judgment:**
Substantially Compliant

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**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. The person in charge has more than three years experience of nursing older persons within the last six years as required by the regulations.

He is a registered nurse and holds a full-time post. He is well known by residents and has a good knowledge of residents care needs. He was able to describe to inspectors in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

He has maintained is professional development and attended mandatory training required by the regulations. He demonstrated his knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre to the inspectors throughout the visit.

He is supported by a deputy nurse manager. The person in charge is additionally supported by a team of care assistants, kitchen and housekeeping staff, who report directly to him. The person in charge reports to the provider.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and
Welfare of Residents in Designated Centres for Older People Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The documentation to be kept at the designated centre was available for inspection and well maintained.

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. Samples of records were 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 record of visitors was maintained. The directory of residents contained the facility to record all information required by schedule three of the regulations.

Medical records and other records, relating to residents and staff, were maintained in a secure manner. As required by Schedule 3 (4) (c) the nursing records of a person’s health condition and treatment given were completed on a daily basis. Where acute events were being managed the issue was guided by a care plan. However, the nursing records did not always outline the effectiveness of the treatment, for example when (prn) medicine (a medicine only taken as the need arises) is administered the response in nursing records was not always clear. Similarly wound care issues were well managed and guided by care plans and wound assessment records. However, judgments in the nursing records require review to outline the recording of the effectiveness of the treatment regime.

The centre's insurance was up to date and a certificate of insurance cover was available.

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

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. Policies read had been reviewed by the person in charge and were maintained up to date.
The complaints procedure was displayed for visitors to view and provide direction to whom they could raise an issue.

**Judgment:**
Substantially Compliant

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

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. A deputy is notified to HIQA to deputise in the absence of the person in charge. This person was available to meet the inspectors on the day of inspection. A review of the staff file of the notified person participating in management evidenced engagement of continuous professional development. Mandatory training required by the regulations was completed.

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

**Findings:**
The financial controls in place to ensure the safeguarding of residents’ finances were examined by the inspectors. There was a policy outlining procedures to guide staff on the management of residents’ personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction. The provider was a nominated agent to manage pensions on behalf of four residents. This was at the request of either the resident of their next of kin. Transparent systems were in place.

One notifiable adult protection incident which is a statutory reporting requirement to HIQA has been reported since the last inspection. The person in charge had investigated the incident. Appropriate action to safeguard the well-being of the resident was undertaken.

Staff identified a senior manager as the person to whom they would report a suspected concern. The inspectors viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults.

Policies and procedures were in place in relation to responsive behaviours. Through observation and review of care plans it was evidenced staff were knowledgeable of residents’ needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties.

Thirty two staff had received training in responsive behaviours, including components of caring for older people with cognitive impairment and communicating with residents with dementia. The training was facilitated by an external company. This was an area identified for improvement in the action plan of the previous inspection which was completed satisfactorily.

In line the national policy on promoting a restraint-free environment there was a policy on restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were 16 residents with two bedrails raised. A risk assessment was completed prior to using bedrails in each sample reviewed. There was evidence of multi disciplinary involvement in the decision making process. There was evidence of consultation with families. Restraint risk assessments were supported with a plan of care.

**Judgment:**
Compliant

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**Outcome 08: Health and Safety and Risk Management**

**The health and safety of residents, visitors and staff is promoted and protected.**

**Theme:**
Safe care and support

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

Findings:
The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. A health and safety statement was available.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire resistant doors connected to the fire alarm were provided to all bedrooms. Rooms on the previous inspection that did not align to the fire detection and alarm zone have been realigned by the fire contractor to reflect each of the eight fire alarm zones within the building.

There were procedures to undertake and record internal fire safety checks. Inspectors viewed records of checks being carried out both daily and weekly in order to ensure all fire safety equipment was functioning correctly. A daily check on the fire escapes routes was undertaken. A weekly test of the fire alarm, automatic door closers on corridors and final exit doors was completed and records maintained.

Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards. Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building. Drawings were displayed at intervals on each floor of the building to show the escape route to the nearest fire exit.

The records relating to training of staff examined by inspectors indicated that all staff had received fire safety training. Documented records of routine fire drill practices were maintained. Records of the scenario or type of simulated practice, including the time taken to respond to the alarm, and for staff to discover the location of a fire and safely respond to a simulated scenario were detailed and completed periodically.

Each resident’s evacuation needs were risk assessed. Their evacuation needs were recorded and were reviewed on a daily basis. The residents were provided with appropriate evacuation aids, informed by the assessment, throughout the centre to ensure they could be evacuated in a timely way in the event of a fire. The evacuation needs of each resident were collated in a fire register aligned to each of the fire zones. Specific instructions were detailed on how to dismantle specialist equipment on some beds in the event of an emergency evacuation.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. Audits of the building were completed to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination. Hot water outlets were checked and the temperature of dispensing hot water is thermostatically controlled. A separate sluice and cleaning room is provided.
Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs. Each resident’s moving and handling needs were identified.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors. Restrictors were fitted. However, a window on the first floor was not secured. The window opening was large in size and poses a risk to the safety of mobile residents with a dementia related condition.

A full time maintenance person is employed. A reporting book is available to staff to report any matters requiring repair. Additionally a safety maintenance audit is completed in each bedroom to identify any potential hazards.

A generator was provided on site in the event of a power failure. The generator was serviced and regularly tested.

The arrangements in place for recording accidents, incidents or near miss events require review. The accident reporting book had the facility to record all details of events, for example was the general practitioner (GP) and next of kin notified and if the resident was transferred to hospital. Post incident reviews were not completed to identify any contributing factors for example, suspected infection or the impact of changes from medication. While neurological observations were completed the procedures to record the observations and the circumstances in which they are required to be documented requires review. They was a variance in practice among staff in documenting neurological observations which is not in line with best practice.

**Judgment:**
Substantially Compliant

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

**Findings:**
Policies and procedures were in place to guide staff in the management of residents’ medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.
Medicines were received on a monthly basis from the pharmacy. All medicine is dispensed from a blister pack system. The prescription sheets distinguished between prn, regular and special course medicines.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. The maximum amount for prn medicine was indicated on the prescription sheets examined. Each medicine prescribed was individually signed by the GP.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift.

**Judgment:**
Compliant

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**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:**
The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre.

Quarterly notifications had been submitted to the Chief Inspector as required.

**Judgment:**
Compliant

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**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:**
There were 35 residents in the centre during the inspection and six vacancies. There were 16 residents with maximum dependency care needs. Thirteen were assessed with medium dependency care needs and six as low dependency. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Twelve residents required the use of a full body hoist to meet their moving and handling needs safely. Fourteen residents required assistance with their meals at all times.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. The layout of the care plan documentation was well organised and the care files were neatly maintained.

The range of risk assessments completed were used to develop care plans that were person-centred, individualised and described the current care to be given. Care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident’s health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had access to GP services. There was evidence of medical reviews. On the previous inspection medical notes evidenced the nominated medical team did not visit the centre regularly to review medicines administered and reissue each resident’s prescription. The issue was resolved and medical input to resident’s care and reviews of medicines administered were documented in files examined. Access to allied health professionals to include physiotherapy, speech and language therapist and dietetic services were available.

Where residents had specialist care needs such as mental health problems there was evidence in medical files of links with the mental health services. The psychiatry team visit the centre as required to review residents. Medication was reviewed to ensure optimum therapeutic values.

There were two residents with vascular wounds and one with a pressure wound at the time of this inspection. A plan of care was in place and regularly revised. Wound assessment charts were completed each time the dressing was changed. A range of suitable equipment was provided to ensure pressure relief and residents’ comfort to
include air mattress and suitable cushions. Care staff repositioned residents who required assistance at suitable intervals to protect skin integrity.

**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 registered centre is located within a building which was originally a house. It was extended to the rear in order to accommodate its current use as a residential centre for older people. The building is two storey and of traditional masonry construction.

The internal walls and floor are a combination of masonry as well as stud partition walls. The roof is pitched and runs along the length of the extension. It is located on a site providing off street car parking and green areas around the building. There are also numerous single storey buildings located on the site, mostly used for storage. The bedrooms and care environment was adequately lit, heated and ventilated.

Residents were all accommodated in either single or twin bedrooms. Bedrooms accommodation comprises of 23 single and nine twin bedrooms. Twin bedrooms were provided with curtains for screening for privacy. The bedrooms were provided with wash hand basins. There was a call bell system in place at each resident’s bed. Suitable lighting was provided including a night light facility or over bed lamp. Toilet facilities as well as bath and shower facilities were provided communally throughout the centre with the exception of one bedroom which was provided with an en suite room. Grab-rails were provided in bathroom facilitates.

There were two single bedrooms on first floor which were accessed from the rest of the centre by way of steps. These bedrooms were noted by the inspectors as only being for occupation by independently mobile residents for this reason. This is outlined as a specific condition of the centre’s current registration with HIQA.

There was sufficient communal space for residents. There is a small sitting room inside the main entrance referred to as the parlour. This has recently been redecorated and a cozy atmosphere was evident. Residents using the room regularly told inspectors it was
very comfortable. There is a second larger sitting room with access directly to an
closed garden. The dining room is suitable in size to meet the needs of residents and
is adjacent to the kitchen. There is a third smaller sitting room, a visitors’ room, hair
salon and smoking room available for use by residents.

A lift was provided within the centre which allowed residents to travel between the
ground and first floor without using the stairs and made the majority of the centre
accessible for residents using mobility aids with the exception of the area accessed up a
flight of stairs containing the two bedrooms previously mentioned.

Residents were provided with accessible outdoor space for recreation. There were two
main areas, one of which was provided with a secure perimeter for the safety of
residents with dementia. The surface of tarmac area at the front of the centre
used for car parking and the primary access to the centre was uneven in some parts and
required repair to ensure it did not represent a trip hazard, particularly to people with
mobility aids using the area to access the centre. A resident was taking a walk with the
assistance of a Zimmer frame in the area in the evening.

Judgment:
Non Compliant - Moderate

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:
No complaints were being investigated at the time of inspection. A complaints log was in
place which contained the facility to record all relevant information about complaints.

The management team explained issues of concern are addressed immediately at local
level without recourse to the formal complaints procedure, unless the complainant
wishes otherwise. Management keep a record of informal issues raised and these are
audited to identify any possible trends in service provision requiring attention.

The procedure identified the nominated person to investigate a complaint and the
appeals process. This was displayed in a prominent position. A designated individual was
nominated with overall responsibility to investigate complaints. The timeframes to
respond to a complaint, investigate and inform the complainant of the outcome of the
matter raised by them was detailed.
The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.

**Judgment:**
Compliant

### Outcome 14: End of Life Care

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**
There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. At the time of this inspection three residents had a do not attempt resuscitation (DNAR) status in place. A system was developed since the last inspection to ensure residents with a DNAR status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Resident’s end-of-life care preferences or personal and spiritual wishes were in place for residents. There was good evidence frail residents were receiving good care.

Staff provided end-of-life care to residents with the support of their GP and the community palliative care team. The nursing team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There were two residents under the care of the palliative team at the time of this inspection. Subcutaneous fluids were administered in discussion with the GP.

**Judgment:**
Compliant

### Outcome 15: Food and Nutrition

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

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed the menu which was rotated on a three weekly cycle and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those on fortified diets.

Nutritional risk assessments were completed. Residents had care plans for nutrition in place. There was access to allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition intake. All residents were weighed regularly and those at risk on a more frequent basis. At the time of this inspection 12 residents were prescribed supplements to help maintain a healthy nutritional status.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Care staff spoken with could describe the different textures and the residents who had specific requirements. There were a sufficient number of staff available to assist those requiring help. Assistance was offered in a discreet and respectful manner to residents. Cold drinks including juices and fresh drinking water were readily available throughout the day.

Residents spoken with were highly complimentary of the food and told the inspector they could have a choice at each mealtime. Requests for an option other than those on the menu were facilitated. The different choices were observed tea time. Catering staff were very familiar with each resident’s food likes and dislikes.

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:**
Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the service.

Residents had access to a variety of newspapers and magazines. These were located in easily accessible areas and available to residents daily. A residents’ forum was in place.

Personal hygiene and grooming were well attended to by care staff. The inspector saw that residents' privacy and dignity was respected. Personal care was provided in their bedrooms with doors closed.

The inspectors observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up.

Residents could receive visitors in private. Residents were facilitated to engage in hobbies that interested them such as reading newspaper, quizzes, bingo games, and live music. An activity coordinator is employed. The inspector spoke with the activity coordinator who confirmed the range of activities in the weekly program. The activity schedule provided for both cognitive and physical stimulation. The activity coordinator has completed a course titled imagination gym. She explained the new concepts she has brought to the activity program from her training particularly to include residents with dementia.

Residents were facilitated to practice their religious beliefs. There is a large chapel available for use and Mass is celebrated weekly.

Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the centre’s management team.

**Judgment:**
Compliant

**Outcome 17: Residents’ clothing and personal property and possessions**
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
On admission, an inventory of the resident’s property is recorded. All laundry and ironing is done onsite. There is a full-time laundry staff member present seven days a week. All clothing examined was labelled to identify ownership. There was a system in place to ensure personal laundry was returned to each resident’s bedroom.

The laundry was suitable in size and segregated to minimise the risk of cross infection between laundered clothes and those requiring washing. The laundry room was suitably equipped with industrial sized washers and dryer.

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

Findings:
There was an adequate complement of nursing and care staff on each work shift at the time of inspection to meet the needs of the 35 residents accommodated. There are two nurses rostered from 8:00 am till 1:00 pm and one nurse for the remainder of the day to meet the clinical care needs of 41 residents. The person in charge is rostered five days each week from 9:00am to 17:00 hrs to oversee the management and administration of clinical and governance matters.

There are six care assistants rostered from 08:00 am till 1:00 pm to meet the personal and physical care needs of 41 residents. In the afternoon from 2:00 pm the care assistant levels decrease to four care assistants till 8:00pm. Between 8:00 pm and 9:00pm there are three care assistants. There is one nurse rostered for night duty supported by two care assistants.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.
There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care and cardio pulmonary resuscitation techniques. Nursing staff had completed training on medication management.

All nurses had records confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

A sample of staff files from each role was reviewed. The files contained all documentation required under schedule 2 of the regulations. There was evidence of vetting by An Garda Síochána for all staff.

**Judgment:**
Compliant

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The range of data collected, reviewed and areas audited required further development.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
There are 9 Healthcare Audits completed three monthly. All 9 are due for completion in April at which time they will be reviewed and updated where necessary. The review will focus on data collected and enhancing the outcomes for residents.

Proposed Timescale: 30/04/2017

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The conditions of occupancy in the contracts of care did not specify whether the bedrooms to be occupied by residents were single or twin occupancy bedroom.

2. Action Required:
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

Please state the actions you have taken or are planning to take:
All current residents are occupying single and multiple occupancy rooms by agreement made before their admission.
All future residents contracts of care as issued before their admission will include an identified room and occupancy status.
Should it be deemed necessary as a result of the changing needs of specific residents, and in their best interest, to move their rooms a letter detailing the new Agreement will be issued and attached to the original contract of care.

Proposed Timescale: 22/03/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The nursing records did not always outline the effectiveness of the treatment. Judgments in the nursing records require review to outline the recording of the effectiveness of the treatment regime.

3. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in
Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
All nurses have been reminded of the need to ensure that each resident’s nursing notes reflect their on-going status and the outcomes of the care delivered. A selection of nursing notes for each nurse will be reviewed over the next month and further follow-up will ensue if necessary.

Proposed Timescale: 30/04/2017

**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A window on the first floor was not secured. The window opening was large in size and poses a risk to the safety of mobile residents with a dementia related condition.

4. **Action Required:**
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
This window has been secured.

Proposed Timescale: 22/03/2017

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The procedures to record the observations and the circumstances in which they are required to be documented requires review. They was a variance in practice among staff in documenting neurological observations which is not in line with best practice.

5. **Action Required:**
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
Incident report forms have been reviewed and altered to reflect the best practice need
to record observations when judged necessary more frequently. This has been introduced and will be monitored as part of the healthcare audit on incidents.

**Proposed Timescale:** 31/03/2017

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The surface of the tarmac area at the front of the centre used for primary access to the centre was uneven in some parts and required repair to ensure it did not represent a trip hazard, particularly to people with mobility aids using the area.

**6. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
The tar macadam surface is constantly monitored with maintenance and repairs completed as necessary.
The latest inspection of the surface is complete and will be repeated monthly.

**Proposed Timescale:** 22/03/2017